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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

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

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

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

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

Aramark Sports and Entertainment Services, LLC owns Big Bend Station Inn and RV Ranch which (CN606170249) operates Big Bend Station Wastewater Treatment Plant (RN101250694), a plant which serves a privately owned residential, hospitality, and recreational facility. The design flow of the system is 80,000 gpd. The treatment and disposal system consists of two extended aeration package treatment plants with integrated clarifiers and chlorine contact chambers, transfer and effluent storage tanks, and a 5.5 acre ft holding pond. The facility is located at 53623 Texas-118, in Terlingua, Brewster County, Texas 79852. The facility proposes to renew the existing TLAP permit (WQ0013652001) with a treatment/discharge limit of 80,000 gpd. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain less than 20 mg/L of BOD and TSS. Domestic wastewater is treated by extended aeration activated sludge process via parallel extended aeration package treatment plants. Domestic wastewater is conveyed to the wastewater plant via a lift station equipped with an automated duplex grinder pumping system. Domestic wastewater from the lift station passes through a splitter valve which sends the wastewater to two separate extended aeration plants. Plant 1 has a design flow of 0.56 MGD, while Plant 2 provides redundancy with a design flow of 0.24 MGD. Each of the plants is

equipped with a dedicated aeration basin, aerobic digester, clarifier, and chlorine contact chamber. Treated effluent is chlorinated and then reused to irrigate a variety of turf grasses or stored in a dedicated treated effluent storage and evaporation pond with a surface area of 1.5 acres and total capacity of 5.5 acre ft. Residential effluent from the pond may be re-chlorinated and disposed of on-site via surface irrigation within the dedicated turf grass disposal area. Sludge is dried on-site in the sludge drying beds or hauled off-site for disposal at an approved location.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

WQ0013652001

APPLICATION. ARAMARK Sports and Entertainment Services, LLC, 2400 Market Street, Philadelphia, Pennsylvania 19103, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Land Application Permit (TLAP) No. WQ0013652001 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 80,000 gallons per day via surface irrigation of 75 acres of golf course and reclaimed land. The domestic wastewater treatment facility and disposal area are located at 53623 Texas State Highway 118, near the city of Terlingua, in Brewster County, Texas 79852. TCEQ received this application on March 4, 2025. The permit application will be available for viewing and copying at United States Postal Office, 53600 Texas Highway 118, Terlingua, in Brewster 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=-103.5325,29.327222&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 ARAMARK Sports and Entertainment Services, LLC at the address stated above or by calling Ms. Tracy Garland, Big Bend Station Inn and RV Ranch, at 606-516-8115.

Issuance Date: June 9, 2025

TCEQ Wastewater Permit Renewal Application

Permit No. WQ13652001

Big Bend Station Inn and RV Ranch
53623 TX-118 Terlingua, TX 79852

Forms:	Attachments:
10053	1.USGS Topographical Map
10054	2.Process Flow Diagram
10056	3.Site Drawing
20031	4.Sludge Statement
20972	5.Pond Liner Certification
10400	6.Cropping Plan
	7.Well Map
	8.Well Data
	9.Groundwater Technical Report
	10.Soil Map
	11.Soil and Wastewater Analysis
	12.Landowner Map
	13.Mailing Labels
	14.Core Data Form (10400)
	15.Texas Highway Map
	16.FEMA Flood Map
	17.No Attachment
	18.Hydrological Information
	19.Sludge Technical Report

March 3, 2025

Form 10053
[DIGITAL COPY]

Wastewater Permit Renewal Application

Permit No.
WQ13652001

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: Big Bend Station Inn and RV Park

PERMIT NUMBER: WQ0013652001

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region _____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

APPLICATION FOR A DOMESTIC WASTEWATER PERMIT ADMINISTRATIVE REPORT 1.0

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

Section 1. Application Fees (Instructions Page 29)

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	$350.00 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☒
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☐
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY Voucher Number:

Copy of Payment Voucher enclosed? Yes x☐

Section 2. Type of Application (Instructions Page 29)

☐ New TPDES

☐ Major Amendment *with* Renewal

☐ Major Amendment *without* Renewal

☒ Renewal without changes

☐ New TLAP

☐ Minor Amendment *with* Renewal

☐ Minor Amendment *without* Renewal

☐ Minor Modification of permit

For amendments or modifications, describe the proposed changes:

For existing permits:

Permit Number: WQ0013652001

EPA I.D. (TPDES only): TXNA

Expiration Date: September 10, 2025

Section 3. Facility Owner (Applicant) and Co-Applicant Information (Instructions Page 29)

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

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

Aramark Sports and Entertainment Services, LLC

(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: CN606170249

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

Prefix (Mr., Ms., Miss): Mr

First and Last Name: Nirav Shah

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Vice President of Finance, Aramark Destinations

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?

NA

(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: NA

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

Prefix (Mr., Ms., Miss): NA

First and Last Name: NA

Credential (P.E, P.G., Ph.D., etc.): NA

Title: NA

Provide a brief description of the need for a co-permittee: NA

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.

Attachment: 14_10400_Core Data Form

Section 4. Application Contact Information (Instructions Page 30)

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

A. Prefix (Mr., Ms., Miss): Ms

First and Last Name: Rebecca Neuren

Credential (P.E, P.G., Ph.D., etc.): MSCE, EIT

Title: Project Engineer

Organization Name: EEC Environmental

Mailing Address: 1 City Blvd West

City, State, Zip Code: Orange, CA 92832

Phone No.: 310-666-1904 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: rneuren@eecenvironmental.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

B. Prefix (Mr., Ms., Miss): Ms

First and Last Name: Tracy Garland

Credential (P.E, P.G., Ph.D., etc.): MED

Title: General Manager

Organization Name: Big Bend Station Inn and RV Ranch

Mailing Address: 53623 TX-118

City, State, Zip Code: Terlingua TX 79852

Phone No.: 605-516-8115 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: garland-tracy1@aramark.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 30)

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

A. Prefix (Mr., Ms., Miss): Ms

First and Last Name: Tracy Garland

Credential (P.E, P.G., Ph.D., etc.): MED

Title: General Manager

Organization Name: Big Bend Station Inn and RV Ranch

Mailing Address: 53623 TX_118

City, State, Zip Code: Terlingua, TX 79852

Phone No.: 844-637-0883 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: garland-tracy1@aramark.com

B. Prefix (Mr., Ms., Miss): Ms

First and Last Name: Jennifer Kugler

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Director of Environmental Compliance

Organization Name: Aramark Safety and Risk Solutions

Mailing Address: 2400 Market St

City, State, Zip Code: Philadelphia, PA 19103

Phone No.: 267-593-8183 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: kugler-jennifer@aramark.com

Section 6. Billing Information (Instructions Page 30)

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 (Mr., Ms., Miss): Mr

First and Last Name: Nirav Shah

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Vice President of Finance

Organization Name: Aramark Destinations

Mailing Address: 2400 Market St

City, State, Zip Code: Philadelphia, PA 19103

Phone No.: 215-238-7033 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: shah-nirav@aramark.com

Section 7. DMR/MER Contact Information (Instructions Page 31)

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

Prefix (Mr., Ms., Miss): Mr

First and Last Name: Scott Perry

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Contract Wastewater Operator

Organization Name: Big Bend Station Inn and RV Ranch

Mailing Address: 53623 TX-118

City, State, Zip Code: Terlingua, TX 79852

Phone No.: 432-424-5000 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: scotchperry@yahoo.com

DMR data is required to be submitted electronically. Create an account at: https://www.tceq.texas.gov/permitting/netdmr/netdmr.html.

Section 8. Public Notice Information (Instructions Page 31)

A. Individual Publishing the Notices

Prefix (Mr., Ms., Miss): Ms

First and Last Name: Rebecca Neuren

Credential (P.E, P.G., Ph.D., etc.): MSCE, EIT

Title: Project Engineer

Organization Name: EEC Environmental

Mailing Address: 1 City Blvd West

City, State, Zip Code: Orange, CA 92832

Phone No.: 310-666-1904 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: rneuren@eecenvironmental.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 person to be listed in the Notices

Prefix (Mr., Ms., Miss): Ms

First and Last Name: Tracy Garland

Credential (P.E, P.G., Ph.D., etc.): MED

Title: General Manager

Organization Name: Big Bend Station Inn and RV Ranch

Phone No.: 606-516-8115 Ext.: Click here to enter text.

E-mail: garland-tracy1@aramark.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: United States Post Office

Location within the building: Public Notice Posting

Physical Address of Building: 53600 TX-118

City: Terlingua County: Brewster

Contact Name: NA

Phone No.: 800-75-8777 Ext.: Click here 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 here to enter text.

F. 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:

Section 9. Regulated Entity and Permitted Site Information (Instructions Page 33)

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN**101250694

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):

Big Bend Station Inn and RV Ranch

C. Owner of treatment facility: Aramark Sports and Entertainment Services, LLC

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

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

Prefix (Mr., Ms., Miss): NA

First and Last Name: Aramark Sports and Entertainment Services

Mailing Address: 239 Arch St

City, State, Zip Code: Philadelphia, PA 19106

Phone No.: Click here to enter text. E-mail Address: Click here 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 here to enter text.

E. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss): NA

First and Last Name: Aramark Sports and Entertainment Services

Mailing Address: 239 Arch St

City, State, Zip Code: Philadelphia, PA 19106

Phone No.: Click here to enter text. E-mail Address: Click here 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 here to enter text.

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

Prefix (Mr., Ms., Miss): NA

First and Last Name: NA

Mailing Address: NA

City, State, Zip Code: NA

Phone No.: NA E-mail Address: NA

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 here to enter text.

Section 10. TPDES Discharge Information (Instructions Page 34)

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:

NA

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:

NA

City nearest the outfall(s): Terlingua

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

Outfall Latitude: Click here to enter text. Longitude: Click here 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 here 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.

NA

Section 11. TLAP Disposal Information (Instructions Page 36)

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:

NA

B. City nearest the disposal site: Terlingua

C. County in which the disposal site is located: Brewster

D. Disposal Site Latitude: 29°19'41.17"N Longitude: 103°31'41.96"W

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

Treated effluent is chlorinated in the chlorine contact chamber prior to storage in an on-site holding pond. A significant volume of effluent is evaporated from the pond, residual effluent is then transferred to dedicated irrigation holding tanks and chlorinated prior to disposal via land application in the designated irrigation disposal zone, flow is measured prior to discharge to the irrigation zone. The site has designated up to 75-acres for irrigation disposal, development is restricted in this zone.

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

The site is located in the drainage basin of the Rio Grande above Amistad Reservoir in Segment no. 2306 of the Rio Grande Basin, although direct discharge of stormwater to the basin is not expected due to the remote location of the site in relation to the River. The nearest watercourse is Ruff Run Creek, a dry creek located on the property.

Section 12. Miscellaneous Information (Instructions Page 37)

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.

NA

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:

NA

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If **yes**, provide the following information:

Account number: Click here to enter text Amount past due: Click here 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 here to enter text Amount past due: Click here to enter text

Section 13. Attachments (Instructions Page 38)

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 here to enter text.

Section 14. Signature Page (Instructions Page 39)

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

Permit Number: WQ0013652001

Applicant: Aramark Sports and Entertainment Services

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): NIRAV SHAH

Signatory title: VP FINANCE

Signature: _____ Date: 2/27/25

(Use blue ink)

Subscribed and Sworn to before me by the said Nirav Shah

on this 27th day of February, 20 25.

My commission expires on the 14th day of January, 20 26.

Alison O'Brien
Notary Public

[SEAL]

Alison O'Brien
County, ~~Texas~~ Philadelphia

COMMONWEALTH OF PENNSYLVANIA - NOTARY SEAL
Alison Gail O'Brien Notary Public
Philadelphia County
My Commission Expires 1/14/2026
Commission #1406831

Section 15. Plain Language Summary (Instructions Page 40)

If you are subject to the alternative language notice requirements in 30 Texas Administrative Code §39.426, **you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package**. For your convenience, a Spanish template has been provided below.

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

DOMESTIC WASTEWATER

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.
Aramark Sports and Entertainment Services (CN606170249) operates Big Bend Station Inn and RV Park RN101250694. a hospitality facility. The facility is located 53623 TX-118, in Terlingua, Brewster County, Texas 79852.

Is applying for a renewal of the existing permit to discharge waste (WQ0013652001) This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain 20mg/L or less of BOD and TSS. Domestic wastewater is treated by *extended aeration activated sludge process and disinfection* Domestic wastewater is conveyed to the wastewater plant via a lift station equipped with an automated duplex grinder pumping system. Domestic wastewater from the lift station passes through a splitter valve which sends the wastewater two separate extended aeration plants. Plant 1 has a design flow of 0.56 MGD, while Plant 2 provides redundancy with a design flow of 0.24 MGD. Each of the plants is equipped with a dedicated aeration basin, aerobic digester, clarifier, and chlorine contact chamber. Treated effluent is chlorinated and then reused to irrigate a variety of turf grasses or stored in a dedicated treated effluent storage and evaporation pond with a surface area of 1.5 acres and total capacity of 5.5 acre ft. Residual effluent from the pond may be re-chlorinated and disposed of on site via surface irrigation within the dedicated turf grass disposal area. Sludge is dried on site in the sludge drying beds or hauled off site for disposal at an approved location. .

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

AGUAS RESIDUALES DOMÉSTICAS

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no son representaciones federales exigibles de la solicitud de permiso.

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

Se espera que las descargas de la instalación contengan14. Liste todos los contaminantes esperados aquí. . 15. Introduzca los tipos de aguas residuales descargadas aquí. 16. Elija del menú desplegable. tratado por 17. Introduzca una descripción del tratamiento de aguas residuales utilizado en la instalación aquí.

DOMESTIC ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 41)

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:
https://gis.bisclient.com/brewstercad/

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):

NA

Section 2. Original Photographs (Instructions Page 44)

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 44)

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: _____Renewal _____Major Amendment ____Minor Amendment _____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

_____ Texas Historical Commission _____ U.S. Fish and Wildlife

_____ Texas Parks and Wildlife Department _____ U.S. Army Corps of Engineers

This form applies to TPDES permit applications only. (Instructions, Page 53)

The SPIF must be completed as a separate document. The TCEQ will mail a copy of the SPIF to each agency as required by the TCEQ agreement with EPA. If any of the items are not completely addressed or further information is needed, you will be contacted to provide the information before the permit is issued. Each item must be completely addressed.

Do not refer to a response of any item in the permit application form. Each attachment must be provided with this form separately from the administrative report of the application. The application will not be declared administratively complete without this form being completed in its entirety including all attachments.

The following applies to all applications:

1. Permittee:

   Permit No. WQ00 EPA ID No. TX

   Address of the project (or a location description that includes street/highway, city/vicinity, and county):

   NA

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss):

First and Last Name:

Credential (P.E, P.G., Ph.D., etc.):

Title:

Mailing Address:

City, State, Zip Code:

Phone No.: Ext.: Fax No.:

E-mail Address:

2. List the county in which the facility is located:
3. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

NA

4. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

NA

5. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report).

Provide original photographs of any structures 50 years or older on the property.

Does your project involve any of the following? Check all that apply.

- ☐ Proposed access roads, utility lines, construction easements
- ☐ Visual effects that could damage or detract from a historic property's integrity
- ☐ Vibration effects during construction or as a result of project design
- ☐ Additional phases of development that are planned for the future
- ☐ Sealing caves, fractures, sinkholes, other karst features

☐ Disturbance of vegetation or wetlands

6. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):

NA

7. Describe existing disturbances, vegetation, and land use:

NA

THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

8. List construction dates of all buildings and structures on the property:

NA

9. Provide a brief history of the property, and name of the architect/builder, if known.

NA

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:**

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

   Name of Project or Site:

   Physical Address of Project or Site:

   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

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Section 1. Individual Information (Instructions Page 50)

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):

Full legal name (first, middle, last):

Driver's License or State Identification Number:

Date of Birth:

Mailing Address:

City, State, and Zip Code:

Phone Number: Fax Number:

E-mail Address:

CN:

For Commission Use Only:
Customer Number:
Regulated Entity Number:
Permit Number:

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 applications 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 Attached ☒ 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)

Form 10054
[DIGITAL COPY]

Wastewater Permit Renewal Application

Permit No.
WQ13652001

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION

DOMESTIC TECHNICAL REPORT 1.0

The Following Is Required For All Applications

Renewal, New, And Amendment

Section 1. Permitted or Proposed Flows (Instructions Page 51)

A. Existing/Interim I Phase

Design Flow (MGD): 0.08

2-Hr Peak Flow (MGD): 0.16

Estimated construction start date: Existing

Estimated waste disposal start date: Existing

B. Interim II Phase

Design Flow (MGD): Existing

2-Hr Peak Flow (MGD): Existing

Estimated construction start date: Existing

Estimated waste disposal start date: Existing

C. Final Phase

Design Flow (MGD): 0.08

2-Hr Peak Flow (MGD): 0.16

Estimated construction start date: Existing

Estimated waste disposal start date: Existing

D. Current operating phase: existing

Provide the startup date of the facility: 1993

Section 2. Treatment Process (Instructions Page 51)

A. Treatment process description

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 in the permit, a description of *each phase* must be provided**. Process description:

Domestic wastewater is conveyed to the wastewater plant via a lift station equipped with an automated duplex pumping system. Domestic wastewater from the lift station passes through a splitter valve which sends the wastewater two separate extended aeration plants. Plant 1 has a design flow of 0.56 MGD, while Plant 2 provides redundancy with a design flow of 0.24 MGD. Each of the plants is equipped with a dedicated aeration basin, aerobic digester, clarifier, and chlorine contact chamber. Treated effluent is chlorinated and then reused to irrigate on site pasture grasses or stored in a dedicated treated effluent storage and evaporation pond with a surface area of 1.5 acres and total capacity of 5.5 acre ft. Residual effluent from the pond may be re-chlorinated and disposed of on site via surface irrigation within the dedicated turf grass disposal area. Sludge is dried on site in the sludge drying beds or hauled off site for disposal at an approved location.

Port or pipe diameter at the discharge point, in inches: 3"

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)
Plant 1 Aeration Basin	1	40x12x11
Plant 1 Clarifier	1	12di x 11
Plant 1 Cl_2 Contact	1	8x4x8
Plant 2 Aeration Basin	1	10.5x8x14
Plant 2 Clarifier	1	5di x 14
Plant 2 Cl_2 Contact	1	8x8x8

C. Process flow diagrams

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

Attachment: 2_10054_Process Flow

Section 3. Site Drawing (Instructions Page 52)

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: 3_10054_Site Drawing

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

The treatment facility serves Big Bend Station Inn and RV Resort, a hospitality facility consisting of motel units, RV sites, restaurant, gas station, general store, and staff housing

Section 4. Unbuilt Phases (Instructions Page 52)

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.

NA

Section 5. Closure Plans (Instructions Page 53)

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.

NA

Section 6. Permit Specific Requirements (Instructions Page 53)

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: ~1993, ~2004

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.

NA

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.

December 2024: Purchase of land to the east of the main parcel to include all land surrounding the wastewater pond and land application disposal areas. This land was included in the existing permit, transfer of ownership from the old owner to the new owner will be complete by the end of 2024.

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*.

A soil sample was collected and analyzed in February 2025, the results are included with this application.

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.

NA

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 512-239-0000. 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.

NA

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 512-239-0000.

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

NA

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 here to enter text or TXRNE Click here 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:

NA

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.

NA

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.

NA

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.

NA

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, a Sewage Sludge Solids Management Plan is required. See Example 5 in the instructions.

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

1. Acceptance of sludge from other WWTPs

Does the facility accept or will it 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 that the plant started accepting sludge or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

NA

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 a the date that the plant started accepting septic waste, or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

NA

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 the facility accepting or will it 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.

NA

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 58)

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). **W*ater treatment facilities*** discharging filter backwash water, complete Table 1.0(3).

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	35.0	35.0	1	GRAB	2-10-2025
Total Suspended Solids, mg/l	108	108	1	GRAB	2-10-2025
Ammonia Nitrogen, mg/l	26.0	26.0	1	GRAB	2-10-2025
Nitrate Nitrogen, mg/l	9.02	9.02	1	GRAB	2-10-2025
Total Kjeldahl Nitrogen, mg/l	39.4	39.4	1	GRAB	2-10-2025
Sulfate, mg/l	141	141	1	GRAB	2-10-2025
Chloride, mg/l	51.8	51.8	1	GRAB	2-10-2025
Total Phosphorus, mg/l	10.3	10.3	1	GRAB	2-10-2025
pH, standard units	7.2	7.2	1	GRAB	12-10-2024
Dissolved Oxygen*, mg/l	NA	NA	NA	NA	NA
Chlorine Residual, mg/l				GRAB	
E.coli (CFU/100ml) freshwater	NA	NA	NA	NA	NA
Entercocci (CFU/100ml)	NA	NA	NA	NA	NA

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
saltwater					
Total Dissolved Solids, mg/l	390	390	1	GRAB	2-10-2025
Electrical Conductivity, µmohs/cm, †	877	877	1	GRAB	2-10-2025
Oil & Grease, mg/l	<4.55	<4.55	1	GRAB	2-10-2025
Alkalinity ($CaCO_3$)*, mg/l	NA	NA	NA	NA	NA

*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 60)

Facility Operator Name: Scott Perry

Facility Operator's License Classification and Level: Class C

Facility Operator's License Number: WW0038975

Section 9. Sewage Sludge Management and Disposal (Instructions Page 60)

A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the

following list. Check all that apply.

☐ Permitted landfill

☐ Permitted or Registered land application site for beneficial use

☒ Land application for beneficial use authorized in the wastewater permit

☐ Permitted sludge processing facility

☐ Marketing and distribution as authorized in the wastewater permit

☒ Composting as authorized in the wastewater permit

☐ Permitted surface disposal site (sludge monofill)

☐ Surface disposal site (sludge monofill) authorized in the wastewater permit

☒ Transported to another permitted wastewater treatment plant or permitted sludge processing facility. If you selected this method, a written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.

☐ Other: Click here to enter text.

B. Sludge disposal site

Disposal site name: On Site Disposal

TCEQ permit or registration number: WQ0013652001

County where disposal site is located: Brewster

C. Sludge transportation method

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

Name of the hauler: Big Bend Septic Services

Hauler registration number: 26006

Sludge is transported as a:

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

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

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	Yes ☒	No ☐
Marketing and Distribution of sludge	Yes ☐	No ☒
Sludge Surface Disposal or Sludge Monofill	Yes ☐	No ☒
Temporary storage in sludge lagoons	Yes ☐	No ☒

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

Yes ☐ No ☒

Section 11. Sewage Sludge Lagoons (Instructions Page 61)

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 here to enter text.
- USDA Natural Resources Conservation Service Soil Map:

  Attachment: Click here to enter text.
- Federal Emergency Management Map:

  Attachment: Click here to enter text.
- Site map:

  Attachment: Click here 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 here 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 here 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 here to enter text.

Total Kjeldahl Nitrogen, mg/kg: Click here to enter text.

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

Phosphorus, mg/kg: Click here to enter text.

Potassium, mg/kg: Click here to enter text.

pH, standard units: Click here to enter text.

Ammonia Nitrogen mg/kg: Click here to enter text.

Arsenic: Click here to enter text.

Cadmium: Click here to enter text.

Chromium: Click here to enter text.

Copper: Click here to enter text.

Lead: Click here to enter text.

Mercury: Click here to enter text.

Molybdenum: Click here to enter text.

Nickel: Click here to enter text.

Selenium: Click here to enter text.

Zinc: Click here to enter text.

Total PCBs: Click here to enter text.

Provide the following information:

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

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

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

C. Liner information

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

Yes ☐ No ☐

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

Click here to enter text.

D. Site development plan

Provide a detailed description of the methods used to deposit sludge in the

lagoon(s):

Click here to enter text

Attach the following documents to the application.

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

  Attachment: Click here to enter text

- Copy of the closure plan

  Attachment: Click here to enter text

- Copy of deed recordation for the site

  Attachment: Click here to enter text

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

  Attachment: Click here to enter text

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

  Attachment: Click here to enter text

- Procedures to prevent the occurrence of nuisance conditions

  Attachment: Click here 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 here to enter text

Section 12. Authorizations/Compliance/Enforcement

(Instructions Page 63)

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:

NA

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:

NA

Section 13. RCRA/CERCLA Wastes (Instructions Page 63)

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 here to enter text.

Section 14. Laboratory Accreditation (Instructions Page 64)

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: NIRAV SHAH

Title: VP FINANCE

Signature: _____

Date: 2/27/25

DOMESTIC TECHNICAL REPORT 1.1

The following is required for new and amendment applications

Section 1. Justification for Permit (Instructions Page 66)

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 here to enter text.

B. Regionalization of facilities

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 here to enter text.

If yes, attach correspondence from the city.

Attachment: Click here 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 here to enter text.

2. Utility CCN areas

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

Yes ☐ No ☐

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 here 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 that includes the permittee's name and permit number, and an area map showing the location of these facilities.

Attachment: Click here to enter text.

If yes, attach copies of your certified letters to these facilities **and** their response letters concerning connection with their system.

Attachment: Click here to enter text.

Does a permitted domestic wastewater treatment facility or a collection system located within three (3) miles of the proposed facility currently have the capacity to accept or is willing to expand to accept the volume of wastewater proposed in this application?

Yes ☐ No ☐

If yes, attach an analysis of expenditures required to connect to a permitted wastewater treatment facility or collection system located within 3 miles versus the cost of the proposed facility or expansion.

Attachment: Click here to enter text.

Section 2. Organic Loading (Instructions Page 67)

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 here to enter text.

Average Influent Organic Strength or BOD_5 Concentration in mg/l: Click here to enter text.

Average Influent Loading (lbs/day = total average flow X average BOD_5 conc. X 8.34): Click here to enter text.

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

Click here 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,		

Source	Total Average Flow (MGD)	Influent BOD_5 Concentration (mg/l)
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 68)

A. Existing/Interim I Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: Click here to enter text.

Ammonia Nitrogen, mg/l: Click here to enter text.

Total Phosphorus, mg/l: Click here to enter text.

Dissolved Oxygen, mg/l: Click here to enter text.

Other: Click here to enter text.

B. Interim II Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: Click here to enter text.

Ammonia Nitrogen, mg/l: Click here to enter text.

Total Phosphorus, mg/l: Click here to enter text.

Dissolved Oxygen, mg/l: Click here to enter text.

Other: Click here to enter text.

C. Final Phase Design Effluent Quality

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

Total Suspended Solids, mg/l: Click here to enter text.

Ammonia Nitrogen, mg/l: Click here to enter text.

Total Phosphorus, mg/l: Click here to enter text.

Dissolved Oxygen, mg/l: Click here to enter text.

Other: Click here to enter text.

D. Disinfection Method

Identify the proposed method of disinfection.

☐ Chlorine: Click here to enter text. mg/l after Click here to enter text. minutes detention time at peak flow

Dechlorination process: Click here to enter text.

☐ Ultraviolet Light: Click here to enter text. seconds contact time at peak flow

☐ Other: Click here to enter text.

Section 4. Design Calculations (Instructions Page 68)

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

Attachment: Click here to enter text.

Section 5. Facility Site (Instructions Page 68)

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 here to enter text

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

Click here 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 here to enter text

If no, provide the approximate date you anticipate submitting your application to the Corps: Click here to enter text

B. Wind rose

Attach a wind rose. **Attachment**: Click here to enter text

Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 69)

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)

Attachment: Click here 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 a completed DOMESTIC WASTEWATER PERMIT APPLICATION: SEWAGE SLUDGE TECHNICAL REPORT (TCEQ Form No. 10056).

Attachment: Click here to enter text.

Section 7. Sewage Sludge Solids Management Plan (Instructions Page 69)

Attach a solids management plan to the application.

Attachment: Click here 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 TECHNICAL REPORT WORKSHEET 2.0

RECEIVING WATERS

The following is required for all TPDES permit applications

Section 1. Domestic Drinking Water Supply (Instructions Page 73)

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 yes, provide the following:
Owner of the drinking water supply: Click here to enter text.

Distance and direction to the intake: Click here to enter text.

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

Attachment: Click here to enter text.

Section 2. Discharge into Tidally Affected Waters (Instructions Page 73)

Does the facility discharge into tidally affected waters?

Yes ☐ No ☒

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 here 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 here 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 here to enter text

Section 3. Classified Segments (Instructions Page 73)

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 75)

Name of the immediate receiving waters: Ruff Run Creek

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 here to enter text

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Dry Creek

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 here 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.

none

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 here to enter text

E. Normal dry weather characteristics

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

Typical cry creek bed

Date and time of observation: 9/2024

Was the water body influenced by stormwater runoff during observations?

Yes ☐ No ☒

Section 5. General Characteristics of the Waterbody (Instructions Page 74)

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 here to enter text

B. Waterbody uses

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

☐ Livestock watering
☐ Contact recreation
☐ Irrigation withdrawal
☐ Non-contact recreation
☐ Fishing
☐ Navigation

☐ Domestic water supply ☐ Industrial water supply

☐ Park activities ☐ Other(s), specify Click here 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 WORKSHEET 2.1

STREAM PHYSICAL CHARACTERISTICS

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

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

Section 1. General Information (Instructions Page 75)

Date of study: Click here to enter text. Time of study: Click here to enter text.

Stream name: Click here to enter text.

Location: Click here to enter text.

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

☐ Perennial ☐ Intermittent with perennial pools

Section 2. Data Collection (Instructions Page 75)

Number of stream bends that are well defined: Click here to enter text.

Number of stream bends that are moderately defined: Click here to enter text.

Number of stream bends that are poorly defined: Click here to enter text.

Number of riffles: Click here to enter text.

Evidence of flow fluctuations (check one):

☐ Minor ☐ moderate ☐ severe

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

Click here to enter text.

Stream transects

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

Table 2.1(1) - Stream Transect Records

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

Section 3. Summarize Measurements (Instructions Page 76)

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

enter text

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

Length of stream evaluated, in feet: Click here to enter text

Number of lateral transects made: Click here to enter text

Average stream width, in feet: Click here to enter text

Average stream depth, in feet: Click here to enter text

Average stream velocity, in feet/second: Click here to enter text

Instantaneous stream flow, in cubic feet/second: Click here to enter text

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

Size of pools (large, small, moderate, none): Click here to enter text

Maximum pool depth, in feet: Click here to enter text

DOMESTIC WORKSHEET 3.0

LAND DISPOSAL OF EFFLUENT

The following is required for all permit applications

Renewal, New, and Amendments

Section 1. Type of Disposal System (Instructions Page 77)

Identify the method of land disposal:

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

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

For existing authorizations, provide Registration Number: **WQ0013652001**

Section 2. Land Application Site(s) (Instructions Page 77)

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
Golf Course, turf grass	75	80,000	Y

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

Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 77)

Table 3.0(2) – Storage and Evaporation Ponds

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type
1	1.5	5.5	254’ x 254’ x 5’	Clay

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

Attachment: 5_10054_Pond Liner Cert

Section 4. Flood and Runoff Protection (Instructions Page 77)

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.

NA

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

FEMA Flood Maps Panel 480084 1300 B

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

The irrigation system is metered and timer controlled. The land application area is regularly inspected to ensure vegetation is well maintained and that irrigation water is infiltrated such that runoff does not occur. The area is regularly inspected for the presence of standing water or channeling that would indicate runoff has occurred. Damaged sprinkler heads are promptly replaced to ensure distribution uniformity. The irrigation zones are rotated to provide adequate time for infiltration between irrigation events.

Section 5. Annual Cropping Plan (Instructions Page 77)

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: 6_10054_Cropping Plan

- 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 78)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation (on a separate page) indicating why.

Attachment: 7_10054_Well Map

- The boundaries of the land application site(s)
- Waste disposal or treatment facility site(s)
- On-site buildings
- Buffer zones
- Effluent storage and tailwater control facilities
- All water wells within 1 mile 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 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
8	Irrigation	N	cased	Buffer and case to 400’
2	Irrigation	N	cased	Buffer and case to 120’
4	Irrigation	N	cased	Buffer and case to 685’
6	Potable	Y	cased	Buffer and case to 380’
7	Irrigation	N	cased	Buffer and 600’
5	Potable	Y	cased	Buffer and case to 240’

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

Attachment: 8_10054_Well Data

Section 7. Groundwater Quality (Instructions Page 79)

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: 9_10054_GW Tech Report

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

Attachment: Click here to enter text.

Section 8. Soil Map and Soil Analyses (Instructions Page 79)

A. Soil map

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

Attachment: 10_10054_Soil Map

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: 11_10054_Soil Analysis

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
GEE Geefour Silty Clays Complex A1	0-2”	0.06 – 0.20 in/hr	Very Low (0.3 inches)	84

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number
GEE Geefour Silty Clays Complex A2	2-7”	0.06 – 0.20 in/hr	Very Low (0.3 inches)	84
GEE Geefour Silty Clays Complex Cd	7-17”	0.06 – 0.20 in/hr	Very Low (0.3 inches)	84

Section 9. Effluent Monitoring Data (Instructions Page 80)

Is the facility in operation?

Yes ☐ No ☒

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

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

Table 3.0(5) – Effluent Monitoring Data

Date	30 Day Avg Flow MGD	BOD_5 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.

Due to consistently low wastewater flows, the Facility does not currently discharge treated effluent to land. Effluent is stored and evaporated from the on-site storage and evaporation pond. There are plans to restore irrigation disposal later in 2025.

DOMESTIC WORKSHEET 3.1

SURFACE LAND DISPOSAL OF EFFLUENT

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

Section 1. Surface Disposal (Instructions Page 81)

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

A. Irrigation

Area under irrigation, in acres: Click here to enter text.

Design application frequency:

hours/day Click here to enter text. **And** days/week Click here to enter text.

Land grade (slope):

average percent (%): Click here to enter text.

maximum percent (%): Click here to enter text.

Design application rate in acre-feet/acre/year: Click here to enter text.

Design total nitrogen loading rate, in lbs N/acre/year: Click here to enter text.

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

Method of application: Click here to enter text.

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

Attachment: Click here to enter text.

B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: Click here to enter text.

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

Attachment: Click here to enter text.

C. Evapotranspiration beds

Number of beds: Click here to enter text.

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

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

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

Storage volume within the beds, in acre-feet: Click here to enter text.

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

Attachment: Click here to enter text.

D. Overland flow

Area used for application, in acres: Click here to enter text.

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

Design application rate, in gpm/foot of slope width: Click here to enter text.

Slope length, in feet: Click here to enter text.

Design BOD_5 loading rate, in lbs BOD_5/acre/day: Click here to enter text.

Design application frequency:

hours/day: Click here to enter text. **And** days/week: Click here to enter text.

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

Attachment: Click here to enter text.

Section 2. Edwards Aquifer (Instructions Page 82)

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

Yes ☐ No ☐

If yes, attach a report concerning the recharge zone.

Attachment: Click here to enter text.

DOMESTIC WORKSHEET 3.2

SUBSURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment applications. Renewal and minor amendments may require the worksheet on a case by case basis.

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

Section 1. Subsurface Application (Instructions Page 83)

Identify the type of system:

- ☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- ☐ Low Pressure Dosing
- ☐ Other, specify:

Application area, in acres:

Area of drainfield, in square feet:

Application rate, in gal/square foot/day:

Depth to groundwater, in feet:

Area of trench, in square feet:

Dosing duration per area, in hours:

Number of beds:

Dosing amount per area, in inches/day:

Infiltration rate, in inches/hour:

Storage volume, in gallons:

Area of bed(s), in square feet:

Soil Classification:

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

Attachment:

Section 2. Edwards Aquifer (Instructions Page 83)

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

DOMESTIC WORKSHEET 3.3

SUBSURFACE AREA DRIP DISPERSAL SYSTEM (SADDS) LAND DISPOSAL OF EFFLUENT

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

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

Section 1. Administrative Information (Instructions Page 84)

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

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

Yes ☐ No ☐

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

C. Owner of the subsurface area drip dispersal system:

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

Yes ☐ No ☐

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

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

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

Yes ☐ No ☐

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

Section 2. Subsurface Area Drip Dispersal System (Instructions Page 84)

A. Type of system

☐ Subsurface Drip Irrigation

☐ Surface Drip Irrigation

☐ Other, specify:

B. Irrigation operations

Application area, in acres:

Infiltration Rate, in inches/hour:

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

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

Storage volume, in gallons:

Major soil series:

Depth to groundwater, in feet:

C. Application rate

Is the facility located **west** of the boundary shown in *30 TAC § 222.83* **and** also using a vegetative cover of non-native grasses over seeded with cool

season grasses during the winter months (October-March)?

Yes ☐ No ☐

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

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

Yes ☐ No ☐

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

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

Yes ☐ No ☐

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

Nitrogen application rate, in lbs/gal/day:

D. Dosing information

Number of doses per day:

Dosing duration per area, in hours:

Rest period between doses, in hours:

Dosing amount per area, in inches/day:

Number of zones:

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

Yes ☐ No ☐

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

Attachment:

Section 3. Required Plans (Instructions Page 84)

A. Recharge feature plan

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

Attachment:

B. Soil evaluation

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

Attachment:

C. Site preparation plan

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

Attachment:

D. Soil sampling/testing

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

Attachment:

Section 4. Floodway Designation (Instructions Page 85)

A. Site location

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

Yes ☐ No ☐

B. Flood map

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

Attachment:

Section 5. Surface Waters in the State (Instructions Page 85)

A. Buffer Map

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

Attachment:

B. Buffer variance request

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

Yes ☐ No ☐

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

Attachment:

Section 6. Edwards Aquifer (Instructions Page 85)

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

Yes ☐ No ☐

B. Is the SADDS located on the Edwards Aquifer Transition Zone as mapped by the TCEQ?

Yes ☐ No ☐

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

DOMESTIC WORKSHEET 4.0

POLLUTANT ANALYSES REQUIREMENTS*

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

This worksheet is not required for minor amendments without renewal

Section 1. Toxic Pollutants (Instructions Page 87)

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

Grab ☐ Composite ☐

Date and time sample(s) collected:

Table 4.0(1) – Toxics Analysis

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile				50
Aldrin				0.01
Aluminum				2.5
Anthracene				10
Antimony				5
Arsenic				0.5
Barium				3
Benzene				10
Benzidine				50
Benzo(a)anthracene				5

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Benzo(a)pyrene				5
Bis(2-chloroethyl)ether				10
Bis(2-ethylhexyl)phthalate				10
Bromodichloromethane				10
Bromoform				10
Cadmium				1
Carbon Tetrachloride				2
Carbaryl				5
Chlordane*				0.2
Chlorobenzene				10
Chlorodibromomethane				10
Chloroform				10
Chlorpyrifos				0.05
Chromium (Total)				3
Chromium (Tri) **(*1)**				N/A
Chromium (Hex)				3
Copper				2
Chrysene				5
p-Chloro-m-Cresol				10
4,6-Dinitro-o-Cresol				50
p-Cresol				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Cyanide **(*2)**				10
4,4'- DDD				0.1
4,4'- DDE				0.1
4,4'- DDT				0.02
2,4-D				0.7
Demeton (O and S)				0.20
Diazinon				0.5/0.1
1,2-Dibromoethane				10
m-Dichlorobenzene				10
o-Dichlorobenzene				10
p-Dichlorobenzene				10
3,3'-Dichlorobenzidine				5
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
Dichloromethane				20
1,2-Dichloropropane				10
1,3-Dichloropropene				10
Dicofol				1
Dieldrin				0.02
2,4-Dimethylphenol				10
Di-n-Butyl Phthalate				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Diuron				0.09
Endosulfan I (alpha)				0.01
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Ethylbenzene				10
Fluoride				500
Guthion				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclohexane (alpha)				0.05
Hexachlorocyclohexane (beta)				0.05
gamma-Hexachlorocyclohexane (Lindane)				0.05
Hexachlorocyclopentadiene				10
Hexachloroethane				20
Hexachlorophene				10
Lead				0.5
Malathion				0.1

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Mercury				0.005
Methoxychlor				2
Methyl Ethyl Ketone				50
Mirex				0.02
Nickel				2
Nitrate-Nitrogen				100
Nitrobenzene				10
N-Nitrosodiethylamine				20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10
Polychlorinated Biphenyls (PCB's) **(*3)**				0.2
Pyridine				20
Selenium				5
Silver				0.5
1,2,4,5-Tetrachlorobenzene				20
1,1,2,2-Tetrachloroethane				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Tetrachloroethylene				10
Thallium				0.5
Toluene				10
Toxaphene				0.3
2,4,5-TP (Silvex)				0.3
Tributyltin (see instructions for explanation)				0.01
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

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

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

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

Section 2. Priority Pollutants

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

Grab ☐ Composite ☐

Date and time sample(s) collected:

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

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

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

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

Table 4.0(2)B – Volatile Compounds

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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Toluene				10
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
Vinyl Chloride				10

Table 4.0(2)C – Acid Compounds

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

Table 4.0(2)D – Base/Neutral Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine				50
Benzo(a)Anthracene				5
Benzo(a)Pyrene				5
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)Fluoranthene				5
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl)Ether				10
Bis(2-Ethylhexyl)Phthalate				10
4-Bromophenyl Phenyl Ether				10
Butyl benzyl Phthalate				10
2-Chloronaphthalene				10
4-Chlorophenyl phenyl ether				10
Chrysene				5
Dibenzo(a,h)Anthracene				5
1,2-(o)Dichlorobenzene				10
1,3-(m)Dichlorobenzene				10
1,4-(p)Dichlorobenzene				10
3,3-Dichlorobenzidine				5
Diethyl Phthalate				10
Dimethyl Phthalate				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10
2,6-Dinitrotoluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenylhydrazine (as Azo-benzene)				20
Fluoranthene				10
Fluorene				10
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclo-pentadiene				10
Hexachloroethane				20
Indeno(1,2,3-cd)pyrene				5
Isophorone				10
Naphthalene				10
Nitrobenzene				10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine				20
N-Nitrosodiphenylamine				20
Phenanthrene				10
Pyrene				10
1,2,4-Trichlorobenzene				10

Table 4.0(2)E - Pesticides

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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
PCB-1248				0.2
PCB-1260				0.2
PCB-1016				0.2
Toxaphene				0.3

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

Section 3. Dioxin/Furan Compounds

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

☐ 2,4,5-trichlorophenoxy acetic acid
Common Name 2,4,5-T, CASRN 93-76-5

☐ 2-(2,4,5-trichlorophenoxy) propanoic acid
Common Name Silvex or 2,4,5-TP, CASRN 93-72-1

☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate
Common Name Erbon, CASRN 136-25-4

☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate
Common Name Ronnel, CASRN 299-84-3

☐ 2,4,5-trichlorophenol
Common Name TCP, CASRN 95-95-4

☐ hexachlorophene
Common Name HCP, CASRN 70-30-4

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

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

Yes ☐ No ☐

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

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

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

Grab ☐ Composite ☐

Date and time sample(s) collected:

TABLE 4.0(2)F - DIOXIN/FURAN COMPOUNDS

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

Compound	Toxic Equivalency Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
PCB 126	0.1					0.5
PCB 169	0.03					0.5
Total						

DOMESTIC WORKSHEET 5.0

TOXICITY TESTING REQUIREMENTS

The following is required for facilities with a currently-operating design flow greater than or equal to 1.0 MGD, with an EPA-approved pretreatment program (or those that are required to have one under 40 CFR Part 403), or are required by the TCEQ to perform Whole Effluent Toxicity testing. This worksheet is not required for minor amendments without renewal.

Section 1. Required Tests (Instructions Page 97)

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

7-day Chronic:

48-hour Acute:

Section 2. Toxicity Reduction Evaluations (TREs)

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

Yes ☐ No ☐

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

Section 3. Summary of WET Tests

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

Table 5.0(1) – Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

DOMESTIC WORKSHEET 6.0

INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works (POTWs)

Section 1. All POTWs (Instructions Page 99)

A. Industrial users

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

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

Categorical IUs:

Number of IUs:

Average Daily Flows, in MGD:

Significant IUs – non-categorical:

Number of IUs:

Average Daily Flows, in MGD:

Other IUs:

Number of IUs:

Average Daily Flows, in MGD:

B. Treatment plant interference

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

Yes ☐ No ☐

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

C. Treatment plant pass through

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

Yes ☐ No ☐

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

D. Pretreatment program

Does your POTW have an approved pretreatment program?

Yes ☐ No ☐

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

Yes ☐ No ☐

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

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

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 100)

A. Substantial modifications

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

Yes ☐ No ☐

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

B. Non-substantial modifications

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

Yes ☐ No ☐

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

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

Yes ☐ No ☐

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

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 100)

A. General information

Company Name:

SIC Code:

Telephone number: Fax number:

Contact name:

Address:

City, State, and Zip Code:

B. Process information

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

C. Product and service information

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

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day:

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day:

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

Category:
Subcategories:

Category:
Subcategories:

Category:
Subcategories:

Category:
Subcategories:

Category:
Subcategories:

F. Industrial user interruptions

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

Yes ☐ No ☐

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

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

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

For TCEQ Use Only
Reg. No._____
Date Received_____
Date Authorized_____

Section 1. General Information (Instructions Page 102)

1. TCEQ Program Area

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

Program ID:

Contact Name:

Phone Number:

2. Agent/Consultant Contact Information

Contact Name:

Address:

City, State, and Zip Code:

Phone Number:

3. Owner/Operator Contact Information

Owner ☐ Operator ☐

Owner/Operator Name:

Contact Name:

Address:

City, State, and Zip Code:

Phone Number:

4. Facility Contact Information

Facility Name:

Address:

City, State, and Zip Code:

Location description (if no address is available):

Facility Contact Person:

Phone Number:

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

Latitude: Longitude:

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

Attach topographic quadrangle map as attachment A.

6. Well Information

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify:

Number of Injection Wells:

7. Purpose

Detailed Description regarding purpose of Injection System:

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

8. Water Well Driller/Installer

Water Well Driller/Installer Name:

City, State, and Zip Code:

Phone Number:

License Number:

Section 2. Proposed Down Hole Design

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

Table 7.0(1) –Down Hole Design Table

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

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

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

System(s) Dimensions:

System(s) Construction:

Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer:

2. Receiving Formation Name of Injection Zone:

3. Well/Trench Total Depth:

4. Surface Elevation:

5. Depth to Ground Water:

6. Injection Zone Depth:

7. Injection Zone vertically isolated geologically? Yes ☐ No ☐

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

Name:

Thickness:

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

Attach as Attachment E.

9. Horizontal and Vertical extent of contamination and injection plume

Attach as Attachment F.

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

Attach as Attachment G.

11. Injection Fluid Chemistry in PPM at point of injection

Attach as Attachment H.

12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS:

13. Maximum injection Rate/Volume/Pressure:

14. Water wells within 1/4 mile radius (attach map as Attachment I):

15. Injection wells within 1/4 mile radius (attach map as Attachment J):

16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K):

17. Sampling frequency:

18. Known hazardous components in injection fluid:

Section 5. Site History

1. Type of Facility:

2. Contamination Dates:

3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L):

4. Previous Remediation:

Attach results of any previous remediation as attachment M

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

Class V Injection Well Designations

5A07 Heat Pump/AC return (IW used for groundwater to heat and/or cool

buildings)

5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)

5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)

5D02 Storm Water Drainage (IW designed for the disposal of rain water)

5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)

5F01 Agricultural Drainage (IW that receive agricultural runoff)

5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)

5S23 Subsidence Control Wells (IW used to control land subsidence caused by ground water withdrawal)

5W09 Untreated Sewage

5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)

5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)

5W12 WTTP disposal

5W20 Industrial Process Waste Disposal Wells

5W31 Septic System (Well Disposal method)

5W32 Septic System Drainfield Disposal

5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)

5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)

5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)

5X27 Other Wells

5X28 Motor Vehicle Waste Disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)

5X29 Abandoned Drinking Water Wells (waste disposal)

Form 10056
[DIGITAL COPY]

Wastewater Permit Renewal Application

Permit No. WQ13652001

DOMESTIC WASTEWATER PERMIT APPLICATION:

SEWAGE SLUDGE TECHNICAL REPORT 1.0

GENERAL INFORMATION

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

SECTION 1. TREATMENT PROCESSING INFORMATION

A. Attach the engineering report and/or plans and specifications for the proposed facility which must include the following:

- Description of the type of process facility
- Process flow diagram
- Design calculations, features, and functional arrangements
- Site controls
- Groundwater protection
- Odor, dust, and bio-aerosol management
- Ultimate product

Attachment Number: 19_10056_Sludge

B. Is the facility located or proposed to be located above the 100-year frequency flood plain? Yes ☒ No ☐

If No, provide a separate site map indicating the location of the sludge units within the 100-year frequency flood plain and a detailed description of the type and size of protective measures.

NA

SECTION 2. SOURCES OF SLUDGE

A. Provide the sources of generation, any water quality or public water supply permit number issued by TCEQ, and the quantity for each source.

Facility Name	**Permit Number**	**Annual Quantity**
Big Bend Station Inn and RV Ranch	WQ0013652001	5,000 – 20,000 gal wet sludge

B. For each source of sludge, complete Table 1 located at the end of this form.

SECTION 3. PATHOGEN AND VECTOR ATTRACTION REDUCTION

A. For each source of sludge, complete Tables 2 and 3 located at the end of this form.

B. Indicate by a checkmark that all of the following are being followed for Class B land application.

☐ Food crop harvesting restrictions

☐ Animal grazing restrictions

☐ Public access restrictions

SECTION 4. WELL INFORMATION

In the table below, provide information about each well located on-site and within 500 feet of the processing, application, and/or disposal area. Water well information is available from the Texas Water Development Board, 512-936-0837. Oil and gas well information is available from the Texas Railroad Commission, 512-463-6851.

Well Type (Water Well, Oil Well, Injection Well)	Producing or Non-Producing	Open, Cased, or Capped*	Protective Measures**
Water Well – Potable	Producing	Cased	Cased
Water Well – Irrigation	Producing	Cased	Cased
Water Well – Irrigation	Non-Producing	Capped	Capped and cased

* Casing, capping, and plugging rules are located in 16 TAC Chapter 76.
** The following protective measures are required prior to initial sludge/septage application:

- If the well is producing and cased, no action is needed.
- If the well is producing and not cased, the well must be cased or describe other protective measures.
- If the well is non-producing and cased, the well must be plugged or capped.
- If the well is non-producing and not cased, the well must be plugged.

SECTION 5. ADDITIONAL TECHNICAL REPORTS

Identify which additional technical reports are submitted with this application.

☒ Technical Report 2.0, Sewage Sludge Composting

☐ Technical Report 3.0, Marketing and Distribution

☐ Technical Report 4.0, Sewage Sludge Surface Disposal

SITE OPERATOR SIGNATURE PAGE

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

Permit Number: WQ0013652001

Applicant: Aramark Sports and Entertainment Services, LLC

I understand that I am responsible for operating the site described in this permit application in accordance with the requirements in 30 TAC Chapter 312, the conditions set forth in this application, and any additional conditions as required by the Texas Commission on Environmental Quality.

I certify, under penalty of law, that all 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, imprisonment for violations, and revocation of this permit.

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: NIRAV SHAH

Title: VP FINANCE

Signature (use blue ink): _____ Date: 2/27/25

SUBSCRIBED AND SWORN to before me by the said Nirav Shah on this 27th day of February, 20 25

My commission expires on the 14th day of January, 20 26

Alison O'Brien

(Seal)

Notary Public

Alison O'Brien

COMMONWEALTH OF PENNSYLVANIA - NOTARY SEAL
Alison Gail O'Brien Notary Public
Philadelphia County
My Commission Expires 1/14/2026
Commission #1406831

County, ~~Texas~~ Philadelphia

LANDOWNER SIGNATURE PAGE

Required if the landowner is not the applicant or co-applicant. Each landowner must submit an original, separate signature page.

Permit Number: WQ0013652001

Applicant: Aramark Sports and Entertainment Services, LLC

I certify, as the owner of the land described in this permit application, that I have all rights and covenants to authorize the applicant to use this site for the land application of _____ (*identify the type(s) of sludge*). I understand that 30 TAC Chapter 312 requires me to make a reasonable effort to see that the applicant complies with the requirements in 30 TAC Chapter 312, the conditions set forth in this application, and any additional conditions as required by the TCEQ. I also certify, under penalty of law, that all information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment for violations, and revocation of the permit.

Signatory Name: Click here to enter text.

Title: Click here to enter text.

Signature (use blue ink): _____ Date: _____

SUBSCRIBED AND SWORN to before me by the said _____ on

this _____ day of _____, 20_____

My commission expires on the _____ day of _____, 20_____

_____

(Seal) Notary Public

_____

County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION:

SEWAGE SLUDGE TECHNICAL REPORT 2.0

SEWAGE SLUDGE COMPOSTING

SECTION 1. RENEWAL OF EXISTING AUTHORIZATION

Provide the following information if you are requesting continued authorization to compost sewage sludge. Complete this section only if composting is currently authorized in the existing permit.

Date operation commenced: 2005

Location of operation: Big Bend Station Inn and RV Ranch

Type of bulking agent: landscape waste

Approximate amount of sludge composted: up to 2.8 tons per year

Provide a brief discussion of the composting process and any significant changes since the permit was last issued.

Dried sludge from the sludge drying beds will be transported to an on-site composting facility and mixed with grass clippings and other appropriate materials generated on site. The material will be composted in windrows. The windrows will be raked and turned regularly to introduce oxygen, facilitate mixing, and regulate temperature. Turning the windrows prevents the compost from drying out, minimizing the formation of dust or bio-aerosols. The windrows will be underlain by tarps and covered during precipitation events to prevent runoff and the formation of leachate. The sludge drying beds and compost are above the 100-year flood plain in an area that is not accessible to the public. No significant changes have been enacted since the permit was last issued. The site currently hauls sludge off site for disposal, composting does not take place at the Facility at this time.

SECTION 2. NEW AUTHORIZATION TO COMPOST SEWAGE SLUDGE

A. Submit an ORIGINAL General Highway (County) Map. See instructions for information that must be displayed on the map.

Attachment Number: 15_10054_TX_HWY

B. Has sewage sludge/septage previously been composted at this facility?

Yes ☐ No ☒

If Yes, provide a use history of the composting operations.

C. Provide a detailed description of the composting operation. The description must include the following information:

- Amount of sludge originating off-site to be composted;
- Total amount of sludge to be composted and total amount of feedstocks;
- Fecal coliform or Salmonella bacteria analysis (in MPN or CFU);
- Type, origin, and amount of bulking material to be used;
- Set back distances from facility boundaries for receiving, processing, or storing feedstocks or final product;
- Plan view of site;
- Type of composting proposed;
- Construction, maintenance, and operation to manage run-on and run-off during a 25-year, 24-hour rainfall event, including all calculations and sources used;
- Leachate collection system and leachate processing and disposal method;
- Construction, maintenance, and operations for groundwater protection;
- Design plan to line all surfaces used for delivery, mixing, composting, curing, screening, and storage to control seepage; and
- Design to minimize windblown material, odor, and vector control.

Attachment Number: 19_10056_Sludge

D. Does the end product meet the requirements in 30 TAC 332.72(d)(2)(A)-(D)?

Yes ☒ No ☐

E. Submit a site operating plan which provides guidance from the design engineer to site management and operating personnel in sufficient detail to enable them to conduct day to day operations in a manner consistent with the engineer's design. The plan must include the following information:

- Process description (feedstock identification, tipping process, process, post-processing, product distribution, process diagram);
- Minimum number of personnel and their functions provided by the site operator;
- Minimum equipment;
- Security, site access control, traffic control, and safety;
- Control of the delivery material in designated areas;
- Screening for unprocessable, prohibited, and unauthorized material;
- Fire prevention and suppression plan;
- Control of windblown material;
- Equipment failures;
- Anticipated final grade of materials; and
- Description of handling and/or disposal of materials that doesn't meet 30 TAC Chapter 312.

Attachment Number: Click here to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION:

SEWAGE SLUDGE TECHNICAL REPORT 3.0

SEWAGE SLUDGE MARKETING AND DISTRIBUTION

A. What is the TCEQ Permit number for the Wastewater Treatment Plant that is generating the Class A or Class AB sewage sludge? Click here to enter text.

B. What is the name and location of the distribution storage center? Click here to enter text.

C. Provide a description of the marketing and distribution plan.

Click here to enter text.

D. Provide the following information for all entities receiving sludge directly from the permittee. If more than 2, submit an attachment which includes the follow information.

1. Contact Name: Click here to enter text.

Company Name: Click here to enter text.

Mailing Address: Click here to enter text.

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

Phone Number: Click here to enter text. Fax Number: Click here to enter text.

Longitude: Click here to enter text.

Latitude: Click here to enter text.

Permits: Click here to enter text.

2. Contact Name: Click here to enter text.

Company Name: Click here to enter text.

Mailing Address: Click here to enter text.

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

Phone Number: Click here to enter text. Fax Number: Click here to enter text.

Longitude: Click here to enter text.

Latitude: Click here to enter text.

Permits: Click here to enter text.

E. Provide a copy of the label or information sheet that is provided to each entity receiving the sewage sludge.

Attachment Number: Click here to enter text.

F. Indicate by a checkmark that the sewage sludge meets the following:

☐ Metal concentrations in 30 TAC §312.43(b)(3)

☐ Vector attraction reduction requirements

☐ Class A, Class AB or Class B pathogen requirements

G. Indicate the type of recordkeeping: Click here to enter text.

PLEASE NOTE: If Class AB sewage sludge, attach a topographic map that shows the required buffer zones stated in 30 TAC §312.44.

DOMESTIC WASTEWATER PERMIT APPLICATION:

SEWAGE SLUDGE TECHNICAL REPORT 4.0

SEWAGE SLUDGE SURFACE DISPOSAL

SECTION 1. LOCATION INFORMATION

A. Attach the following maps. See instructions for information that must be displayed on each map.

- Original General Highway (County) map;
- USDA Natural Resources Conservation Service Soil Map;
- Federal Emergency Management Agency Map; and
- Site Map.

Attachment Numbers: 15_10054_TX Hwy, 10_10054_Soil Map, 16_10451_FEMA

B. Indicate by checkmarks if the disposal unit contains any of the following:

☐ Overlaps a designated 100-year frequency floodplain

☐ Soils with flooding classification

☐ Wetlands

☐ Located less than 60 meters from a fault

☐ Overlaps an unstable area

☐ None of these

If the sludge disposal unit contains any of the above features, provide a detailed description of the type and size of protective measures.

Click here to enter text

SECTION 2. DISPOSAL INFORMATION

A. What is the volume and frequency of sludge disposal? NA

B. What is the total dry tons placed on the disposal unit per 365-day period? NA

C. What is the total dry tons placed on the disposal unit over the life of the unit? NA

D. Attach a current TCLP test result from each sludge source.
Attachment Number: NA

SECTION 3. FACILITY INFORMATION

A. Does the disposal unit have a liner with a maximum hydraulic conductivity of $1X10^{-7}$ cm/sec? Yes ☐ No ☐

If yes, describe the liner.

Click here to enter text.

B. Does the disposal unit have a leachate collection system?
Yes ☐ No ☐

If yes, describe the leachate collection system and the method used for leachate treatment and disposal.

Click here to enter text.

C. If you answered No to A. and B., is the boundary of the disposal unit less than 150 meters from the nearest property boundary?
Yes ☐ No ☐

If you answered No to C., what is the actual distance to the nearest property boundary in meters? Click here to enter text.

Click here to enter text.

Yes ☐ No ☐

D. Do the design calculations for the disposal unit show that stormwater will not run-off of the disposal unit during a 25-year, 24-hour rainfall event?

Yes ☐ No ☐

E. If sludge dewatering is used, describe the method of sludge dewatering and the average percent solids disposed of in the disposal unit.

Click here to enter text

F. Are crops grown or animals allowed to graze at the disposal site?

Yes ☐ No ☐

If yes, provide a detailed description of management practices that protect human health from accumulation of metals in the sewage sludge.

Click here to enter text

SECTION 4. SITE DEVELOPMENT PLAN

A. Provide a detailed description of the methods used to deposit sludge in the disposal unit.

Click here to enter text

B. Indicate by a checkmark that the following information is provided with this application.

☐ Plan view and cross-sectional view of the disposal unit

☐ Source and physical properties of the soil and/or other media for sludge bulking

☐ Locations of stockpiles of media and the area for sludge loading and unloading
☐ Operation procedures detailing mixing, ratio of mixture, handling of mixture, placement of the mixture, and daily cover
☐ Copy of the closure plan and post-closure maintenance requirements developed in accordance with 30 TAC §312.62(c) and (d)
☐ Copy of deed record for the site
☐ Description of the method of controlling infiltration of groundwater and surface water from entering the site
☐ Financial assurances of proper operation and final closure of the disposal unit and storage in accordance with 30 TAC §312.62(g)
☐ Description of methane gas monitoring if cover is placed on the disposal unit
☐ Description of method to restrict public access to the site.

SECTION 5. GROUNDWATER MONITORING

A. Is groundwater monitoring currently conducted at this disposal unit, or is groundwater monitoring data otherwise available?
Yes ☐ No ☐
If yes, attach a copy of available groundwater monitoring data.
Attachment Number: Click here to enter text.

B. Has a groundwater monitoring program been prepared for this disposal unit? Yes ☐ No ☐
If yes, attach a copy of the groundwater monitoring program.
Attachment Number: Click here to enter text.

C. Provide a certification from a qualified groundwater scientist that the aquifer below the disposal unit will not be contaminated.
Attachment Number: Click here to enter text.

D. Provide a profile of soil types encountered down to the groundwater table and the depth to the shallowest groundwater.
Attachment Number: Click here to enter text.

Appendix A
Pollutant Concentrations in Sewage Sludge

Complete this table **for each source** of sludge.

Facility Name: Click here to enter text.
TCEQ Authorization Number: Click here to enter text.

POLLUTANT/METAL ANALYSIS

Pollutant	Maximum Concentration, mg/kg dry weight	Test Results, mg/kg dry weight	Sample Date	Detection Level for Analysis	Sample Method
Arsenic (As)	75				
Cadmium (Cd)	85				
Chromium (Cr)	3000				
Copper (Cu)	4300				
Lead (Pb)	840				
Mercury (Hg)	57				
Molybdenum (Mo)	75				
Nickel (Ni)	420				
Selenium (Se)	100				
Zinc (Zn)	7500				
PCB (ppm)	50.0 ppm				
Fecal Coliform (MPN)					

Appendix B
PATHOGEN REDUCTION REQUIREMENTS

For each source, select the pathogen reduction alternative that will be used prior to land application of sewage sludge. Requirements for each alternative can be found in 30 TAC §312.82.

TCEQ Permit Number	Pathogen Reduction Alternative Used	Fecal Coliform Geometric Mean (cfu/gram total solids)*	Fecal Test Date*	Is PSRP Certification Attached?** (Yes/No/NA)
Example WQ11280-001	Option 1: Density of Fecal Coliform	300,000 cfu/g	12/2/98	NA
	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.			

*Applicable to Option 1 only.
**Applicable to Option 2a – f.

If Other or PFRP Equivalent is selected as the Alternative Used, please explain: Click here to enter text.

Appendix C
VECTOR ATTRACTION REDUCTION REQUIREMENTS

For each source, provide the vector attraction reduction option that will be used prior to or after land application of sewage sludge/septage. Requirements for each alternative can be found in 30 TAC §312.83.

TCEQ Permit Number	Vector Attraction Reduction Alternative Used*	Monitoring Criteria and results needed for alternative
Example WQ11280-001	Option 10: Incorporate within 6 hrs	Visual inspection of area after tilling
Example WQ13450-003	Option 4: SOUR <=1.5 mg 02/hr/g total solids at 20C (<2% solids)	Aerobically digested, 2.0% solids, SOUR=1.3 mg/g
	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.	

*Options 1-8 are sludge treatment alternatives. Options 9-10 are onsite alternatives. Option 12 is for domestic septage only.

GENERAL INFORMATION

Purpose of the Application

This form is used to request authorization for certain sludge disposal options within or adjacent to a publicly-owned wastewater treatment plant (WWTP).

The Administrative and Technical Reports of the Domestic Wastewater Permit Application (TCEQ-10053 and TCEQ-10054) must be submitted with this form.

Who Should Apply?

This application should be submitted by owners of domestic wastewater treatment plants that are requesting authorization for sewage sludge and/or septage disposal in a **surface disposal site** (ie. sludge monofill) at a site located adjacent to the wastewater treatment facility, **sewage sludge composting**, or **sludge marketing and distribution**.

When Is The Application Submitted?

For new and amendment applications, the completed application must be submitted at least 180 days before the proposed activity is to occur. For renewal applications, the completed application must be submitted at least 180 days before the expiration date of the current wastewater permit.

Where to Send the Application Form

One original and three copies of the application, including attachments, must be provided to the address below:

Regular U.S. Mail:
TCEQ
ARP Team, MC 148
PO Box 13087
Austin TX 78711-3087

Express Mail or Hand Delivery:
TCEQ
ARP Team, MC 148
Building F Room 2101
12100 Park 35 Circle
Austin TX 78753

TCEQ Contact List

Permit Information and Application Forms:	512-239-4671
Technical Information, Land Application Team:	512-239-4671
Environmental Law Division:	512-239-0600

Copies of records on file with the TCEQ may be obtained for a minimal fee from the Records Management Office at 512-239-2900.

Abbreviations and Acronyms

CFR - Code of Federal Regulations
CFU - Colony Forming Units
EPA - United States Environmental Protection Agency
MPN - Most Probable Number
mg/l - Milligrams per Liter
PFRP - Process to Further Reduce Pathogens
PSRP - Process to Significantly Reduce Pathogens
TAC - Texas Administrative Code
TCEQ - Texas Commission on Environmental Quality
USDA - United States Department of Agriculture
USGS - United States Geological Survey

SEWAGE SLUDGE TECHNICAL REPORT 1.0 - GENERAL INFORMATION

Section 1. Treatment Processing Information

A. Attach an engineer's report that includes the following information:

- **Description of the type of sludge processing** (e.g., aerobic digestion, heat drying, and lime stabilization). Provide a detailed description of processes and treatment units utilized to meet pathogen and vector reduction requirements as needed for the sludge use or disposal. Include any admixtures and blending agents.
- **Process flow diagram** of the entire wastewater treatment process. Include all components of the treatment system and flow streams through the process, storage, and removal from the treatment plant site. Provide more detailed flow stream information regarding the sludge treatment units. The flow streams must indicate the quantity of sludge on a wet weight, dry weight, and volumetric basis through each sludge process unit.
- **Design calculations** for the specified treatment process. Provide the dimensions of the treatment units (Length x Width x Height, capacity in gallons and/or cubic feet). Include design calculations for the specified treatment process (temperature ranges, residence time, chemical additions, dewatering capability, etc). Provide information within the design calculations that discuss design features (alarms, standby and duplicate units, holding tanks) and functional arrangements (flexibility of piping, valves, backup generator) within the sludge process units that will prevent the partial treatment of sewage sludge or the overflow of wastewater (e.g., supernate) due to: 1) power failure; 2) equipment malfunction; 3) plant maintenance; or 4) other circumstances.
- **Site Controls.** Description of storage method. Include the method to control surface water run-on and run-off, collection of leachate, and/or process wastewater generated from the facility, and any bulk material storage areas. For uncovered bulk material storage or processed material, provide design calculations for protecting the areas from the 25-year, 24-hour rainfall event. Include sources of information and assumptions.

- **Groundwater protection**. Description of method to control groundwater contamination.
- **Odor, dust, and bio-aerosol management plan.** Describe how the production and migration of each of these emissions will be monitored and minimized, including design and operational practices. The buffer zone requirements for treatment units are found in 30 TAC Section 312.13(e) and are applicable for all wastewater treatment plant units.
- Description of the **ultimate use for the finished product**. The description of the proposed use or disposal and method of disposal of any product that cannot be used in the expected manner due to poor quality or change in market conditions.

B. Indicate whether the facility is above the 100-year frequency flood plain. All units must be protected from inundation from a 100-year frequency flood. If any units are not located above the 100-year frequency flood, provide a separate site map that shows the location of the units within the 100-year frequency flood plain and a detailed description of the type and size of protective measures.

Section 2. Sources of Sludge

A. For each source of sewage sludge or domestic septage, provide the name of the facility; the TCEQ permit number, registration number, or transporter number; and the average quantity received from the source.

B. For each source of sewage sludge or domestic septage, use the sludge laboratory analyses to complete Appendix A Pollutant Concentrations in Sewage Sludge.

Section 3. Pathogen and Vector Attraction Reduction

A. For each source of sewage sludge or domestic septage, complete Appendix B Pathogen Reduction Requirements and Appendix C Vector Attraction Reduction Requirements. The requirements for each option are found in 30 TAC §312.82-83.

B. Indicate that the following restrictions are being followed for land application of Class B sewage sludge and domestic septage:

- Food crop harvesting restrictions:
    - Food crops with harvested parts totally above the land surface **(e.g., strawberries, squash, pecans picked up from the ground)** must not be harvested from the land for at least 14 months after the last application of sludge if any of the harvested parts contact the sludge or soil.
    - Food crops with harvested parts below the surface of the land **(e.g., onions, potatoes)** must not be harvested from the land for at least 20 months after application of sludge when the sludge remains on the land surface for 4 months or longer prior to incorporation into the soil.
    - Food crops with harvested parts below the surface of the land **(e.g., onions, potatoes)** must not be harvested for at least 38 months after application of sludge when the sludge remains on the land surface for less than four months prior to the incorporation into the soil.
    - Food crops (when grown and harvested in a manner that prevents any part of the crop from contacting the soil or sludge such as **hand-picked oranges and apples**), feed crops **(e.g., hay)**, and fiber crops **(e.g., cotton)** must not be harvested for at least 30 days after application of sludge.

- Animal grazing restrictions:
    - Animals must not be allowed to graze on the land for at least 30 days after application of sludge.
- Public access restrictions:
    - Public access to land with a high potential for public exposure **(e.g., parks, soccer fields)** must be restricted for at least one year after application of sludge.
    - Public access to land with a low potential for public exposure **(e.g. land at the WWTP)** must be restricted for at least 30 days after application of the sludge.

Section 4. Well Information

Complete the table by providing the requested information for each well located on and within 500 feet of the application area, including off-site wells. Each well shall also be provided on the site map.

Section 5. Additional Technical reports

Indicate with a checkmark each additional technical report that is submitted with Technical Report 1.0.

Signature Pages

A separate signature page must be provided for the site operator, each co-applicant, and the landowner of the application site (if the landowner is different from the site operator and co-applicant). The signature page must bear an original signature and the seal of a notary public. The date signed by the applicant must be the same as the date notarized. The signature page will not be acceptable if the dates are different.

In accordance with 30 Texas Administrative Code §305.44 relating to Signatories to Applications, all applications shall be signed as follows:

For a corporation, the application shall be signed by a responsible corporate officer. For purposes of this paragraph, a responsible corporate officer means a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. Corporate procedures governing authority to sign permit or post-closure order applications may provide for assignment or delegation to applicable corporate positions rather than to specific individuals.

For a partnership or sole proprietorship, the application shall be signed by a general partner or the proprietor, respectively.

For a municipality, state, federal, or other public agency, the application shall be signed by either a principal executive officer or a ranking elected official. For purposes of this

paragraph, a principal executive officer of a federal agency includes the chief executive officer of the agency, or a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., regional administrator of the EPA).

SEWAGE SLUDGE TECHNICAL REPORT 2.0 - SEWAGE SLUDGE COMPOSTING

This technical report is required it you are requesting authorization to compost sewage sludge.

Section 1. Renewal of an existing authorization to compost sewage sludge

This section is only applicable if composting sewage sludge is authorized in the existing and the applicant is seeking to continue that authorization. This does not include facilities that obtained composting authorization through a Municipal Solid Waste Permit.

Section 2. New and amended authorization to compost sewage sludge

A. Submit an original **General Highway (County) Map** showing the applicant's property boundaries in RED ink and the location of the composting area. Copies may be submitted on 8.5 x 11-inch sheets. These maps can be ordered from the Texas Department of Transportation Map Sales from the following web site: http://www.txdot.gov/travel/county_grid_search.htm

B. Indicate whether composting has previously been conducted at this site. If yes, the discussion of the use history of the composting operations must include the following information:

- the type of sludge composted
- the amount of sludge composted so far (in tons)
- the quality of the final product with respect to 30 TAC §332.72
- how the final product was marketed and distributed
- compliance history (e.g., enforcement, upsets)
- copy of any closure plan developed for this facility including anticipated closure date

C. Provide a detailed description of the sewage sludge composting site and operation. The description must include the following information.

- Amount of sludge originating off-site which is to be composted
- Total amount of sewage sludge to be composted and total amount of feedstocks identified in 30 TAC §332.3(b)
- The Fecal Coliform or Salmonella sp. bacteria analysis of the sludge in MPN or CFU
- The type, origin and the amount of bulking material to be used
- Set back distance from the facility boundary to the areas for receiving, processing, or storing feedstocks or final product
- A plan view of the site showing all the equipment, storage facilities, and sludge management facilities
- Types of composting proposed (e.g., windrow process, aerated pile process, etc.)

- Description how the facility shall be constructed, maintained, and operated to manage run-on and run-off during a 25-year, 24-hour rainfall event and include calculations and provide source of all assumptions used
- Description the leachate collection system and the method used for leachate processing and disposal in accordance with applicable requirements and provide the TCEQ permit(s) numbers for leachate treatment and disposal
- Description of how the facility will be constructed, maintained, and operated to protect groundwater
- Description of a design plan to line all the surfaces used for sewage sludge delivery, mixing, composting, curing, screening and storing to control seepage
- Design of facility to minimize windblown material, odor and vector control

D. Indicate whether the end product meets the requirements set forth in 30 TAC §332.72(d)(2)(A)-(D).

E. Submit a site operating plan. This document provides guidance from the design engineer to site management and operating personnel in sufficient detail to enable them to conduct day to day operations in a manner consistent with the engineer's design. At a minimum, the site operating plan shall include specific guidance or instructions on all of the following:

- Process description. The process description must include the following.
    - Feedstock identification. The applicant must prepare a list of the materials intended for processing along with the anticipated volume to be processed. This section must also contain an estimate of the daily quantity of material to be processed at the facility along with a description of the proposed process of screening for unauthorized and prohibited materials.
    - Tipping process. Indicate what happens to the feedstock material from the point it enters the gate. Indicate how the material is handled in the tipping area, how long it remains in the tipping area, what equipment is used, how the material is evacuated from the tipping area, at what interval the tipping area is cleaned, the process used to clean the tipping area.
    - Process. Indicate what happens to the material as it leaves the tipping area. Indicate how the material is incorporated into the process and what process or processes are used until it goes to the post-processing area. The narrative shall include: water addition; processing rates; equipment; energy and mass balance calculations; process monitoring method; testing and monitoring methods and frequency.
    - Post-processing. Provide a complete narrative on the post-processing process to include: post-processing times; identification and segregation of product; storage of product; quality assurance and quality control; testing methods and frequency.
    - Product distribution. Provide a complete narrative on product distribution to include but not limited to: end-product quantities; anticipated final grades; packaging; labeling; loading; tracking bulk material; anticipated end use; method of distribution or use.
    - Process diagram. Present a process diagram that displays graphically the narrative discussion identified in the previous bullets.
- Minimum number of personnel and their functions to be provided by the site operator in order to have adequate capability to conduct the operation in conformance with the design and operational standards;

- Minimum number and operational capacity of each type of equipment to be provided by the site operator in order to have adequate capability to conduct the operation in conformance with the design and operational standards;
- Security, site access control, traffic control and safety;
- Control of dumping within designated areas
- Mechanical and process screening for unprocessable, prohibited, and unauthorized material;
- A fire prevention and suppression plan that complies with provisions of the local fire code, which must also be sent to the local fire protection entity responsible for responding to a fire at the facility;
- Control of windblown material;
- Equipment failures including alternative plans in the event of an equipment failure; and
- A description of the anticipated final grade of the materials.
- Submit a description of the method(s) by which materials that do not meet the end product requirements of 30 TAC Chapters 312 and 332 will be handled and/or disposed.

SEWAGE SLUDGE TECHNICAL REPORT 3.0 - SEWAGE SLUDGE MARKETING AND DISTRIBUTION

This technical report is required it you are requesting authorization to market and distribute Class A or Class AB sewage sludge.

A. Provide the TCEQ Permit Number of the facility generating the Class A or Class AB sewage sludge.

B. Provide the name and location of the sites used for the storage and distribution of the Class A or Class AB sewage sludge.

C. Provide a description of the marketing and distribution plan. The plan must include, but is not limited to, the following activities:

- If the sewage sludge will be sold or given away directly to the public, include a general description of the types of end uses proposed by persons who will be receiving the sewage sludge;
- The methods of distribution, marketing, handling, and transportation of the sewage sludge;
- A reasonable estimate of the expected quantity of sewage sludge to be generated or handled; and
- Any proposed storage and the methods used to prevent surface water runoff of the sewage sludge or contamination of groundwater.

D. For all entities that receive Class A or Class AB sewage sludge directly from the permittee, provide the name, company name, telephone and fax numbers, address, and all federal, state, and local permits that the receiving facility has obtained. If more than two entities receive Class A or Class AB sewage sludge directly, provide a separate attachment that includes the requested information for all entities.

E. Provide a copy of the label or information sheet provided to all entities that receive the sewage sludge.

F. Indicate by a check mark that the Class A or Class AB sewage sludge being sold, given away in bulk, bag, or container for land application meets the following (as shown on Appendix A,B and C:

- Metal concentrations in 30 TAC Section 312.82(a);
- Vector attraction reduction requirements; and
- Class A or Class AB pathogen requirements.

G. Describe the type of recordkeeping.

SEWAGE SLUDGE TECHNICAL REPORT 4.0 - SEWAGE SLUDGE SURFACE DISPOSAL

This technical report is required it you are requesting authorization to dispose of sewage sludge by placing it in a sewage sludge surface disposal unit (ie. sludge monofill). Do not use this technical report for sludge that is disposed of in a municipal landfill.

NOTE: Sewage sludge that has failed a TCLP test cannot be disposed of within a sewage sludge surface disposal unit.

Section 1. Location information

A. Attach the following maps which display the required information noted below:

- Submit an original **General Highway (County) Map** showing all applicant's property boundaries in RED ink, the location of the disposal unit, a scale sufficient to verify the distance of the disposal unit from the property line in accordance with 30 TAC Section 312.63, and all areas within 1000 feet of the site. Copies may be submitted on 8.5 x 11-inch sheets. These maps can be ordered from the Texas Department of Transportation Map Sales from the following web site: http://www.txdot.gov/travel/county_grid_search.htm
- Submit a legible copy of a **USDA Natural Resources Conservation Service (NRCS) Soil Map** with soil legend and necessary interpretative information. These maps can be created on the NRCS Web Soil Survey web site: https://websoilsurvey.sc.egov.usda.gov/App/HomePage.htm. If the county is not mapped, have a soil scientist identify the soils.
- Submit a copy of the **Federal Emergency Management Agency (FEMA) Map** showing the 100-year floodplain. These maps can be obtained by requesting a Flood Insurance Study at no charge from the FEMA Flood Map Distribution Center at (800) 358-9616. The flood insurance study will contain a booklet and the FEMA maps.
- Submit a site map that indicates all of the components that pertain to the disposal unit (cross section diagram(s), storage area(s), run-off collection area(s), etc.)

B. Indicate with checkmarks if the sludge disposal unit contains one or more of the features listed in the application. For each identified feature, provide a discussion of the type and size of the protective measures.

Section 2. Disposal information

A. Provide the approximate volume of sludge and the frequency of each sludge disposal activity.

B. Provide the total amount of sludge placed in the disposal unit each year, in dry tons.

C. Provide the total amount of sludge that has been placed in the disposal unit over the life of the unit, in dry tons.

D. For each sludge source, provide the most recent TCLP test result.

Section 3. Facility information

A. If the disposal unit has a liner, indicate how the liner meets the hydraulic conductivity listed in the application.

B. Indicate it the disposal unit has leachate collection system. If so, describe the leachate collection system and the method used for leachate treatment and disposal.

C. If the disposal unit does not have a liner or leachate collection system, indicate if the disposal unit located less than 150 meters from the nearest property boundary.

If the disposal unit is located less than 150 meters from the nearest property boundary, provide the actual distance to the nearest property boundary, in meters. Also indicate if the metal concentrations listed in the application exceed the maximum metal concentrations and property boundary distances required by 30 TAC 3212.63(b)(2).

D. Indicate if the design calculations for the disposal unit show that stormwater will not leave the disposal unit during a 25-year, 24-hour rainfall event.

E. If the sewage sludge is dewatered prior to placing in the disposal unit, describe the method of sludge dewatering and the average percent solids of the sludge placed in the disposal unit.

F. Indicate if crops are grown or animals allowed to graze at the disposal site. If yes, provide a detailed description of management practices that protect human health from bioaccumulation of metals in the sewage sludge.

Section 4. Site development plan

A. Describe the methods used to deposit sludge in the disposal unit. This description should include site layout plan, site entrance roads from public access roads, rate of sludge deposition, average and maximum lift size, average and maximum trench or cell size, sludge unit cover, seismic impact design, protection from floods, and other information necessary to depict how the surface disposal unit will be developed.

B. Indicate by a checkmark that each the following information has been submitted with the application.

- A detailed plan view and cross-section view of the surface disposal unit.
- The source and physical properties of the soil, daily cover, and other media for sludge bulking, if applicable.
- Locations of stockpiles of the bulking media and the area for sludge unloading and mixing within the plant site and include

on the site map.
- Describe operational procedures detailing the following: how the sludge is to be mixed; the ratio of the media/sludge mixture; the handling and placement of the mixture in the sludge unit; the method of spreading the daily cover; the depth of the daily cover.
- Provide a copy of any closure plan, which includes post-closure maintenance requirements, that has been developed for disposal unit in accordance with 30 TAC §312.62(c) and (d).
- A copy of deed record for the site showing that a sludge disposal unit is located at the site.
- Provide a description controlling the infiltration of sludge from entering ground and surface water.
- Provide financial assurance to properly operate this surface disposal unit and to provide final closure of this surface disposal unit and storage (if applicable) (30 TAC Section 312.62(g)).
- Provide a brief description of how methane gas is monitored, if cover is placed on unit and
- Provide a brief description of how public access to the site is restricted.

Section 5. Groundwater monitoring

A. Indicate if groundwater monitoring data is available for the site. If so, attach a copy of the data.

B. Indicate if a groundwater monitoring program has been developed. If so, attach a copy.

C. Provide a certification from a qualified groundwater scientist that the aquifer below the disposal unit will not be contaminated.

D. Provide a profile of the soil types encountered down to the groundwater table and the depth to the shallowest groundwater.

Form 20031

[DIGITAL COPY]

Wastewater Permit Renewal Application

Permit No. WQ13652001

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

APPLICATION TO TRANSFER A WASTEWATER PERMIT OR CAFO PERMIT

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

SECTION 1. CURRENT PERMIT INFORMATION

What is the Permit Number? WQ13652001

What is the EPA I.D. Number? TX NA

What is the Current Name on the Permit?

Big Bend Resort and Adventures, LLC

What is the Customer Number (CN) for the current permittee? CN 603377326

What is the Regulated Entity Reference Number (RN): RN 101250694

For Publicly Owned Treatment Works (POTWs) Only:

a) Does this permit require implementation of an approved pretreatment program by the POTW? Yes ☐ No ☐

b) Does this permit have a domestic reclaimed water authorization associated with it? NOTE: **The domestic reclaimed water authorization associated with this permit will be cancelled on the same date the transfer took place**. See instructions for more information.
Yes ☐ No ☐

SECTION 2. FACILITY OWNER (APPLICANT) INFORMATION

A. What is the Legal Name of the facility owner?

Aramark Sports and Entertainment Services, LLC

B. What is the Customer Number (CN) issued to this entity? CN 606170249

C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

SECTION 3. CO-APPLICANT INFORMATION

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

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

Click here to enter text.

B. What is the Customer Number (CN) issued to this entity? CN Click here to enter text.

C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

SECTION 4. APPLICATION CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed about this application.

Application Contact First and Last Name: Rebecca Neuren

Title: Project Engineer Credentials: MS, EIT

Company Name: EEC Environmental

Mailing Address: 1 City Blvd West

City, State, and Zip Code: Orange, CA 92868

Phone Number: 310-666-1904 Fax Number: Click here to enter text.

E-mail Address: rneuren@eecenvironmental.com

SECTION 5. PERMIT CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed during the term of the permit.

Permit Contact First and Last Name: Jennifer Kugler

Title: Director of Environmental Compliance Credentials: Click here to enter text.

Company Name: Aramark Safety and Risk Solutions

Mailing Address: 2400 Market St

City, State, and Zip Code: Philadelphia, PA 19103

Phone Number: 267-593-8183 Fax Number: Click here to enter text.

E-mail Address: kugler-jennifer@aramark.com

SECTION 6. SITE INFORMATION

Site Name: Big Bend Station Inn and RV Resort

SECTION 7. LEASE AND EASEMENT REQUIREMENTS

A. Landowner where the facility is or will be located:

Landowner Name: Aramark Sports and Entertainment Services

If this individual is not the same person as the facility owner or co-applicant, attach one of the following documents:

- A lease agreement or deed recorded easement, if the facility is NOT a fixture of the land, or
- A deed recorded easement if the facility IS a fixture of the land.

B. Landowner of the effluent disposal site:

Landowner Name: Aramark Sports and Entertainment Services

If this individual is not the same person as the facility owner or co-applicant, attach a lease agreement.

C. For CAFOs: Attach the following records:

- Warranty Deed or Property Tax Records
- Lease Agreement (for land management units that are not owned by the facility owner or co-applicant)

Facility Size on the proof of ownership, in acres: Click here to enter text

SECTION 8. TRANSFER DATE

What is the date that the transfer of operator or ownership will occur? April 15, 2025

SECTION 9. REPORTING AND BILLING INFORMATION

A. Please identify the individual for receiving the reporting forms.

First and Last Name: Tracy Garland

Title: General Manager Credentials: MED

Company Name: Big Bend Station Inn and RV Ranch

Mailing Address: 53623 TX-118

City, State, and Zip Code: Terlingua, TX 79852

Phone Number: 606-516-8115 Fax Number: Click here to enter text

E-mail Address: garland-tracy1@aramark.com

B. Please identify the individual for receiving the annual fee invoices.

First and Last Name: Nirav Shah

Title: Vice President of Finance Credentials: Click here to enter text

Company Name: Aramark Destinations

Mailing Address: 2400 Market St

City, State, and Zip Code: Philadelphia, PA 19103

Phone Number: 215-238-7033 Fax Number: Click here to enter text.

E-mail Address: shah-nirav@aramark.com

SECTION 10. DELINQUENT FEES OR PENALTIES

Do you owe fees to the TCEQ? Yes ☐ No ☒

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

If you answered yes to either of the above questions, provide the amount owed, the type of fee or penalty, and an identifying number.

Click here to enter text.

TRANSFEROR SIGNATURE (Current Facility Owner)

I consent to the transfer of the permit and 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 Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Facility Owner Name: Click here to enter text

Title: Click here to enter text

Signature: _____ Date: _____

SUBSCRIBED AND SWORN to before me by the said _____ on

this _____ day of _____, 20_____

My commission expires on the _____ day of _____, 20_____

(Seal)

_____
Notary Public

_____
County, Texas

TRANSFEROR SIGNATURE (Current Facility Co-Applicant)

Complete if a co-applicant is on the current permit.

I consent to the transfer of the permit and 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 Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Facility Co-Applicant Name: Click here to enter text.

Title: Click here to enter text.

Signature: _____ Date: _____

SUBSCRIBED AND SWORN to before me by the said _____ on

this _____ day of _____, 20_____

My commission expires on the _____ day of _____, 20_____

_____

(Seal) Notary Public

_____

County, Texas

TRANSFEREE SIGNATURE (New Facility Owner)

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the owner of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document 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 known violations and revocation of this permit.

New Facility Owner: Aramark Sports & Entertainment Services, LLC

Title: VP FINANCE

Signature: _____ Date: 2/28/25

SUBSCRIBED AND SWORN to before me by the said Virav Shah on

this 27th day of February, 2025

My commission expires on the 14th day of January, 2026

(Seal)

COMMONWEALTH OF PENNSYLVANIA - NOTARY SEAL
Alison Gail O'Brien Notary Public
Philadelphia County
My Commission Expires 1/14/2026
Commission #1406831

Alison O'Brien
Notary Public

Alison O'Brien
County, ~~Texas~~ Philadelphia

TRANSFEREE SIGNATURE (New Facility Co-Applicant)

Complete if a co-applicant is required.

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the operator of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document 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 known violations and revocation of this permit.

New Facility Co-Applicant: Click here to enter text

Title: Click here to enter text

Signature:_____ Date:_____

SUBSCRIBED AND SWORN to before me by the said _____on

this_____day of_____, 20_____

My commission expires on the_____day of_____, 20_____

(Seal)

_____
Notary Public

_____
County, Texas

SITE OPERATOR SIGNATURE

Complete only for permits that include composting facilities, land application and/or disposal of sewage sludge **AND** the transferee does not own the land where the disposal activity is conducted.

I understand that I am responsible for operating the site described in the legal description in accordance with the Texas Commission on Environmental Quality requirements in 30 TAC, Chapter 332 and/or 312, the conditions set forth in the permit, and any additional conditions as required by the Texas Commission on Environmental Quality. I also certify under penalty of law that all information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment for violations, and revocation of this permit.

Site Operator Name: [redacted]

Title: VP FINANCE

Signature: _____ Date: 2/27/25

SUBSCRIBED AND SWORN to before me by the said Virav Shah on

this 27th day of February, 20 25

My commission expires on the 14th day of January, 20 26

(Seal)

COMMONWEALTH OF PENNSYLVANIA - NOTARY SEAL
Alison Gail O'Brien Notary Public
Philadelphia County
My Commission Expires 1/14/2026
Commission #1406831

_____
Notary Public

Alison O'Brien
County, ~~Texas~~ Philadelphia

LAND OWNER SIGNATURE

Complete Only If Landowner Is Not the Site Operator

I certify that I am the owner of the land described in this application and have all rights and covenants to authorize the applicant for this permit, to use this site for the composting, disposal and/or land application. I understand that 30 Texas Administrative Code Chapters 332 and 312 require me to make a reasonable effort to see that the applicant complies with requirements in 30 Texas Administrative Code Chapters 332 and 312, the conditions set forth in this application, and any additional conditions as required by the Texas Commission on Environmental Quality. I also certify under penalty of law that all information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment for violations, and revocation of this permit.

Landowner Name: Click here to enter text

Signature:_____ Date:_____

SUBSCRIBED AND SWORN to before me by the said _____ on

this_____ day of_____, 20_____

My commission expires on the_____ day of_____, 20_____

(Seal)

_____
Notary Public

_____
County, Texas

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information

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 here to enter text.

Full legal name (first, middle, last): Click here to enter text.

Driver's License or State Identification Number: Click here to enter text.

Date of Birth: Click here to enter text.

Mailing Address: Click here to enter text.

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

Phone Number: Click here to enter text. Fax Number: Click here to enter text.

E-mail Address: Click here to enter text.

CN: Click here to enter text.

For Commission Use Only:
Customer Number:
Regulated Entity Number:
Permit Number:

INSTRUCTIONS

This application applies to:

- Industrial and municipal permits authorized under 30 TAC Chapter 305.
- CAFO permits authorized under 30 TAC Chapter 321
- Domestic Reclaimed Water Authorizations authorized under 30 TAC Chapter 210

A permit must be transferred when a change in ownership or co-permittee occurs. A transfer application is only required for a change in operator if the operator is, or is required to be, a co-permittee on the current permit.

A transfer application must be submitted at least 30 days before the proposed transfer date.

Where to Send the Application Form

A Core Data Form and one original and one copy of the application, including attachments, must be provided to the address below:

Regular U.S. Mail:

Texas Commission on Environmental Quality
Applications Review and Processing Team, MC 148
PO Box 13087
Austin TX 78711-3087

For Express Mail or Hand Delivery:

Texas Commission on Environmental Quality
Applications Review and Processing Team, MC 148
Building F Room 2101
12100 Park 35 Circle
Austin TX 78753

TCEQ Contact List

Permit Information and Application Forms:	512-239-4671
Technical Information	512-239-4671
Environmental Law Division:	512-239-0600
Stream Survey and Receiving Water Assessment:	512-239-4671
Biomonitoring Testing Requirements:	512-239-4592

Copies of records on file with the TCEQ may be obtained for a minimal fee from the Records Management Office at 512-239-2900.

Application Fee

An application fee of $100.00 must be paid by check or money order made payable to the Texas Commission on Environmental Quality. Fees must be sent under separate cover making reference to the type of application, name of applicant, and permit number of existing permit.

Mail the application fee to:
Texas Commission on Environmental Quality
Revenues Section, MC 214
PO Box 13088
Austin TX 78711-3088

To verify receipt of payment or any other questions you may have regarding payment of fees to the TCEQ, you may call the Revenues Section, Cashiers Office at (512) 239-0357.

Who Is Responsible and Liable for Compliance With The Permit Or Registration During Transfer Activities

The entity/individual to whom a permit is issued is held responsible and liable for complying with the terms and conditions of the permit. The permit may be transferred upon approval by the Texas Commission on Environmental Quality (TCEQ). An attempted transfer is not effective for any purpose until approved, in writing, by the TCEQ.

If no agreement regarding transfer of permit responsibility and liability is provided, responsibility for compliance with the terms and conditions of the permit and liability for any violation is assumed by the transferee, effective on the date of the approved transfer. This section is not intended to relieve a transferor of any liability.

If a person attempting to acquire a permit operates the facility before transfer approval is given, such person shall be considered to be operating without a permit.

The TCEQ may refuse to approve a transfer where conditions of a judicial decree, compliance agreement, or other enforcement order have not been entirely met.

Current Permit Information

Provide the TCEQ permit number for the authorization being transferred.

Provide the EPA I.D. number for the permit being transferred.

Provide the current name on the permit. The information provided must match the current permit exactly.

Provide the customer number (CN) for the current permittee. TCEQ assigns each customer a number that begins with CN, followed by nine digits. This is not a permit number, registration number, or license number. The Customer Number, for the current permittee, is available at the following website: http://www15.tceq.texas.gov/crpub/.

Provide the regulated entity reference number (RN) for the site. The RN is a number issued by TCEQ to sites where an activity is regulated by TCEQ. This is not a permit number, registration number, or license number. The RN is available at the following website: http://www15.tceq.texas.gov/crpub/.

For Publicly Owned Treatment Works (POTWs):

- Indicate if this permit requires the POTW to implement an approved pretreatment program. The transferee must contact the Storm Water & Pretreatment Team staff before this application may be transferred.
- Indicate if this permit has an associated domestic reclaimed water authorization. **The domestic reclaimed water authorization associated with this permit will be cancelled on the same date the transfer took place**. If the new owner wants to obtain a domestic reclaimed water authorization, please complete and submit the Application to Use Domestic Reclaimed Water (TCEQ-20427).

Facility Owner (Applicant) and Co-Applicant Information

Provide the name(s) and complete and attach a Core Data Form (TCEQ-10400) for these customers.

Texas Pollutant Discharge Elimination System (TPDES) permits: it is the duty of the facility operator to submit an application for a permit as co-permittee with the facility owner when the operator is contracted by the owner. The operator is not required to apply as co-permittee when the operator is an employee of the facility owner. If the owner of the facility is not the same as the owner of the land, please see Lease and Easement Requirements in the next section below.

Texas Land Application Permits: it is the duty of the owner of the facility to submit an application for a permit. If the owner of the facility is not the same as the owner of the land, please see Lease and Easement Requirements in the next section below. In special circumstances, it is the duty of the owner and the operator of the treatment facility to submit an application for a permit, as co-permittees.

CAFOs: the owner of the land must be either the applicant or co-applicant. If the owner of the facility is a separate entity or individual, then the owner of the facility must be included as the applicant or co-applicant. For all CAFO TPDES permits, the operator must be listed as a co-applicant. A signature page must be completed for each applicant. A copy of a recorded deed or tax records showing ownership, or a copy of a contract or lease agreement between the applicant and the owner/operator of any lands to be utilized under the CAFO must be provided. This requirement does not apply to any lands not owned, operated, or controlled by the applicant for the purpose of off-site land application of manure if the manure is given or sold to others for beneficial use, provided the owner/operator of the CAFO is not involved in the application of the manure.

Application Contact Information

Provide the name and contact information for the person that TCEQ will contact if additional information is needed about this application.

Permit Contact Information

Provide the name and contact information for the person that TCEQ will contact if additional information is needed during the term of the permit or registration.

Site Information

Provide the name of the site as known by the public in the area where the site is located.

Lease and Easement Requirements

Provide the name and contact information for the owner where the facility is or will be located if the landowner is not the applicant or co-applicant.

Provide the name and contact information for the owner of the effluent disposal site if the landowner is not the applicant or co-applicant.

If the owner of the land on which the treatment facility is located is different from the owner of the treatment facility and the treatment facility is not a fixture of the land, the applicant must provide a copy of a lease agreement or recorded easement giving the applicant authorization to use the land on which the treatment plant is located for at least the term of the permit.

If the owner of the land on which the treatment facility is located is different from the owner of the treatment facility and the treatment facility is a fixture of the land, (Example: pond system, evaporation pond, units halfway in ground, holding ponds, etc.) the owner of the land will need to provide a copy of a deed recorded easement giving the applicant sufficient property rights to use the land for the life of the facility, or apply as a co-permittee with the owner of the treatment facility.

If the applicant does not own the land where the effluent disposal site is located, the applicant must provide a copy of a lease agreement which includes a term of at least 5 years, and is current or if the lease term has passed it includes an option to renew the term, and is between the current applicant and the landowner.

For CAFOs: A copy of a recorded deed or tax records showing ownership, or a copy of a contract or lease agreement between the applicant and the owner/operator of any lands to be utilized under the CAFO must be provided. This requirement does not apply to any lands not owned, operated, or controlled by the applicant for the purpose of off-site land application of manure if the manure is given or sold to others for beneficial use, provided the owner/operator of the CAFO is not involved in the application of the manure.

Transfer Date

Provide the date that the transfer of ownership or operator will occur. Please note that this transfer application will not be processed until after the transfer date provided in this application. If the anticipated transfer date changes, the transferee or the transferor must notify the Applications Review and Process Team in writing, prior to the transfer date provided in this application.

Reporting and Billing Information

Provide the name and contact information for the individual that will receive the reporting forms and the annual fee invoices.

The water quality fee is assessed annually for each permit that is active on September 1

Pursuant to 30 TAC, Section 305.66, failure to pay fees is good cause for permit denial or revocation. If an applicant has outstanding fees, a proposed permit application will not be considered for approval by the Commission or Executive Director. For account balance information, contact the Financial Administration Division, Revenue Section, at (512) 239-0344.

Delinquent Fees and Penalties

The TCEQ will not issue, amend, or renew permits, registrations, certifications, or licenses to an entity or person who is delinquent on a penalty or fee owed to the TCEQ. The TCEQ will not declare any application administratively complete that is submitted by a person or entity who is delinquent on a fee or penalty until the fee or penalty is paid, or if on an approved installment plan, that payments under the plan are current. The TCEQ will withhold final action on an application until the fee or penalty is paid and the account is current, if after the application is considered administratively complete, we discover that the owner or entity who submitted the application is delinquent on a fee or penalty.

The following TCEQ website will help you determine if you owe any fees or penalties to the TCEQ and how to make a payment: https://www.tceq.texas.gov/agency/fees/delin/index.html. If fees or penalties are owed, please identify the type of fee or penalty owed, the amount owed, and the TCEQ identifying number. For penalties, please provide the TCEQ docket number

For questions about delinquent fees and penalties, contact the Financial Administration Division, Revenue Section, at 512-239-0354.

Signature Requirements

In accordance with 30 Texas Administrative Code §305.44 relating to Signatories to Applications, all applications shall be signed as follows:

For a corporation, the application shall be signed by a responsible corporate officer. For purposes of this paragraph, a responsible corporate officer means a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. Corporate procedures governing authority to sign permit or post-closure order applications may provide for assignment or delegation to applicable corporate positions rather than to specific individuals.

For a partnership or sole proprietorship, the application shall be signed by a general partner or the proprietor, respectively.

For a municipality, state, federal, or other public agency, the application shall be signed by either a principal executive officer or a ranking elected official. For purposes of this paragraph, a principal executive officer of a federal agency includes the chief executive officer of the agency,

or a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., regional administrator of the EPA).

The signature page must bear the seal of a notary public. The date signed by the applicant must be the same as the date notarized. The signature page will not be acceptable if the dates are different.

If the transferee is unable to obtain the signature of the transferor, the permit may still be transferred by involuntary transfer if:

- the current permittee no longer owns the permitted facilities
- the facilities have not been built and the permittee no longer has sufficient property rights in the site of the proposed facilities
- proof of ownership of the site and treatment facility has been provided by the transferee
- the executive director has provided notice by certified mail to the permittee, using the last address of record, giving an opportunity for hearing
- the executive director did not receive a request for hearing from the permittee within 30 days from the date the notice was mailed.

• Attachment 1 Individual Information

If the applicant or co-applicant is an individual, provide information on the individual as required by the Texas Water Code. The address provided must be the individual's home address.

Form 10400
[DIGITAL COPY]

Wastewater Permit Renewal Application

Permit No. WQ13652001

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

☒ Other **OWNERSHIP CHANGE**

2. Customer Reference Number *(if issued)*

CN 606170249

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

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

RN 101250694

SECTION II: Customer Information

4. General Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy) 9/1/2024

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

☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).

6. Customer Legal Name *(If an individual, print last name first: eg: Doe, John)*

ARAMARK SPORTS & ENTERTAINMENT SERVICES, LLC

If new Customer, enter previous Customer below:

7. TX SOS/CPA Filing Number

8. TX State Tax ID (11 digits)

12316642326

9. Federal Tax ID (9 digits)

231664232

10. DUNS Number *(if applicable)*

11. Type of Customer:

☒ Corporation ☐ Individual Partnership: ☐ General ☐ Limited

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

12. Number of Employees

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

13. Independently Owned and Operated?

☐ **Yes** ☒ **No**

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

☒ Owner ☐ Operator ☐ Owner & Operator ☐ Other:

☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant

15. Mailing Address:

2400 Market St

City	PHILADELPHIA	**State**	PA	**ZIP**	19103	**ZIP + 4**	

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

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

shah-nirav@aramark.com

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(215) 238-1600		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

BIG BEND STATION INN & RV RANCH/ PREVIOUSLY BIG BEND RESORTS & ADVENTURES

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	53623 TX HWY 118							
	City	TERLINGUA	**State**	TX	**ZIP**	79852	**ZIP + 4**	
24. County								

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

25. Description to Physical Location:	

26. Nearest City	**State**	**Nearest ZIP Code**
Alpine	TX	79853

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
29.3300°	9	18	103.5339°	7	40

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)
7011	7033	721110	721214

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

LODGING INN AND RV PARK

34. Mailing Address:	**PO BOX 227**							
	City	**TERLINGUA**	**State**	**TX**	**ZIP**	**79852**	**ZIP + 4**	

35. E-Mail Address:	**GARLAND-TRACY1@ARAMARK.COM**

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(432) 371-3382		( ) -

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

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☒ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0013652001			

SECTION IV: Preparer Information

40. Name:	Rebecca Neuren	**41. Title:**	Engineer

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(310) 666-1904		( ) -	rneuren@eecenvironmental.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:	ARAMARK SPORTS & ENTERTAINMENT SERVICES, LLC	**Job Title:**	VP FINANCE
Name *(In Print):*	NIRAV SHAH	**Phone:**	(732) 322 0748
Signature:		**Date:**	2/27/25

Form 20972
[DIGITAL COPY]

Wastewater Permit Renewal Application

Permit No.
WQ13652001

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

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

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

Big Bend Station Inn and RV Ranch (CN606170249) operates Big Bend Station Wastewater Treatment Plant (RN101250694), a plant which serves a privately owned residential, hospitality, and recreational facility. The design flow of the system is 80,000 gpd. The treatment and disposal system consists of two extended aeration package treatment plants with integrated clarifiers and chlorine contact chambers, transfer and effluent storage tanks, and a 5.5 acre ft holding pond. The facility is located at 53623 TX-118, in Terlingua, Brewster County, Texas 79852. The facility proposes to renew the existing TLAP permit (WQ0013652001) with a treatment/discharge limit of 80,000 gpd. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain less than 20 mg/L of BOD and TSS. Domestic wastewater is treated by extended aeration activated sludge process via paralell extended aeration package treatment plants. Domestic wastewater is conveyed to the wastewater plant via a lift station equipped with an automated duplex grinder pumping system. Domestic

wastewater from the lift station passes through a splitter valve which sends the wastewater two separate extended aeration plants. Plant 1 has a design flow of 0.56 MGD, while Plant 2 provides redundancy with a design flow of 0.24 MGD. Each of the plants is equipped with a dedicated aeration basin, aerobic digester, clarifier, and chlorine contact chamber. Treated effluent is chlorinated and then reused to irrigate a variety of turf grasses or stored in a dedicated treated effluent storage and evaporation pond with a surface area of 1.5 acres and total capacity of 5.5 acre ft. Residual effluent from the pond may be re-chlorinated and disposed of on site via surface irrigation within the dedicated turf grass disposal area. Sludge is dried on site in the sludge drying beds or hauled off site for disposal at an approved location. .

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

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

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no es una representación ejecutiva fedérale de la solicitud de permiso.

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

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

INSTRUCTIONS

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

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

Example

Individual Industrial Wastewater Application

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

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

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

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

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

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

Attachments:

1.USGS Topographical Map
2.Process Flow Diagram
3.Site Drawing
4.Sludge Statement
5.Pond Liner Certification
6.Cropping Plan
7.Well Map
8.Well Data
9.Groundwater Technical Report
10.Soil Map
11.Soil and Wastewater Analysis
12.Landowner Map
13.Mailing Labels
14.Core Data Form (10400)
15.Texas Highway Map
16.FEMA Flood Map
17. No Attachment
18.Hydrological Information
19.Sludge Technical Report

Attachment 1
USGS Topographical Map
[DIGITAL COPY]

Wastewater Permit Renewal
Application
Permit No. WQ13652001

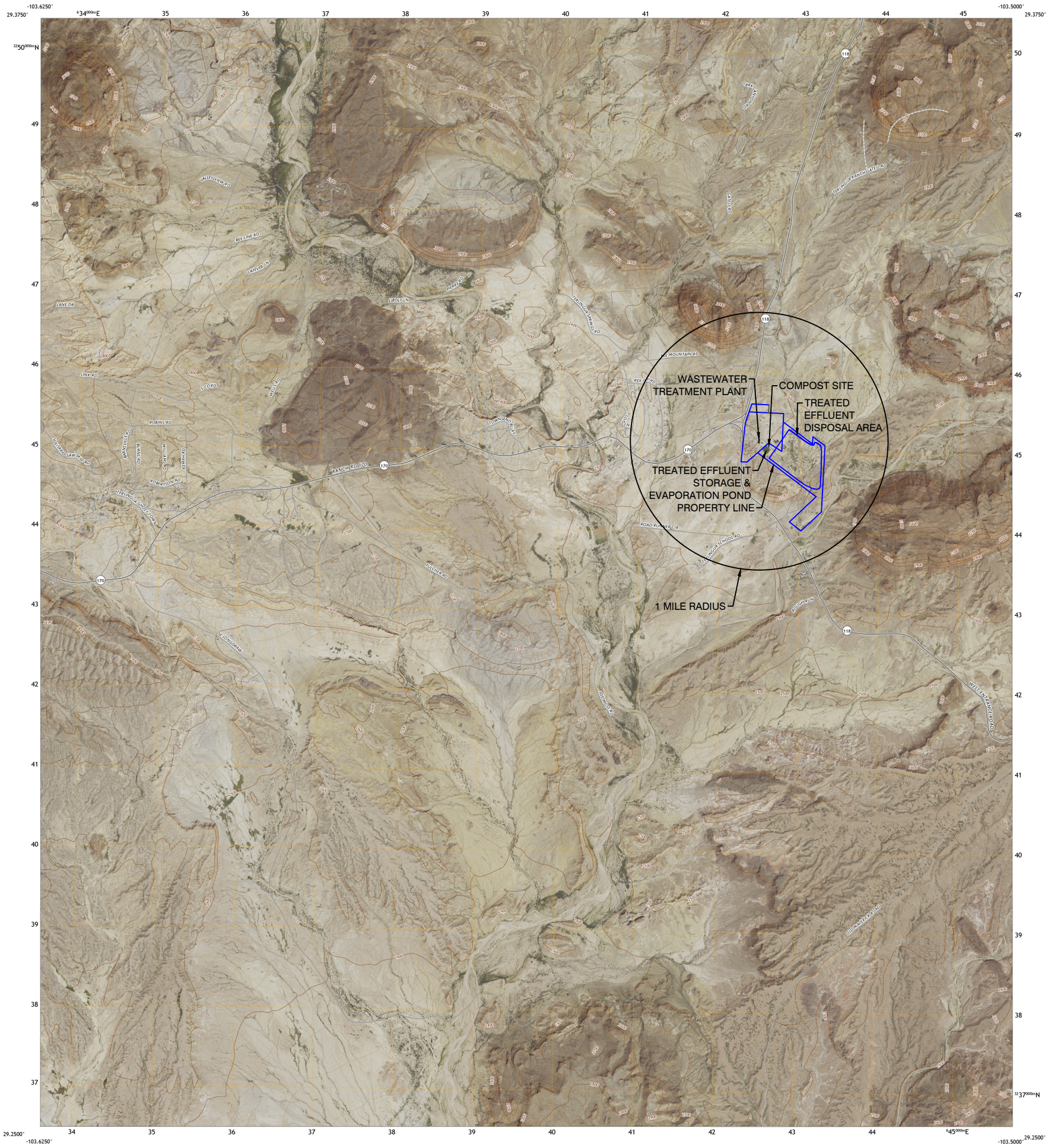
Y:\Jobs_s\S3700's\S-3753.03T - Aramark - Big Bend WWTP\5 CAD - Figures - Drawings\Exhibits\Big Bend USGS Topo.dwg

USGS science for a changing world

U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY

The National Map OnDemand Topo

TERLINGUA QUADRANGLE
TEXAS - BREWSTER COUNTY
7.5-MINUTE TOPO

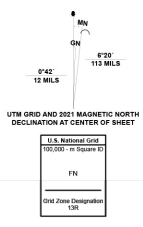


Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid:Universal Transverse Mercator, Zone 13R

Data is provided by The National Map (TNM), is the best available at the time of map generation, and includes data content from supporting themes of Elevation, Hydrography, Geographic Names, Boundaries, Transportation, Structures, Land Cover, and Orthoimagery. Refer to associated Federal Geographic Data Committee (FGDC) Metadata for additional source data information.

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands. Temporal changes may have occurred since these data were collected and some data may no longer represent actual surface conditions.

Learn About The National Map: https://nationalmap.gov



UTM GRID AND 2021 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000-m Square ID
FN
Grid Zone Designation
13R

SCALE 1:24 000

1 0.5 0 KILOMETERS 1 2
1000 500 0 METERS 1000 2000
1 0.5 0 1
MILES
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000
FEET

CONTOUR INTERVAL 20 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988
CONTOUR SMOOTHNESS = High

USER DEFINED CONTENT

QUADRANGLE LOCATION

Yellow Hill	Hen Egg Mountain	Christmas Mountains
Amarilla Mountain	Terlingua	Tulo Mountain
Mesa De Anguila	Castolon	Corro Castellan

ADJOINING QUADRANGLES

ROAD CLASSIFICATION

Expressway — Local Connector
Secondary Hwy — Local Road
Ramp — 4WD
Interstate Route — US Route — State Route

TERLINGUA, TX
2024

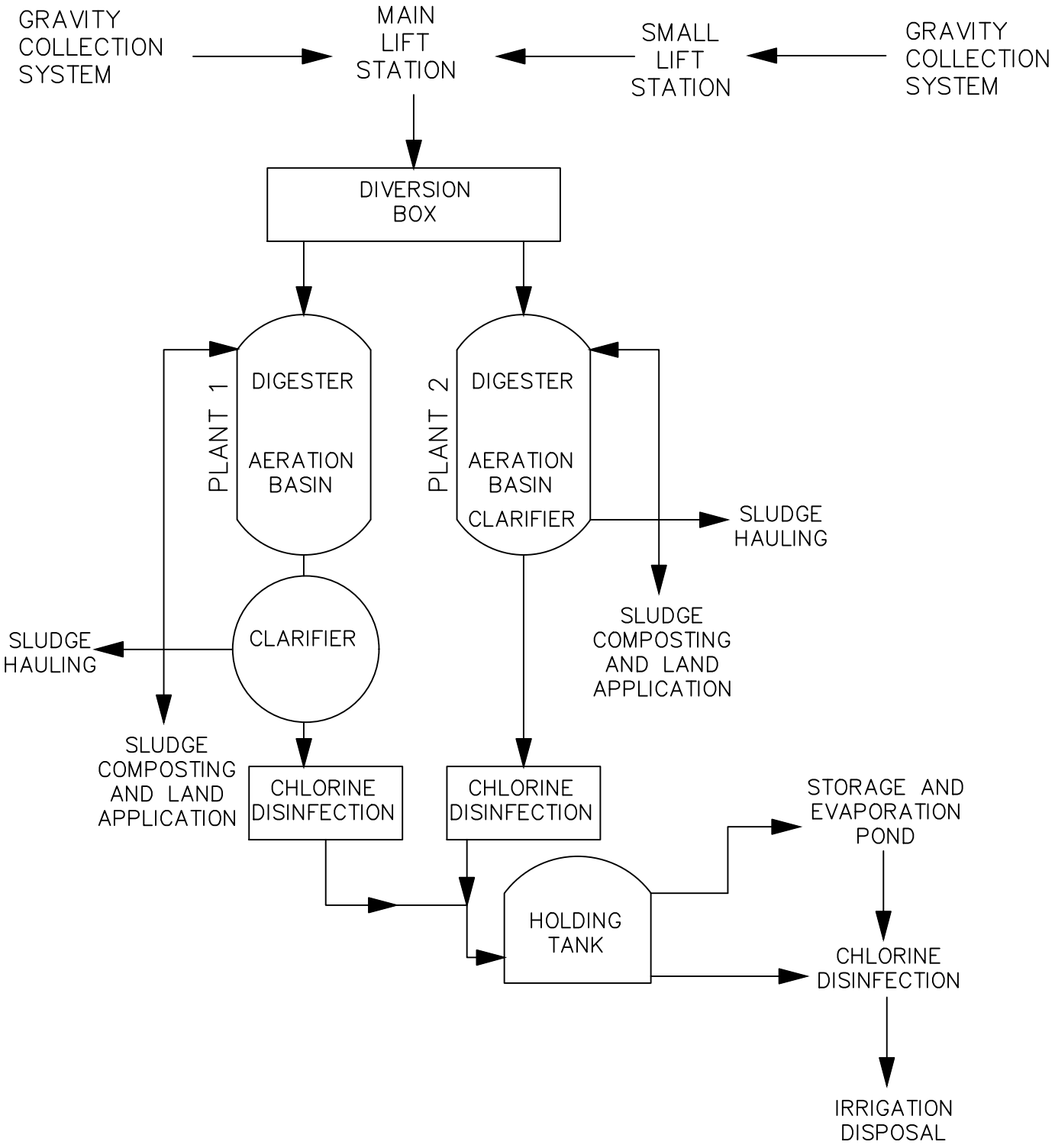
Attachment 2
Process Flow Diagram
[DIGITAL COPY]

Wastewater Permit Renewal Application
Permit No. WQ13652001

BIG BEND STATION
WASTEWATER SYSTEM

53623 TX-118
TERLINGUA, TX 97852

SCALE	NTS
DATE	11/26/2024



Attachment 3
Site Drawing
[DIGITAL COPY]

Wastewater Permit Renewal
Application
Permit No. WQ13652001

N

GRAPHIC SCALE

0 400 800

(IN FEET)
1 inch = 400 ft.

EEC ENVIRONMENTAL

Project

BIG BEND STATION
53623 TX-118
TERLINGUA, TX 79852

SITE DRAWING

Project Number	File Number
S-3753.03	Big Bend Site Map

Date	Figure
February 25, 2025	

PE/PG	PM	Drafter
SS	RN	VD

Attachment 4
Sludge Statement
[DIGITAL COPY]

Wastewater Permit Renewal
Application
Permit No. WQ13652001

January 9, 2025

Dear Rebecca Neuren,

The City of Alpine Waste Water Treatment Plant – TX0022985, located at 2418 N. State Hwy 118 in Alpine, Texas is currently accepting waste from the Waste Water Plant facility from Terlingua, Texas. It is being delivered from Big Bend Septic Services on a weekly basis. Each delivery will require a trip/manifest ticket and should be signed by the driver and a City of Alpine Waste Water Treatment Operator, to ensure proper transaction.

Please contact me if you have any questions or concerns.

Thank you,

Richard Wylie

Attachment 5
Pond Liner Certification
[DIGITAL COPY]

Wastewater Permit Renewal Application
Permit No. WQ13652001

TALEM, INC.
Environmental Services

Certificate of Substantial Compliance

October 6, 1999

Based on the attached geotechnical test results and my own examination of the completed construction, I certify that the retention pond at Big Bend Motor Inn & RV Park, Study Butte, Texas, was constructed in compliance with Special Provision 16 of Permit No. 13652-001 dated September 23, 1993, prior to any utilization.

Terrence A. Graham, P.E.
Texas Professional Engine

STATE OF TEXAS
TERRENCE A. GRAHAM
41554
REGISTERED
PROFESSIONAL ENGINEER

306 West Broadway Avenue Fort Worth, Texas 76104
817/335-1166 Fax: 817/335-9630 Metro 817/654-0443

TEST REPORT

Client: Talem Environmental Services
Report No.: FC99-113-01
Project: Miscellaneous Testing – P.O. #33998
Date: 9/30/99
Test: Percent By Weight Passing the No. 200 Sieve
Sampled By: Client
TMI Sample #: 2154/2155

	Description	% Passing No. 200
Sample #2154:	Brown Sandy Clay	84.5%
Sample #2155:	Brown Sandy Clay	82.9%

Laboratory Technician: K. Albritton
Distribution: Talem Environmental

Reviewed by: R. Carl Lee

Test results comply with project specifications unless indicated by "Non-Compliance" above. The results presented in this report pertain only to the specific items tested. This report was produced for the exclusive use of the client. Any reproduction of this report, or any part therein, is strictly prohibited without the expressed written consent of TMI.

TALEM, INC.
Environmental Services

Account #
SRP #

CHAIN-OF-CUSTODY RECORD

TEL (817) 335-1186 306 W. Broadway Ave., Ft. Worth, TX 76104 FAX (817) 335-9330

Contact: TERRY GRAHAM
Company: TALEM
Address: 306 W. BROADWAY
Remarks:
TAT:
P.O.#:
Telephone:
Samplers: R. STUART

Project No: 99029
Project Name/Location:

ANALYTES: -200

LAB No.	SAMPLE INFORMATION: Sample Identification	Matrix	COLLECTION: Date*	Time	TYPE: G	C	CONTAINER/PRESERVATION: #	Volume	G	P	Preservation	ZH	-200
1	BBMP05 92799	So.1	9/27	4:00									/
1	BBMP05 92799	So.1	9/27	4:10									/

Relinquished by: (Sign)	Date/Time	Received by: (Sign)	Relinquished by: (Sign)	Date/Time	Received by (Sign)
[signature]	9/30/97 9:40	[signature]			
Relinquished by: (Sign)	Date/Time	Received by: (Sign)	Relinquished by: (Sign)	Date/Time	Received by (Sign)

FHWA/CFLHD Field Office
P.O. Box 585
Terlingua, Texas 79852

June 28, 1994

Mr. Gene Thompson
Big Bend Motor Inn
P.O. Box 336
Terlingua, Texas 79852

Subject: Density results on the Big Bend Waste Water Treatment Plant

Mr. Thompson:

Following are the density results from tests taken on June 10th and June 24th, 1994. These tests represent the in place density of the recompacted clay liner associated with the Big Bend Waste Water Treatment Plant.

Sincerely,

Eric P. Zeller, P.E.

(Rev. 9-74)

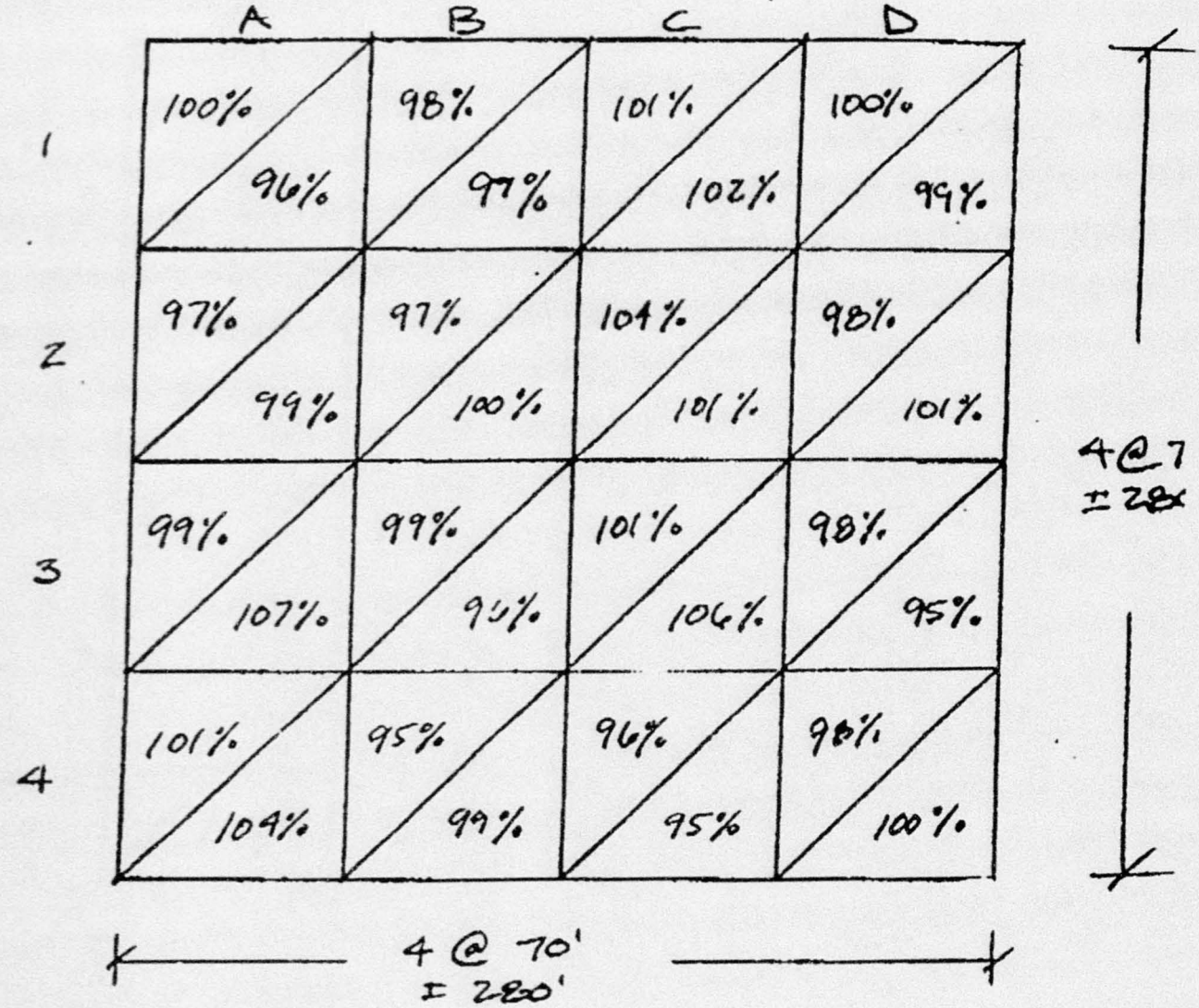
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION

MADE BY [redacted] DATE [redacted] PROJECT

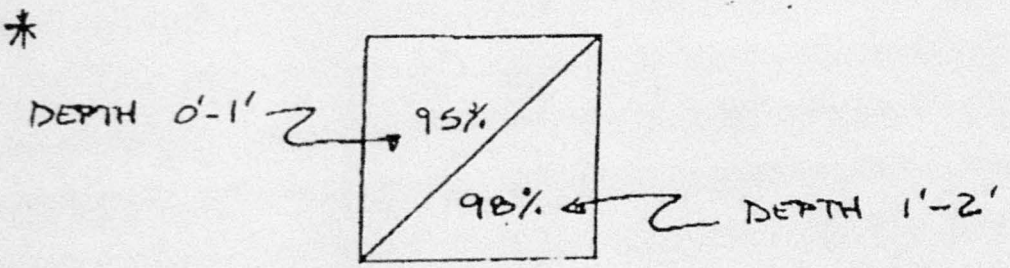
CHECKED BY DATE

CALCULATIONS FOR BIG BEND WHITE WATER TREATMENT PLANT SHEET NO.

DENSITY GRID



*



NO.S IN GRID ARE % OF DRY DENSITY (113.2 #/CUFT)

SWL SOUTHWESTERN LABORATORIES
3200 Gravel Drive • Fort Worth, Texas 76118-7123
(817) 284-7755 • FAX (817) 589-1420

REPORT OF MOISTURE-DENSITY RELATIONS

CLIENT: Gene Thompson & Associates
300 North Jim Wright Freeway
Fort Worth, TX 76108

CLIENT NO.: 5842003
REPORT NO.: 308102
DATE OF SERVICE: 11/22/93
AUTHORIZATION:
REPORT DATE: 12/20/93

PROJECT: Big Bend Motor Inn
Study Butte, Texas

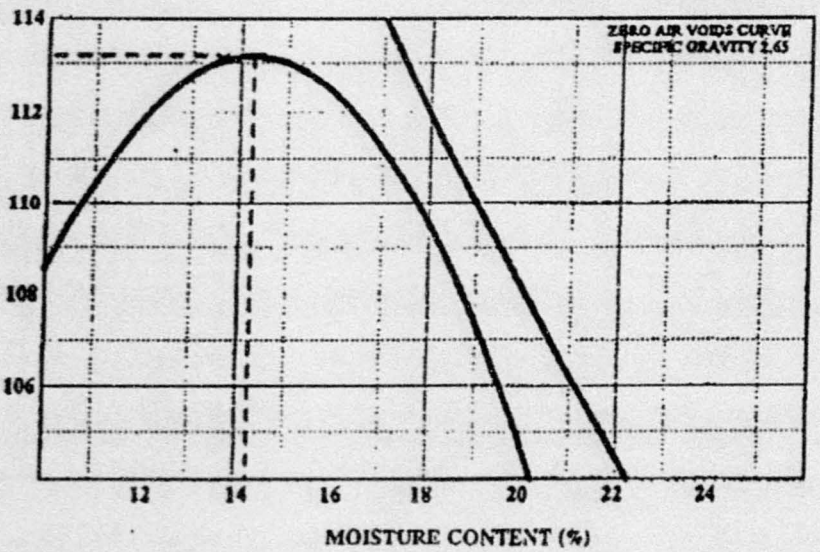
SERVICES: Prepare samples delivered to laboratory and perform moisture-density relations test to establish maximum density and optimum moisture of the material.

PROJECT DATA

CONTRACTOR:
TEST FOR: On-site Material
MATERIAL: Tan and Gray Sandy Shaley Clay
METHOD OF TEST: ASTM D698

DATE SAMPLED: 11/22/93
SAMPLED BY: Claude J. Slone, SET
SAMPLE LOCATION:

REPORT OF TESTS



MAXIMUM DENSITY, PCF: 113.2

OPTIMUM MOISTURE (%): 14.2

LIQUID LIMIT: 38

PLASTIC LIMIT: 17

PLASTICITY INDEX: 21

Report Of Tests Continued On Page 2

SWL

Gene Thompson & Associates
CLIENT NO. 5842003
DATE OF SERVICE: 11/22/93

REPORT NO. 308102
PAGE 2

REPORT OF TESTS

ADDITIONAL COMMENTS:

Permeability: 4.9×10^{-8} cm/sec.

Technician: Claude J. Slone, SET
Field Supervisor

Report Distribution:
(1) Gene Thompson & Associates
(1) Rivers & Associates

Southwestern Laboratories, Inc.

Kemp E. Akeman, P.E.
Operations Manager

8006 TL&M

TALEM, INC

TALEM ENVIRONMENTAL SERVICES
306 W. Broadway Avenue
Fort Worth, TX 76104
TEL: (817) 335-1186
FAX: (817) 335-9630

Page: 1
Date of Report: 10/05/99

TALEM SRF No: 37748
Date Collected: 09/29/99 Time: 09:00
Collected By: TAG
Date Received: 09/30/99

TALEM Project No: 99097597
TALEM Lab ID: 99-0016220

Sample Matrix: Water

Attention: TERRI GRAHAM
TALEM CES
120 S. MAIN ST.
FORT WORTH TX 76104

Client Account No: 768
Client Project No: 99028
Sample Description: WWTP Effluent

Wet Chemistry	Result	Unit	Dltn Fctr	Test Procedure	LOQ	A/I	Test Date	Test Time
Nitrate as Nitrogen	21	mg/L	25	epa353.3	0.50	VKJ	09/30/99	09:0(

QUALITY CONTROL INFORMATION	Blank	LCS Measured	LCS True	% Recovery	Dup 1	Dup 2
Nitrate as Nitrogen	0.00162	0.108	0.100	108	20.6	19.2

(2)

Distribution of Report: TERRY GRAHAM

Reviewed and Approved By:

Bob Garrett
V P Analytical Services

TALEM, INC.

TALEM ENVIRONMENTAL SERVICES
306 W. Broadway Avenue
Fort Worth, TX 76104
TEL: (817) 335-1186
FAX: (817) 335-8830

Attention: TERRY GRAHAM
TALEM CES
120 S. MAIN ST.
FORT WORTH TX 76104

Client Account No: 768
Client Project No: 99029
Sample Description: RO Concentrate

Page: 1
Date of Report: 10/05/99

TALEM SRF No: 37748
Date Collected: 09/29/99 Time: 09:00
Collected By: TAS
Date Received: 09/30/99

TALEM Project No: 99097597
TALEM Lab ID: 99-0016221

Sample Matrix: Water

Wet Chemistry	Result	Unit	Dltn Fctr	Test Procedure	LOQ	A/I	Test Date	Test Time
Nitrate as Nitrogen	1.4	mg/L	5	epa353.3	0.50	VKJ	09/30/99	08:00

QUALITY CONTROL INFORMATION	Blank	LCS Measured	LCS True	% Recovery	Dup 1	Dup 2
Nitrate as Nitrogen	0.00162	0.108	0.100	108	20.6	19.2

Distribution of Report: TERRY GRAHAM

Reviewed and Approved By:

Bob Garrett
V P Analytical Services

09/30/99 11:30:17 AM

TALEN Laboratory
[redacted]. Broadway, Ft. Worth TX 76104 (817)335-1166

SCO.PRT
BMM

Page: 1

SAMPLE RECEIPT FORM

SRF No: 37748

Work Order: 004515 Project Leader: TAG
Account: ~~90255~~ 168 Gene Thompson
Contact: Gene Thompson
Address: Gene Thompson
300 N Jim Wright Fwy
Fort Worth TX 76108

Phone: 817-246-4646 Ext:

Date and Time Received: 9.30-99 7.50
Temp (deg C): N/A

Custody Seals on Cooler Intact?: Y N (NA)
Preserved By: N/A

Custody Seals on Container Intact?: Y N (NA)
Received By: BM

Bubbles in Zero Head Space Container?: Y N (NA)
Audited By: TJB

Remarks: _____

Lab ID	Matrix	Sample Description	Container	Ct Type	Apparent Vol	Init pH	Final pH	Pres Code	Filtration
16220	WA	WWTP Effluent							
Analytes: NO3,			Liter	P	LT P	NA	~~N/A~~	~~N/A~~ N/A (TJB)	L F
16221	WA	RO Concentrate							
Analytes: NO3,			Liter	P	LT P	NA	~~N/A~~	~~N/A~~ N/A (TJB)	L F

Matrix: SL = Soil
WA = Water
GW = Ground Water
OT = Other (Specify)
SG = Sludge
DW = Drinking Water

Container: P = Plastic
G = Glass
O = Other (Specify)
F = Filtered in the field
L = Filtered in the Lab
V = Vial

Preserve: 1 = H2SO4, pH<2
2 = HCL, pH<2
3 = HNO3, pH<2
4 = NaS2O3
5 = MnSO4/A.I.Azide
6 = NaOH, pH>12, AAcd if ResCl
7 = NaOH, pH>9, Zn Acetate
8 = Pre-Preserved at Lab

TICR: _____

TALEM, INC.
Environmental Services

CHAIN-OF-CUSTODY RECORD

Account # ~~[illegible]~~ 37748
SRF # ~~[illegible]~~ 4515

TEL (817) 335-1186 306 W. Broadway Ave., Ft. Worth, TX 76104 FAX (817) 335-9830

Contact: TERRY
Company:
Address:
Telephone:
Samplers: [illegible]

Remarks: Bill Gene Thompson Report to CES
TAT: ASAP
P.O.#: PC

Project No: 99029
Project Name/Location: Big Bend - WWTP

ANALYTES: Nitrate

LAB No.	SAMPLE INFORMATION: Sample Identification	Matrix	COLLECTION: Date*	Time	TYPE: G	C	CONTAINER/PRESERVATION: #	Volume	G	P	Preservation	ZH
1	WWTP Effluent	W	[illegible]		✓		1	1		P	—	—
2	RO Concentrate	W	[illegible]		✓		1	1		P	—	—

Relinquished by: (Sign)	Date/Time	Received by: (Sign)	Relinquished by: (Sign)	Date/Time	Received by (Sign)
[signature]	9/30/99 0750	[signature]			
Relinquished by: (Sign)	Date/Time	Received by: (Sign)	Relinquished by: (Sign)	Date/Time	Received by (Sign)

* A separate Chain-of-Custody must be completed for each date of sample collection.

Consulting Services: Geotechnical - Environmental - Construction Materials Testing
Office: Fort Worth, Texas

TEST REPORT

Client: Talem Environmental Services
Report No.: FC99-113-01
Project: Miscellaneous Testing – P.O. #33998
Date: 9/30/99
Test: Percent By Weight Passing the No. 200 Sieve
Sampled By: Client
TMI Sample #: 2154/2155

	Description	% Passing No. 200
Sample #2154:	Brown Sandy Clay	84.5%
Sample #2155:	Brown Sandy Clay	82.9%

Laboratory Technician: K. Albritton
Distribution: Talem Environmental

Reviewed by: R. Coulter

Test results comply with project specifications unless indicated by "Non-Compliance" above. The results presented in this report pertain only to the specific items tested. This report was produced for the exclusive use of the client. Any reproduction of this report, or any part therein, is strictly prohibited without the expressed written consent of TMI.

TALEM, INC.
Environmental Services

Account # _____

SRF # _____

CHAIN-OF-CUSTODY RECORD

TEL (817) 335-1186 306 W. Broadway Ave., Ft. Worth, TX 76104 FAX (817) 335-9330

Contact: TERRY GRAHAM | Remarks: | TAT:

Company: TALEM | P.O.#:

Address: 306 W. BROADWAY | Telephone:

Samplers: R. STUART

Project No: 99029 | Project Name/Location:

LAB No.	SAMPLE INFORMATION: Sample Identification	Matrix	COLLECTION: Date*	Time	TYPE: G	C	CONTAINER/PRESERVATION: #	Volume	G	P	Preservation	ZH	ANALYTES: 1-200
1	BBMP05 92799	So.1	9/27	4:00									/
1	BBMP05 92799	So.1	9/27	4:10									/

Relinquished by: (Sign)	Date/Time	Received by: (Sign)	Relinquished by: (Sign)	Date/Time	Received by (Sign)
[signature]	9/30/97 9:40	[signature]			
Relinquished by: (Sign)	Date/Time	Received by: (Sign)	Relinquished by: (Sign)	Date/Time	Received by (Sign)

* A separate Chain-of-Custody must be completed for each day of sample collection.

FHWA/CFLHD Field Office
P.O. Box 585
Terlingua, Texas 79852

June 28, 1994

Mr. Gene Thompson
Big Bend Motor Inn
P.O. Box 336
Terlingua, Texas 79852

Subject: Density results on the Big Bend Waste Water Treatment Plant

Mr. Thompson:

Following are the density results from tests taken on June 10th and June 24th, 1994. These tests represent the in place density of the recompacted clay liner associated with the Big Bend Waste Water Treatment Plant.

Sincerely,

Eric P. Zeller, P.E.

Form FHWA-1460
(Rev. 8-74)

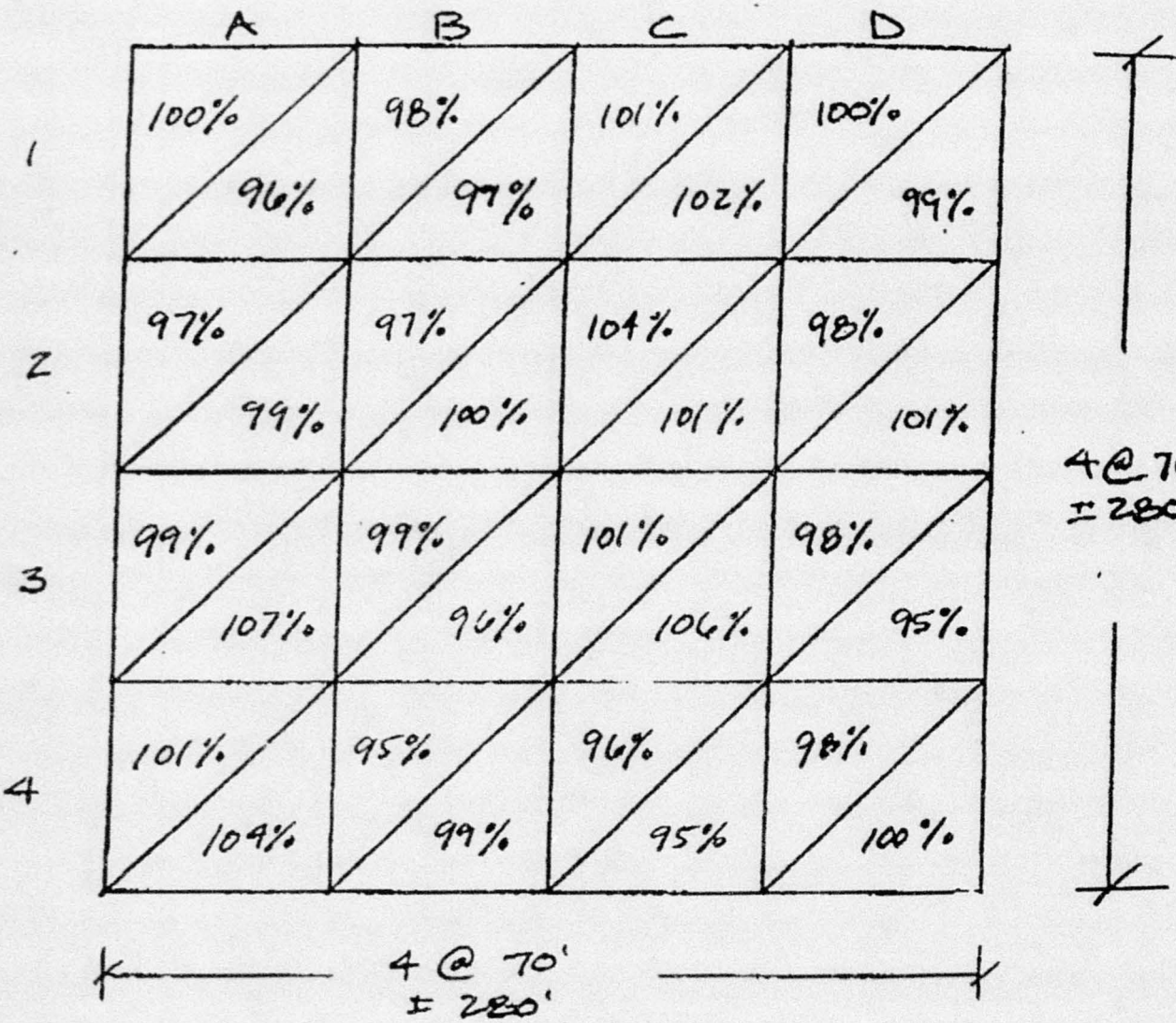
U.S. DEPARTMENT OF TRANSP[illegible]TATION
FEDERAL HIGHWAY ADMINISTR[illegible]

MADE BY [illegible] DATE [illegible]4 PROJECT

CHECKED BY DATE

CALCULATIONS FOR BIG BEND WHITE WATER TREATMENT PLANT SHEET NO.

DENSITY GRID



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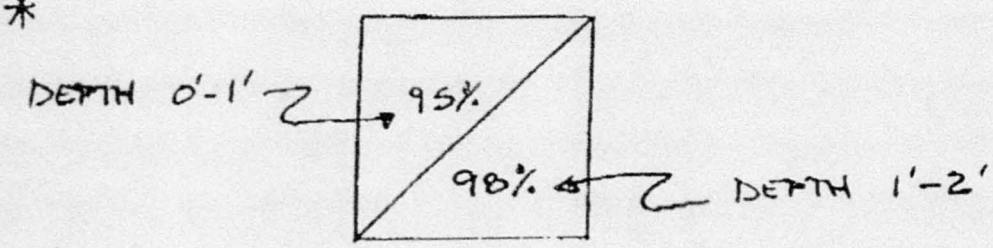


NO.S IN GRID ARE % OF DRY DENSITY (113.2 #/CUFT)

SWL SOUTHWESTERN LABORATORIES
2100 Gravel Drive • Fort Worth, Texas 76118-7123
(817) 284-7755 • FAX (817) 589-1420

REPORT OF MOISTURE-DENSITY RELATIONS

CLIENT: Gene Thompson & Associates
300 North Jim Wright Freeway
Fort Worth, TX 76108

CLIENT NO.: 5842003
REPORT NO.: 308102
DATE OF SERVICE: 11/22/93
AUTHORIZATION:
REPORT DATE: 12/20/93

PROJECT: Big Bend Motor Inn
Study Butte, Texas

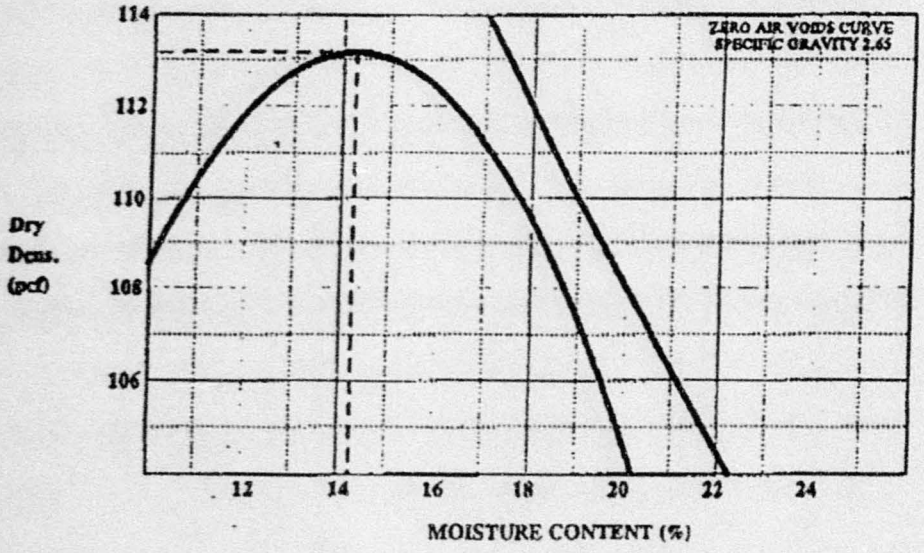
SERVICES: Prepare samples delivered to laboratory and perform moisture-density relations test to establish maximum density and optimum moisture of the material.

PROJECT DATA

CONTRACTOR:
TEST FOR: On-site Material
MATERIAL: Tan and Gray Sandy Shaley Clay
METHOD OF TEST: ASTM D698

DATE SAMPLED: 11/22/93
SAMPLED BY: Claude J. Slone, SET
SAMPLE LOCATION:

REPORT OF TESTS



MAXIMUM DENSITY, PCF: 113.2

OPTIMUM MOISTURE (%): 14.2

LIQUID LIMIT: 38

PLASTIC LIMIT: 17

PLASTICITY INDEX: 21

Report Of Tests Continued On Page 2

SWL

Gene Thompson & Associates
CLIENT NO. 5842003
DATE OF SERVICE: 11/22/93

REPORT NO. 308102
PAGE 2

REPORT OF TESTS

ADDITIONAL COMMENTS:

Permeability: 4.9×10^{-8} cm/sec.

Technician: Claude J. Slone, SET
Field Supervisor

Report Distribution:
(1) Gene Thompson & Associates
(1) Rivers & Associates

Southwestern Laboratories, Inc.

Kemp E. Akeman, P.E.
Operations Manager

1006 TLM

Attachment 6
Cropping Plan
[DIGITAL COPY]

Wastewater Permit Renewal Application
Permit No. WQ13652001

Irrigation Area Cropping Plan

Soil Map

Based on information collected from the USDA Web Soils Survey, soils within the land application area are primarily Geefour silty clays complex, 3 – 20% slopes (Gee). Refer to Figure 1, below, for a map of the site which shows the predominate soils found within the irrigation area. Refer to the USDA Web Soils Survey report enclosed with the wastewater permit application packet for a description of the soils.

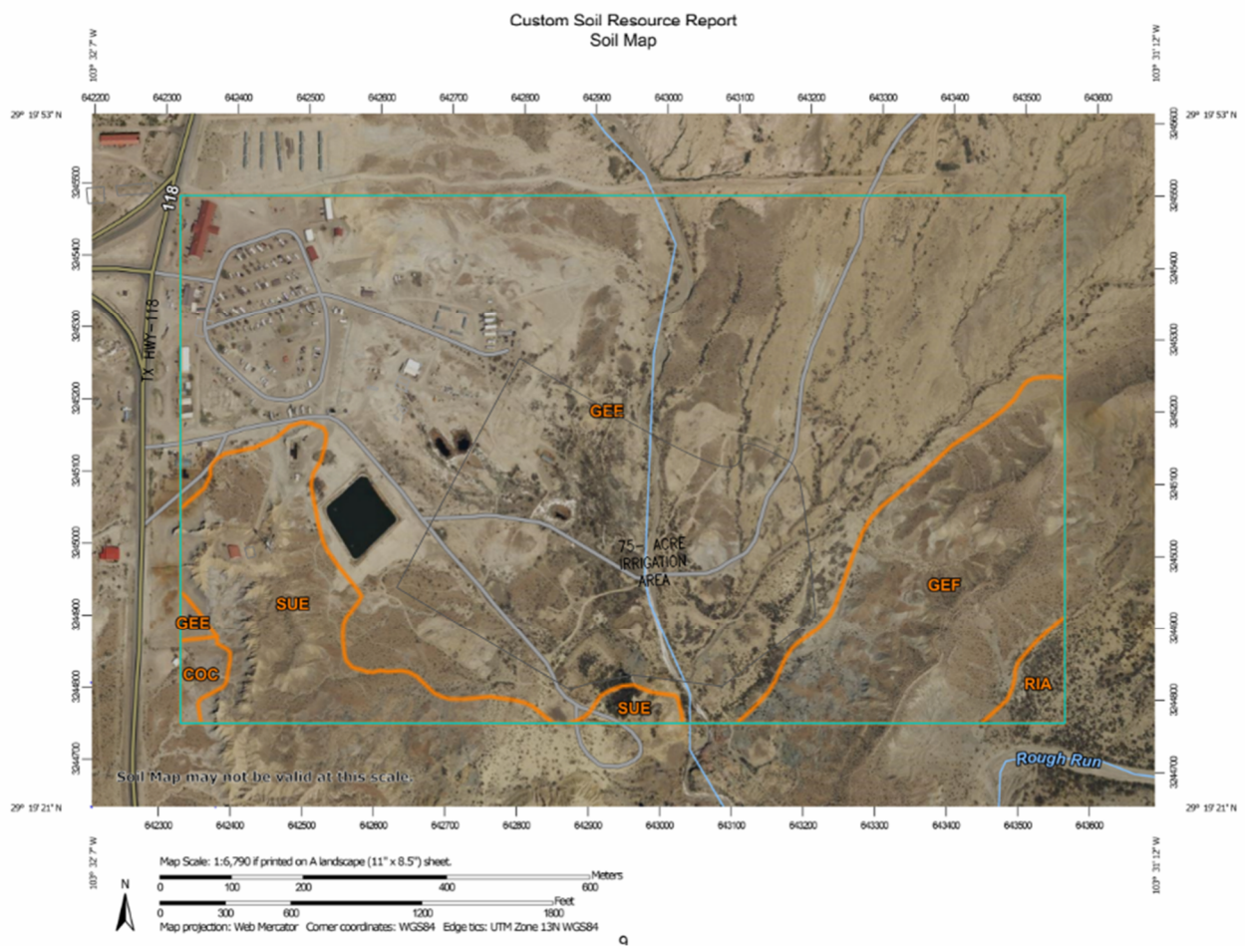


Figure 1USDA Web Soils Map of the Land Application / Irrigation Area

Irrigation Area Cropping Plan
WQ13652001
Attachment: 10054_Cropping Plan

Crops and Acreage

The turf grass blend used in the land application area is dominated by annual Rye grass (Lolium multiflorum), Bahia grass (Paspalum notatum), Bermuda grass (Cynodon dactylon), Fescue (Festuca arundinacea) and other west Texas turf grasses. This provides the area with a blend of warm and cool season grasses, ensuring that the vegetated area can withstand seasonal fluctuations in sunlight, temperature, and water availability without becoming fallow. This grass blend is projected to produce an annual yield of 2 to 4 tons per acre.

The total dedicated land application area covers 75 acres, however the total area planted and irrigated fluctuates seasonally between 15 – 25 acres based on domestic wastewater flow and the amount of area that is needed for disposal.

Growing Seasons

The site uses a blend of seasonal and drought tolerant grasses selected to withstand challenging soil conditions and aimed at ensuring the vegetation will thrive year-round. Using such a blend of grass helps to prevent the area from going completely fallow.

Warm Season: Lower flows typically occur during the summer months when Bahia grass will dominate. During this period, areas dominated by cool season grasses may die off and be recultivated prior to the beginning of the busier cool season.

Transition Season: Rye grass, known for its rapid germination and establishment, is ideal for the quick re-establishment of the irrigation area before the peak tourism season. It is a hardy grass that can grow year-round in this region, making it the initial seeding to help restore cool-season vegetation as irrigation demands increase. Once the rye grass is established, Tall Fescue and Bermuda grass are introduced to enhance nutrient uptake capacity and support long-term growth.

Cool Season: Fescue and Bermuda grass thrive during the cooler months when the site's wastewater production typically peaks.

Irrigation Area Cropping Plan
WQ13652001
Attachment: 10054_Cropping Plan

Nutrient Requirements

The site selected a variety of low-maintenance turf grasses which require minimal fertilization when irrigated with treated domestic effluent. Although nitrogen reduction takes place during the biological treatment process, the nitrogen load in the treated effluent is expected to meet the fertilization requirements of the selected grasses.

The vegetation and treated effluent quality are monitored and additional fertilizers applied as needed.

Irrigation Area Management

An individual with experience in landscape and pasture management is responsible for management and upkeep of the irrigation area and irrigation system.

Groundwater resources in the area have become limited, with water quality generally being poor and reports of wells running dry. As a result, the site implements groundwater conservation measures aimed at reducing supplemental water demand. This is achieved by allowing portions of the land application area to remain fallow during periods of low flow. If necessary, supplemental irrigation is provided through a dedicated irrigation well. The well water is blended with treated effluent.

Weeds or other nuisance conditions such as burrows or insect colonies are removed from the irrigation area as needed. Short grass is mowed regularly as needed. Clippings are left in place to facilitate grass cycling. This practice provides several advantages including nutrient recycling, improved soil structure, added moisture retention, and weed suppression.

Tall grass is harvested annually at the beginning of the summer, with additional harvests throughout the year as needed. The grass is baled and hauled off site or used on site for supplemental compost or erosion control. Baled grass may also be used for feedstock in the on-site equestrian center.

Irrigation Area Cropping Plan
WQ13652001
Attachment: 10054_Cropping Plan

Planting Characteristics:

Table 1 provides a summary of the characteristics of the dominant turf grasses that are found in the site's irrigation area.

Table 1. Planting Characteristics

Planting	Minimum Water Requirement (inches/week)	Salt Tolerance	Ideal Growing Height (inches)	Harvest/ Mowing Frequency
Rye Grass	1	Moderate	20-30	Once/Season
Bahia Grass	1	Poor	8-30	Once/Season
Tall Fescue	1.5	Moderate	4	Every Two Weeks
Bermuda Grass	2	Poor	3	Frequent

Attachment 7
Well Map
[DIGITAL COPY]

Wastewater Permit Renewal
Application
Permit No. WQ13652001

EEC ENVIRONMENTAL

Project

BIG BEND STATION
53623 TX-118
TERLINGUA, TX 79852

WELL MAP

Project Number	File Number
S-3753.03	Big Bend Well Map

Date	Figure
February 25, 2025	

PE/PG	PM	Drafter
SS	RN	VD

Attachment 8
Well Data
[DIGITAL COPY]

Wastewater Permit Renewal
Application
Permit No. WQ13652001

Texas Water Development Board
Well Schedule

groundwater resources

State Well Number: **73-44-605** Previous Well Number: County: **Brewster** **43**

Latitude (dms): **291942** Longitude (dms): **1033150** Coordinate Accuracy: **Global Positioning System - GPS**

River Basin: **Rio Grande** GMA: **4** RWPA: **E** GCD: **Brewster County GCD**

Owner: **Big Bend Motor Inn Well #5**

Driller: **Dick Baker Drilling Co.**

Aquifer ID: **Other**

Aquifer Code: **211BQLS**

BOQUILLAS FORMATION

Depth (ft): **240**

Elevation (ft): **2604**

Source of Depth: **Driller's Log**

Source of Elevation: **Digital Elevation Model -DEM**

Date Drilled: **04/08/1988** Well Type: **Withdrawal of Water**

Type of Lift: **Submersible Pump** Power: **Electric Motor** Horsepower:

Construction: **Air Rotary** Completion: **Open End**

Casing Material: **PVC, Fiberglass, other Plastic** Screen Material:

CASING INTERVALS:
Casing/Blank Pipe (C)
Well Screen/Slotted Zone (S)
Open Hole (O)

	Dia. (in.)	Top (ft.)	Bottom (ft.)
C	8	0	220
O	11	220	240

WATER USE

Primary: **Public Supply** Secondary: Tertiary:

Water Levels:

Water Quality: **N**

Other Data:

Logs: **D**

REMARKS:
Reported jetted 150 GPM in 1988. Cemented from 0 to 220 feet. Owners well #5. PWS ID #0220027D.

Reporting Agency: **TWDB or Predecessor Agency**

Date Collected or Reported: **01/15/1998**

Recorded by: D. R. Jones

update

TEXAS WATER DEVELOPMENT BOARD

WELL SCHEDULE

Aquifer(s) Kbo Project No. _____ State Well No. 73-44-605

_____ Field No./Owner's Well No. _____ County BREWSTER 31°57'

1. Location: ___ ¼, ___ ¼, Section ___, Block ___, Survey _____, Lat. 29°19'45", Long. 103°32'
500 FT. EAST OF INTERSECTION BETWEEN HIWAYS 118 AND 170 AT STUDY BUTTE (BIG BEND MOTOR INN)

2. Owner: BIG BEND MOTOR INN Address: P.O. BOX 336, TERLINGUA, TX 79852

Tenant (other): _____ Address: _____

Driller: DICK BAKER Address: P.O. BOX 628, MARFA, TX 79843

3. Land Surface Elevation: 2640 ft. above msl determined by TOPO

4. Drilled: 4-8 19 88; Dug, Cable Tool, Rotary, Air, _____

5. Depth: Rept. 240 ft. Meas. _____ ft.

6. Borehole Completion: Open Hole, Straight Wall, Underreamed, Gravel Packed

7. Pump: Mfr. _____ Type _____

No. Stages _____, Bowls Diam. _____ in., Setting _____ ft.

Column Diam. _____ in., Length Tailpipe _____ ft.

8. Motor: Mfr. _____ Fuel _____ HP. _____

9. Yield: Flow _____ gpm, Pump 150 gpm, Meas., Rept., Est. _____ Date 88

10. Performance Test: Date _____ Length of Test _____ Made by _____

Static Level _____ ft. Pumping Level _____ ft. Drawdown _____ ft.

Production _____ gpm Specific Capacity _____ gpm/ft.

11. Quality: (Remarks on taste, odor, color, etc.) SULFATE TASTE

Analyses

Date _____ Laboratory _____ TDS _____ Sp Cond _____

Date _____ Laboratory _____ TDS _____ Sp Cond _____

12. Other data available (as circled): Pumping Test, Power & Yield Test, Drillers Log,

Formation Samples, Geophysical Log(s) _____ (type)

CASING, BLANK PIPE & WELL SCREEN Cemented From 0 ft. to 220 ft.

Diam. (in.)	Type	Setting (feet) from	to
8 5/8	NEW PVC	+1	-220

13. Water Level(s): _____ ft. rept. meas. _____ 19___ above below _____ which is ___ ft. above below Land Surface

_____ ft. rept. meas. _____ 19___ above below _____ which is ___ ft. above below Land Surface

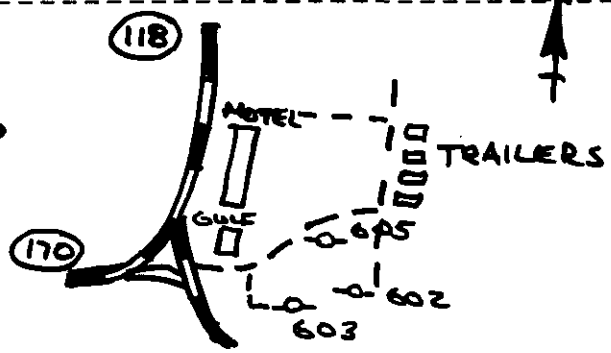
14. Use: Dom., Stock, Public Supply, Ind., Irr., Observation, Other (Test Hole, Oil Test, etc.) MOTEL SUPPLY

15. Recorded by: T. FALLIN Source of data: DRILLER'S LOG Date: JULY 8, 1988

16. Remarks: POSSIBLY CONTAMINATED BY NEARBY STUDY BUTTE UNDERGROUND MINE WATER

17. Location or Sketch:

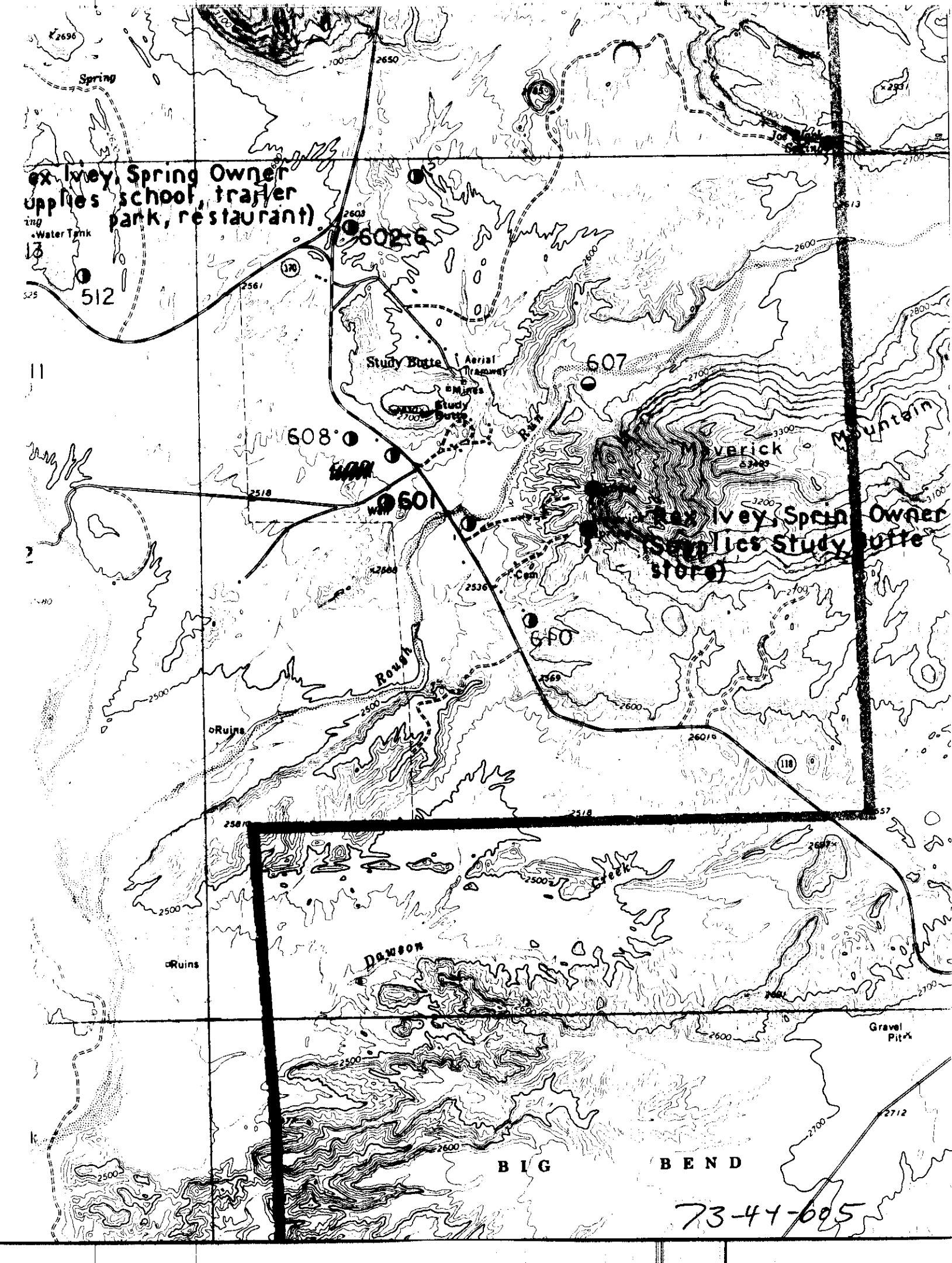
(SEE ATTACHED SHEET)



TWDB-0308 (Rev. 12-11-85)

W/L Obs. Well ___ W/Q Obs. Well ___

State Well No. 73-44-605


ex. Ivey, Spring Owner
upplies school, trailer
park, restaurant)
602-6
512
607
608
601
Study Butte
Aerial Tramway
Mines
Study Butte
Maverick Mountain
Rex Ivey, Spring Owner
Supplies Study Butte
store)
6PO
Rough
Ruins
Ruins
Creek
Dawson
Gravel Pit
BIG BEND
73-44-605

Please use black ink. Send original copy by certified mail to the Texas Water Commission P.O. Box 13087 Austin, Texas 78711

State of Texas
WATER WELL REPORT

ATTENTION OWNER: *Confidentiality Privilege Notice on Reverse Side*

Texas Water Well Drillers Board
P. O. Box 13087
Austin, Texas 78711

1) OWNER Big Bend Motor Inn, Inc. (Name) Address Box 336 (Street or RFD) Terlingua, Tx. (City) 79852 (State) (Zip)

2) LOCATION OF WELL: County Brewster 78 miles in South (N.E., S.W., etc.) direction from Alpine, Tx. (Town)

Driller must complete the legal description to the right with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter- or Half-Scale Texas County General Highway Map and attach the map to this form.

☐ Legal description:
Section No. 216 Block No. G-4 Township
Abstract No. 10122 Survey Name H.E. & W.T. Ry.
Distance and direction from two intersecting section or survey lines

☐ See attached map.

3) TYPE OF WORK (Check): XX ☐ New Well ☐ Deepening ☐ Reconditioning ☐ Plugging

4) PROPOSED USE (Check): ☐ Domestic ☒ Industrial ☐ Monitor ☐ Public Supply ☐ Irrigation ☐ Test Well ☐ Injection ☐ Other

5) DRILLING METHOD (Check): ☐ Driven ☐ Mud Rotary ☐ Air Hammer ☐ Jetted ☐ Bored XX Air Rotary ☐ Cable Tool ☐ Other

6) WELL LOG:

Date Drilling: Started 4-4 1988 Completed 4-8 1988

Dia. (in.)	From (ft.)	To (ft.)
4 3/4	Surface	240
11	0	240
(reaming out)		

From (ft.)	To (ft.)	Description and color of formation material
0	6	Surface
6	120	Blue shale
120	240	Black lime & shale

7) BOREHOLE COMPLETION: ☐ Open Hole ☒ Straight Wall ☐ Underreamed ☐ Gravel Packed ☐ Other
If Gravel Packed give interval . . . from ft. to ft.

8) CASING, BLANK PIPE, AND WELL SCREEN DATA:

Dia. (in.)	New or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mgf., if commercial	Setting (ft.) From	Setting (ft.) To	Gage Casing Screen
8 5/8		New Sch.40 PVC	1' above	220	

9) CEMENTING DATA [Rule 319.44(b)]
Cemented from 0 ft. to 220 ft. No. of Sacks Used 40
ft. to ft. No. of Sacks Used
Method used
Cemented by

10) SURFACE COMPLETION
XX Specified Surface Slab Installed [Rule 319.44(c)]
☐ Pitless Adapter Used [Rule 319.44(d)]
☐ Approved Alternative Procedure Used [Rule 318.71]

11) WATER LEVEL:
Static level ft. below land surface Date
Artesian flow gpm. Date

12) PACKERS: Type Depth

13) TYPE PUMP:
☐ Turbine ☐ Jet ☐ Submersible ☐ Cylinder ☐ Other
Depth to pump bowls, cylinder, jet, etc., ft.

14) WELL TESTS:
Type Test: ☐ Pump ☐ Bailer ☐ Jetted ☒ Estimated
Yield 150 gpm with ft. drawdown after hrs.
BLOW TEST

RECEIVED
MAY 27 1988
TEX. S WATER COMMISSION

(Use reverse side if necessary)

15) WATER QUALITY:
Did you knowingly penetrate any strata which contained undesirable water? ☐ Yes ☒ No
If yes, submit "REPORT OF UNDESIRABLE WATER"
Type of water? Depth of strata
Was a chemical analysis made? ☐ Yes XX No

I hereby certify that this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief. I understand that failure to complete items 1 thru 12 will result in the log(s) being returned for completion and resubmittal.

COMPANY NAME Dick Baker Drlg. Co. (Type or Print) Water Well Driller's License No. 1543

ADDRESS Box 628 (Street or RFD) Marfa (City) Texas (State) 79843 (Zip)

(Signed) Dick Baker (Licensed Water Well Driller) (Signed) (Registered Driller Trainee)

Please attach electric log, chemical analysis, and other pertinent information, if available.

For TWC use only. Well No. 73-44-605 Located on map

WWD-012 (Rev.01-28-87) TEXAS WATER COMMISSION COPY

73-44-605

#2

Please use black ink.
Send original copy by certified mail to the
Texas Water Commission
P.O. Box 13087
Austin, Texas 78711

State of Texas
WATER WELL REPORT

ATTENTION OWNER: *Confidentiality Privilege Notice on Reverse Side*

Texas Water Well Drillers Board
P. O. Box 13087
Austin, Texas 78711

1) OWNER Big Bend Motor Inn, Inc. (Name) Address Box 336 (Street or RFD) Terlingua, Tx. (City) 79852 (State) (Zip)

2) LOCATION OF WELL: County Brewster 78 miles in South (N.E., S.W., etc.) direction from Alpine, Tx. (Town)

Driller must complete the legal description to the right with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter- or Half-Scale Texas County General Highwey Map and attach the map to this form.

☐ Legal description:
Section No. 216 Block No. G-4 Township
Abstract No. 10122 Survey Name H.E. & W.T. Ry.
Distance and direction from two intersecting section or survey lines

☐ See attached map.

3) TYPE OF WORK (Check):
XX ☐ New Well ☐ Deepening ☐ Reconditioning ☐ Plugging

4) PROPOSED USE (Check):
XX Domestic XX Motel ☐ Industrial ☐ Monitor ☐ Public Supply ☐ Irrigation ☐ Test Well ☐ Injection ☐ Other

5) DRILLING METHOD (Check): ☐ Driven
☐ Mud Rotary ☐ Air Hammer ☐ Jetted ☐ Bored
XX Air Rotary ☐ Cable Tool ☐ Other

6) WELL LOG:
Date Drilling: Started 4-4 1988 Completed 4-8 1988

DIAMETER OF HOLE Dia. (in.)	From (ft.)	To (ft.)
4 3/4	Surface	240
11	0	240
(reaming out)		

From (ft.)	To (ft.)	Description and color of formation material
0	6	Surface
6	120	Blue shale
120	240	Black lime & shale

7) BOREHOLE COMPLETION:
☐ Open Hole XX Straight Wall ☐ Underreamed
☐ Gravel Packed ☐ Other
If Gravel Packed give interval . . . from ft. to ft.

8) CASING, BLANK PIPE, AND WELL SCREEN DATA:

Dia. (in.)	New or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mgf., if commercial	Setting (ft.) From	Setting (ft.) To	Gage Casing Screen
8 5/8		New Sch.40 PVC	1' above	220	

9) CEMENTING DATA [Rule 319.44(b)]
Cemented from 0 ft. to 220 ft. No. of Sacks Used 40
ft. to ft. No. of Sacks Used
Method used
Cemented by

10) SURFACE COMPLETION
XXX Specified Surface Slab Installed [Rule 319.44(c)]
☐ Pitless Adapter Used [Rule 319.44(d)]
☐ Approved Alternative Procedure Used [Rule 319.71]

11) WATER LEVEL:
Static level ft. below lend surface Date
Artesian flow gpm. Date

12) PACKERS: Type Depth

13) TYPE PUMP:
☐ Turbine ☐ Jet ☐ Submersible ☐ Cylinder
☐ Other
Depth to pump bowls, cylinder, jet, etc., ft.

14) WELL TESTS:
Type Test: ☐ Pump ☐ Bailer ☐ Jetted XX Estimated
Yield 150 gpm with ft. drawdown after hrs.
BLOW TEST

RECEIVED
MAY 27 1988
TEXAS WATER COMMISSION

(Use reverse side if necessary)

15) WATER QUALITY:
Did you knowingly penetrate any strata which contained undesirable water? ☐ Yes XX No
If yes, submit "REPORT OF UNDESIRABLE WATER"
Type of water? Depth of strata
Was a chemical analysis made? ☐ Yes XX No

I here by certify that this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief. I understand that failure to complete items 1 thru 12 will result in the log(s) being returned for completion and resubmittal.

COMPANY NAME Dick Baker Drlg. Co. (Type or Print) Water Well Driller's License No. 1543

ADDRESS Box 628 (Street or RFD) Marfa, (City) Texas (State) 79843 (Zip)

(Signed) Dick Baker (Licensed Water Well Driller) (Signed) (Registered Driller Trainee)

Please attach electric log, chemical analysis, and other pertinent information, if available.

For TWC use only
Well No. 73-44-6
Located on map

WWD-012 (Rev.01-28-87) TEXAS WATER COMMISSION COPY

73 44 605

Texas Water Development Board
Well Schedule

groundwater resources

State Well Number: **73-44-612** Previous Well Number: County: **Brewster** **43**

Latitude (dms): **291942** Longitude (dms): **1033212** Coordinate Accuracy: **Global Positioning System - GPS**

River Basin: **Rio Grande** GMA: **4** RWPA: **E** GCD: **Brewster County GCD**

Owner: **Big Bend Motor Inn Well #6** Driller:

Aquifer ID: **Other**

Aquifer Code: **211AGUJ**

AGUJA FORMATION

Depth (ft): **380** Elevation (ft): **2586**

Source of Depth: **Another Government Agency** Source of Elevation: **Digital Elevation Model -DEM**

Date Drilled: **09/12/2002** Well Type: **Withdrawal of Water**

Type of Lift: **Submersible Pump** Power: **Electric Motor** Horsepower:

Construction: Completion:

Casing Material: Screen Material:

CASING INTERVALS:
Casing/Blank Pipe (C)
Well Screen/Slotted Zone (S)
Open Hole (O).

Dia. (in.)	Top (ft.)	Bottom (ft.)

WATER USE

Primary: **Public Supply** Secondary: Tertiary:

Water Levels: Water Quality: **N**

Other Data: Logs:

REMARKS:
Owners well #6. PWS ID #0220027G.

Reporting Agency: **TWC/TNRCC/TCEQ**

Date Collected or Reported: **07/22/2010**

Recorded by: D. R. Jones

New

Attachment 9
Groundwater Technical Report
[DIGITAL COPY]

Wastewater Permit Renewal Application
Permit No. WQ13652001

Groundwater Technical Report
WQ13652001
Attachment: 10054_GW Tech Report

Groundwater Technical Report

The facility treats domestic effluent to comply with the standards outlined in the current wastewater permit, ensuring that both BOD and TSS levels are maintained below the specified limits before the treated effluent reaches the ground.

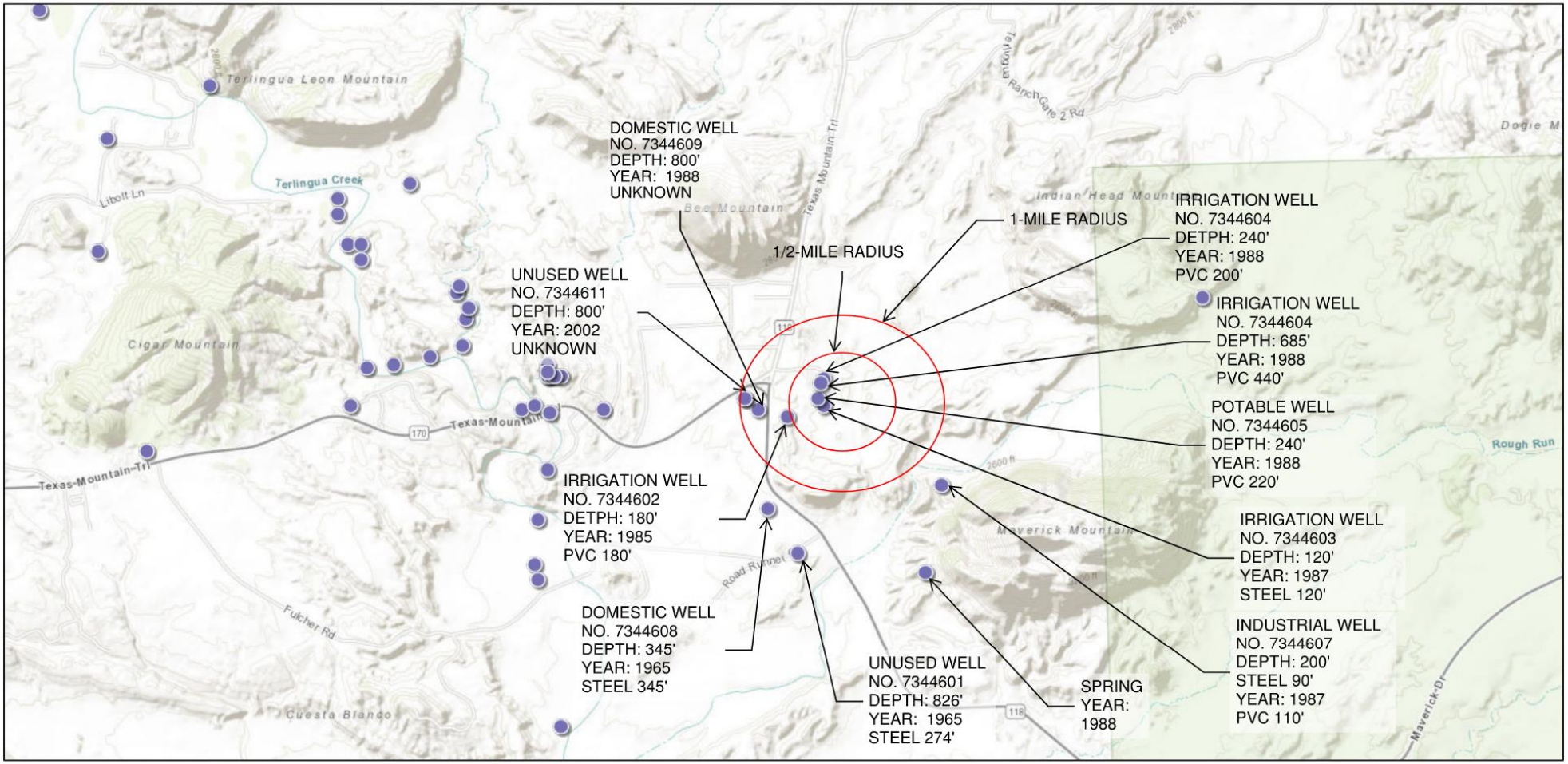
Treated effluent is stored in an on-site pond prior to irrigation disposal in the dedicated land application area. The pond was constructed with a 30-inch-thick clay liner. The liner was certified by a licensed geotechnical engineer to meet a permeability rate of $1x10^{-9}$ cm/day. Given that the standard permeability of a clay liner is $1x10^{-7}$ cm/day (per Permit No. WQ13652001), the existing liner exceeds the prescribed permeability requirements for this type of pond. The pond is aerated to ensure the contents stay properly mixed and to supply oxygen to the water to help mitigate nuisance conditions. Effluent is disinfected and quality tested prior to reuse to ensure that residual TSS, BOD, and nitrogen do not accumulate in the evaporation pond to an extent that could be harmful to vegetation.

The application of wastewater to the facility's dedicated irrigation area is monitored to ensure adherence to the permitted rate of 1.2 acre-feet per acre per year (or roughly 1,000 gallons per acre per day). The application rate was developed based on the infiltration capacity of the soils within the land application area. The area is dominated by geefour silty clay which is characterized by a low infiltration rate.

Best irrigation practices, including zone rotation, crop rotation, and soil aeration are implemented to promote soil health and enhance the soil’s capacity to filter contaminants. The site maintains a variety of grasses in the land application area such that vegetation will be present year-round. Vegetation in the land application area is carefully maintained to maximize nutrient uptake and preserve soil health, optimizing the removal of potential groundwater contaminants such as nitrogen and phosphorus.

Drilling records show that groundwater is typically encountered at depths exceeding 100-feet below ground and there are no indications of perched groundwater. Per the Texas Water Development Board records for the area, known wells within a ½-mile radius of the land application area capped if inoperative or properly cased to protect from potential contamination (Refer to Figure 1 below and Form 10054, Table 3.0(3)). Given the typical depth of groundwater in the area, the use of the existing wastewater pond and subsequent use of treated domestic effluent for turfgrass irrigation is not expected to cause groundwater contamination.

FIGURE 1



Texas Water Development Board

December 17, 2024

TWDB Groundwater

KEYNOTE GUIDE:
WELL TYPE
WELL NUMBER
WELL DEPTH
YEAR DRILLED
CASING TYPE AND DEPTH

0 0.42 0.85 1.7 mi
0 0.5 1 2 km
1:36,112

Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), (c) OpenStreetMap contributors, and the GIS User Community

TEXAS WATER DEVELOPMENT BOARD

Well Logs

TEXAS WATER DEVELOPMENT BOARD

WELL SCHEDULE

Aquifer(s) KP Project No. _____ State Well No. 73-44-608

_____ Field No./Owner's Well No. _____ County BREWSTER 03"

1. Location: ___ ¼, ___ ¼, Section ___, Block ___, Survey _____, Lat. 29°19'12", Long. 103°32'33" ONE MI. SOUTH OF HIWAY 118/HIWAY 170 INTERSECTION, STUDY BUTTE ON S. SIDE OF HIWAY 118

2. Owner: BEARD & ELLIOT Address: ALPINE, TX

Tenant (other): _____ Address: _____

Driller: ANTON KESS Address: ALPINE, TX

3. Land Surface Elevation: 2550 ft. above msl determined by TOPO

4. Drilled: 7-28 1965; Dug, Cable Tool, Rotary, Air, _____

5. Depth: Rept. 345 ft. Meas. _____ ft.

6. Borehole Completion: Open Hole, Straight Wall, Underreamed, Gravel Packed

7. Pump: Mfr. _____ Type SUBMERSIBLE

No. Stages _____, Bowls Diam. ___ in., Setting _____ ft.

Column Diam. _____ in., Length Tailpipe _____ ft.

8. Motor: Mfr. _____ Fuel ELECTRIC HP. 3

9. Yield: Flow ___ gpm, Pump 10 gpm, Meas., Rept., Est. ___ Date 66

10. Performance Test: Date _____ Length of Test ___ Made by _____

Static Level ___ ft. Pumping Level ___ ft. Drawdown ___ ft.

Production _____ gpm Specific Capacity _____ gpm/ft.

11. Quality: (Remarks on taste, odor, color, etc.) _____

Analyses

Date _____ Laboratory _____ TDS ___ Sp Cond ___

Date _____ Laboratory _____ TDS ___ Sp Cond ___

12. Other data available (as circled): Pumping Test, Power & Yield Test, Drillers Log, Formation Samples, Geophysical Log(s) _____ (type)

13. Water Level(s): 21 ft. rept. 7-28 1965 above below _____ which is ___ ft. above below Land Surface

24.3 ft. rept. 8-4 1966 above below _____ which is ___ ft. above below Land Surface

14. Use: Dom., Stock, Public Supply, Ind., Irr., Observation, Other (Test Hole, Oil Test, etc.) _____

15. Recorded by: T. FALLIN Source of data: DRILLER'S LOG Date: JULY 8, 1988

16. Remarks: _____

17. Location or Sketch:

SEE ATTACHED SHEET

CASING, BLANK PIPE & WELL SCREEN
Cemented From 0 ft. to 4 ft.

Diam. (in.)	Type	Setting (feet) from	to
7"	OLD STEEL	0	345
	SLOTTED FROM		
	310'	TO 345	

TWDB-0308 (Rev. 12-11-85)

W/L Obs. Well ___ W/Q Obs. Well ___
State Well No. 73-44-608

ex Ivey, Spring Owner
upplies school, trailer
park, restaurant)

Spring

•Water Tank

512

602-6

607

Study Butte

Aerial Tramway

Mines

Study Butte

608

Rex Ivey, Spring Owner
(Supplies Study Butte
store)

Maverick Mountain

Maverick

609

610

Rough

Ruins

Ruins

Creek

Dawson

Gravel Pit

BIG BEND

73-44-60B

File original copy with
Texas Water Commission
P. O. Box 12311, Capitol Station
Austin, Texas 78711

State of Texas

DRILLERS LOG AND WELL DATA REPORT

For use by TWC
Well No. 73-44-608A
Located on map
By JW Date 6-5
Map no. 22 (1)

1) Well Owner: [redacted] ELLIOTT ALPINE TEX.
(Street or RFD) (City) (State)

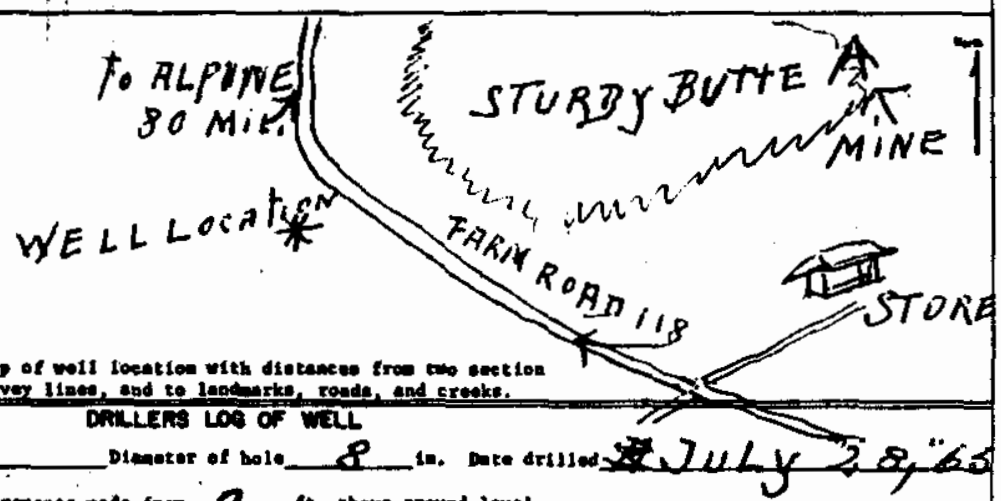
2) Land Owner: R.F. ELLIOTT
(Street or RFD) (City) (State)

3) Intended use: Domestic ☐ Stock ☐ Municipal ☐ Irrigation ☒ Other ☐

4) Location of well: County BREWSTER Labor ___ League ___ Abstract No. ___

___ ___ ___ ___ of Section ___ Block No. ___ Survey ___
(Blocks or Tracts, as are located)

80 miles in S. direction
from ALPINE.



Sketch map of well location with distances from two section or survey lines, and to landmarks, roads, and creeks.

DRILLERS LOG OF WELL

Method of drilling: CABLE Diameter of hole 8 in. Date drilled JULY 28, '65

All measurements made from 0 ft. above ground level.

From (ft)	To (ft)	Description and color of formation material	From (ft)	To (ft)	Description and color of formation material
1	6	GRAVEL, SAND, SHALE			
6	120	SHALE, GRAY, BLUE			
120	128	SANDSTONE, GRAY GREEN			
128	270	SHALE, GRAY, SANDY			
270	310	SHALE CALCIDE, LENSES, GRAY,			
310	320	SANDSTONE, GRAY, BLUE, WATER IN SANDSTON			
320	328	SHALE, GRAY, 2" WATER ENCOUNTERED.			
328	343	SAND, SHALE CALC.			

(Use continuation sheets if necessary)

COMPLETION DATA

COMPLETION

Straight wall ☐
Under reamed ☐
Gravel packed ☐
Open hole ☐
Other ___

CASING

Type: Old ☒ New ☐
Cemented from 0 ft.
to 4 ft.

Diameter (inches)	Setting from (ft)	Setting to (ft)
7" OD	0	345

SCREEN

Type 7" OD CASING
Perforated ☒ Slotted ☒

Diameter (inches)	Setting from (ft)	Setting to (ft)
7" OD	310	345

I hereby certify that this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief.

Anton Heen Drilling Contr. Reg. No. 82
(Signature) (Company Name)

Please attach electric log, chemical analysis, and other pertinent information if available.

If well was tested by your company or if you installed the permanent pump please complete the following:

WATER LEVEL AND PUMP DATA

Static water level 21 FT
ft. below 0

Pumping level

feet	hours	gpm

Pump type ___
Designed pumping rate ___ gpm ☐ gph ☐
Type power unit ___
Horsepower ___
Depth to bowls, cylinder, jet, etc., ___ ft. below pump base.

Name of contractor testing well or installing permanent pump if other than your company: ___

C-34 (62-4)

73-44-608

Geological Survey 22271

UNITED STATES DEPARTMENT OF THE INTERIOR
Ground Water Analysis

Water Resources Division Austin, Texas

H+SO4

State: Texas 41 (1 2) County: Brewster BK (3 4) Well No. Latitude (5–11) Longitude (12–18) Seq. No. (19) Date M D Y 04 14 69 (20–25) Sampling Depth (26–29) Type (30)

Local Well No. BK-73-44-602 Location Study Butte, Texas

Treated with soflene: unit apparently not operating.

Owner: Beard & Elliot Date drilled: 1965 Depth: 347' WBP Prod. intervals Water level

Sampled after pumping Yield GPM Pt. of coll. At Pump Appearance Clear Use Dom. Collector ERL/DS

Specific conductance
R KCl 232 R sample 86.7 x 10(3) 2680 (31–35)

pH 7.5 (36–38) Temperature °C (39–41)

Density at 20°C	mg/l	me/l

SiO_2 ml A sample (42–44)

Al ml
A 0.00250 mg
.00625 mg
.0125 mg
.025 mg
Sample
mg/l

Fe A 0.025 mg
ml Sample Total mg/l
ml Sample Diss. mg/l

Mn
Total mg/l
Dissolved mg/l

Ca 27 ml 89 (45–49) 4.44
4.45

Mg 25-100. 96 (50–53) 7.90
24.1, 24.0, 24.2

Na (54–58)
Na + K Calc.

K (59–61)

Percent error Total cations

809-44-E2

	ml	mg/l	me/l
HCO_3	25	376 (62–65)	6.16
Total Alk as CO_3 185	9.40		
CO_3	25	0 (66–67)	.00
SO_4	10/10000	1170 (68–72)	24.36
Blk			
Std			
Sample	2.92		
Cl	50	13 (73–76)	.37
1.29c			
Source 79		Card No. 80 Q	
F	ml	(26–28)	
A 1.00 mg/l			
2.00 mg/l		A sample	
NO_3	ml std. ml	(29–32)	
A sample			
A ml std			
A ml std	Factor		
NO_2	ml	mg/l	
A 0.01 mg			
.02 mg			
.05 mg			
Sample			
PO_4 ml	Ortho	Total (33–35)	
A 0.0050 mg			
.0100 mg			
.0250 mg			
.0500 mg			
Sample			
Total anions			

Milliequivalents per liter
Na+K — Cl
Ca — HCO_3+CO_3
Mg — SO_4

B A mg ml (36–38)
mg
mg
mg

Al (39–41)	Fe (42–45)	Mn (46–49)
Cu (50–52)	Pb (53–54)	Zn (55–57)

Dissolved solids: Determined (58–63) Calculated 1744 (64–69) +

Hardness ml
me/l Ca + Mg 12.34 — Ca+Mg 617 (70–73) —
me/l Alk 6.16 —
me/l NCH 6.18 — NCH 309 (74–77) —

Color (78–79) Card No. R (80)

Br (26–28) I (29–31)

Alk. as $CaCO_3$ (32–35) Free CO_2 (36–38)

Percent Na | SAR (39–41) | RSC 0.0 (42–44)

MBAS (45–47) NO_2 (67–68) Card No. S (80)

Analyst B. HURT-D. DELGADO Checked by DAVID DELGADO

Date begun MAY 12 1969 Completed MAY 14 1969

Transmittals	Date
Records processing----	
Collector----------	
Owner----------	

.44

Recorded by: Punched by: Date:

NEW: 608

WRD Exp. (GW)
April 1966

Well No. BK-73-44-602
Location in file

WELL SCHEDULE

U. S. DEPT. OF THE INTERIOR — GEOLOGICAL SURVEY — WATER RESOURCES DIVISION

MASTER CARD E.K. Leggat 4/68

Record by S. Garcia | Source of data Obs. & Mr. George Gibson | Date 8-4-66 | Map Emory Peak 1:250,000

State Texas [48] | County (or town) Brewster (Study Butte) [BK]

Latitude: 29 19 20 N | Longitude: 103 32 00 W | Sequential number: 1

Lat-long accuracy: 3 | T. ____ S, R ____ W, Sec ____, ____, ____, ____, ____

Local well number: 73-44-602 | Other number: PII-1 B & M

Local use: | Owner or name: Beard & Elliott

Owner or name: BEARD & ELLIOTT | Address: Alpine, Texas

Ownership: (C) County, (F) Fed Gov't, (M) City, (N) Corp or Co, (P) Private, (S) State Agency, (W) Water Dist — Private [P]

Use of water: (A) Air cond, (B) Bottling, (C) Comm, (D) Dewater, (E) Power, (F) Fire, (H) Dom, (I) Irr, (M) Ind, (N) P S, (R) Rec, (S) Stock, (T) Instit, (U) Unused, (V) Repressure, (W) Recharge, (X) Dasal-P S, (Y) Dasal-other, (Φ) Other — Domestic [H]

Use of well: (A) Anode, (D) Drain, (G) Seismic, (H) Heat Res, (O) Obs, (P) Oil-gas, (R) Recharge, (T) Test, (U) Unused, (W) Withdrew, (X) Waste, (S) Destroyed [W]

DATA AVAILABLE: Well data [6] | Freq. W/L meas.: Original [Φ] | Field aquifer char.

Hyd. lab. data:

Qual. water data; type: Conductance only [K]

Freq. sampling: Original (for K only) [Φ] | Pumpage inventory: yes / no, period:

Aperture cards: yes

Log data:

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD | Depth well: 347 ft [0347] Measr. rept accuracy [6]

Depth cased: (first perf.) 312 ft [0312] | Casing type: Steel ; Diam. 7 OD in [07]

Finish: (C) porous concrete, (F) gravel w. (perf.), (G) gravel w. (screen), (H) horiz. gallery, (Φ) open end, (P) perf., screen, (S) sd. pt., (T) shored, (W) open hole, (E) other — Perforated [D]

Method Drilled: (A) air rot, (B) bored, (C) cable, (D) dug, (H) hyd rot., (J) jetted, (P) air percussion, (R) reverse rotary, (T) trenching, (V) driven, (W) drive wash, (E) other [C]

Date Drilled: Jan. 1965 [865] | Pump intake setting: 270 ft [270]

Driller: Tom Hess (name), Alpine Texas (address)

Lift (type): (A) air, (B) bucket, (C) cent, (J) jet, (L) multiple, (cent.), (M) multiple, (turb.), (N) none, (P) piston, (R) rot, (S) submerg, (T) turb, (E) other [S] Deep / Shallow [S]

Power (type): diesel, elec, nat gas, gasoline, hand, LP gas, wind; H.P. 3 HP [T] | Trans. or meter no.

Descrip. MP Hole on top hubs plate 1 ft (above) below LSD. Alt. MP

Alt. LSD: | Accuracy: (source)

Water Level 24.25 ft (above) below MP; Ft above below LSD [0023] | Accuracy: Tape [0]

Date meas: 8-4-66 [866] | Yield: 10 gpm [00010] | Method determined [0]

Drawdown: ft | Accuracy: | Pumping period hr

QUALITY OF WATER DATA: Iron ppm | Sulfate ppm | Chloride ppm | Hard. ppm

Sp. Conduct 2400 K x 10^6 [6] | Temp. 76 °F [076] | Date sampled 8-4-66 & 11-19-69 [866]

Taste, color, etc. Clear when sampled but turned yellowish

Well No. BK-73-44-602

73-44-608

TEXAS WATER DEVELOPMENT BOARD

WELL SCHEDULE

Aquifer(s) KP Project No. _____ State Well No. 73-44-608

_____ Field No./Owner's Well No. _____ County BREWSTER 03"

1. Location: ___ ¼, ___ ¼, Section ___, Block ___, Survey _____, Lat. 29°19'12", Long. 103°32'33" ONE MI. SOUTH OF HIWAY 118/HIWAY 170 INTERSECTION, STUDY BUTTE ON S. SIDE OF HIWAY 118

2. Owner: BEARD & ELLIOT Address: ALPINE, TX

Tenant (other): _____ Address: _____

Driller: ANTON KESS Address: ALPINE, TX

3. Land Surface Elevation: 2550 ft. above msl determined by TOPO

4. Drilled: 7-28 1965; Dug, Cable Tool, Rotary, Air, _____

5. Depth: Rept. 345 ft. Meas. _____ ft.

6. Borehole Completion: Open Hole, Straight Wall, Underreamed, Gravel Packed

7. Pump: Mfr. _____ Type SUBMERSIBLE

No. Stages _____, Bowls Diam. ___ in., Setting _____ ft.

Column Diam. _____ in., Length Tailpipe _____ ft.

8. Motor: Mfr. _____ Fuel ELECTRIC HP. 3

9. Yield: Flow ___ gpm, Pump 10 gpm, Meas., Rept., Est. ___ Date 66

10. Performance Test: Date _____ Length of Test ___ Made by _____

Static Level ___ ft. Pumping Level ___ ft. Drawdown ___ ft.

Production _____ gpm Specific Capacity _____ gpm/ft.

11. Quality: (Remarks on taste, odor, color, etc.) _____

Analyses

Date _____ Laboratory _____ TDS ___ Sp Cond ___

Date _____ Laboratory _____ TDS ___ Sp Cond ___

12. Other data available (as circled): Pumping Test, Power & Yield Test, Drillers Log, Formation Samples, Geophysical Log(s) _____ (type)

13. Water Level(s): 21 ft. rept. 7-28 1965 above below _____ which is ___ ft. above below Land Surface

24.3 ft. rept. 8-4 1966 above below _____ which is ___ ft. above below Land Surface

14. Use: Dom., Stock, Public Supply, Ind., Irr., Observation, Other (Test Hole, Oil Test, etc.) _____

15. Recorded by: T. FALLIN Source of data: DRILLER'S LOG Date: JULY 8, 1988

16. Remarks: _____

17. Location or Sketch:

SEE ATTACHED SHEET

CASING, BLANK PIPE & WELL SCREEN
Cemented From 0 ft. to 4 ft.

Diam. (in.)	Type	Setting (feet) from	to
7"	OLD STEEL	0	345
	SLOTTED FROM		
	310'	TO 345	

TWDB-0308 (Rev. 12-11-85)

W/L Obs. Well ___ W/Q Obs. Well ___
State Well No. 73-44-608

ex Ivey, Spring Owner
upplies school, trailer
park, restaurant)

Spring

•Water Tank

512

602-6

607

Study Butte

Aerial Tramway

Mines

Study Butte

608

Rex Ivey, Spring Owner
(Supplies Study Butte
store)

Maverick Mountain

Maverick

609

610

Rough

Ruins

Ruins

Creek

Dawson

Gravel Pit

BIG BEND

73-44-60B

File original copy with
Texas Water Commission
P. O. Box 12311, Capitol Station
Austin, Texas 78711

State of Texas

DRILLERS LOG AND WELL DATA REPORT

For use by TWC
Well No. 73-44-608A
Located on map
By JW Date 6-5
Map no. 22 (1)

1) Well Owner: [redacted] ELLIOTT ALPINE TEX.
(Street or RFD) (City) (State)

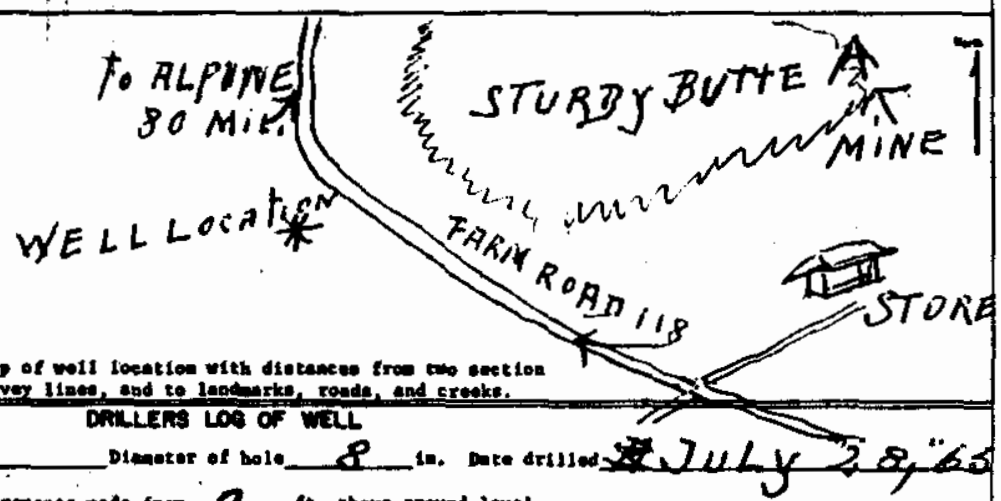
2) Land Owner: R.F. ELLIOTT
(Street or RFD) (City) (State)

3) Intended use: Domestic ☐ Stock ☐ Municipal ☐ Irrigation ☒ Other ☐

4) Location of well: County BREWSTER Labor ___ League ___ Abstract No. ___

___ ___ ___ ___ of Section ___ Block No. ___ Survey ___
(Blocks or Tracts, as are located)

80 miles in S. direction
from ALPINE.



Sketch map of well location with distances from two section or survey lines, and to landmarks, roads, and creeks.

DRILLERS LOG OF WELL

Method of drilling: CABLE Diameter of hole 8 in. Date drilled JULY 28, '65

All measurements made from 0 ft. above ground level.

From (ft)	To (ft)	Description and color of formation material	From (ft)	To (ft)	Description and color of formation material
1	6	GRAVEL, SAND, SHALE			
6	120	SHALE, GRAY, BLUE			
120	128	SANDSTONE, GRAY GREEN			
128	270	SHALE, GRAY, SANDY			
270	310	SHALE CALCIDE, LENSES, GRAY,			
310	320	SANDSTONE, GRAY, BLUE, WATER IN SANDSTON			
320	328	SHALE, GRAY, 2" WATER ENCOUNTERED.			
328	343	SAND, SHALE CALC.			

(Use continuation sheets if necessary)

COMPLETION DATA

COMPLETION

Straight wall ☐
Under reamed ☐
Gravel packed ☐
Open hole ☐
Other ___

CASING

Type: Old ☒ New ☐
Cemented from 0 ft.
to 4 ft.

Diameter (inches)	Setting from (ft)	Setting to (ft)
7" OD	0	345

SCREEN

Type 7" OD CASING
Perforated ☒ Slotted ☒

Diameter (inches)	Setting from (ft)	Setting to (ft)
7" OD	310	345

I hereby certify that this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief.

Anton Heen Drilling Contr. Reg. No. 82
(Signature) (Company Name)

Please attach electric log, chemical analysis, and other pertinent information if available.

If well was tested by your company or if you installed the permanent pump please complete the following:

WATER LEVEL AND PUMP DATA

Static water level 21 FT
ft. below 0

Pumping level

feet	hours	gpm

Pump type ___
Designed pumping rate ___ gpm ☐ gph ☐
Type power unit ___
Horsepower ___
Depth to bowls, cylinder, jet, etc., ___ ft. below pump base.

Name of contractor testing well or installing permanent pump if other than your company: ___

C-34 (62-4)

73-44-608

Geological Survey 22271

UNITED STATES DEPARTMENT OF THE INTERIOR
Ground Water Analysis

Water Resources Division Austin, Texas

H+SO4

State: Texas 41 (1 2) County: Brewster BK (3 4) Well No. Latitude (5–11) Longitude (12–18) Seq. No. (19) Date M D Y 04 14 69 (20–25) Sampling Depth (26–29) Type (30)

Local Well No. BK-73-44-602 Location Study Butte, Texas

Treated with soflene: unit apparently not operating.

Owner: Beard & Elliot Date drilled: 1965 Depth: 347' WBP Prod. intervals Water level

Sampled after pumping Yield GPM Pt. of coll. At Pump Appearance Clear Use Dom. Collector ERL/DS

Specific conductance
R KCl 232 R sample 86.7 x 10(3) 2680 (31–35)

pH 7.5 (36–38) Temperature °C (39–41)

Density at 20°C	mg/l	me/l

SiO_2 ml A sample (42–44)

Al ml
A 0.00250 mg
.00625 mg
.0125 mg
.025 mg
Sample
mg/l

Fe A 0.025 mg
ml Sample Total mg/l
ml Sample Diss. mg/l

Mn
Total mg/l
Dissolved mg/l

Ca 27 ml 89 (45–49) 4.44
4.45

Mg 25-100. 96 (50–53) 7.90
24.1, 24.0, 24.2

Na (54–58)
Na + K Calc.

K (59–61)

Percent error Total cations

809-44-E2

	ml	mg/l	me/l
HCO_3	25	376 (62–65)	6.16
Total Alk as CO_3 185	9.40		
CO_3	25	0 (66–67)	.00
SO_4	10/10000	1170 (68–72)	24.36
Blk			
Std			
Sample	2.92		
Cl	50	13 (73–76)	.37
1.29c			
Source 79		Card No. 80 Q	
F	ml	(26–28)	
A 1.00 mg/l			
2.00 mg/l		A sample	
NO_3	ml std. ml	(29–32)	
A sample			
A ml std			
A ml std	Factor		
NO_2	ml	mg/l	
A 0.01 mg			
.02 mg			
.05 mg			
Sample			
PO_4 ml	Ortho	Total (33–35)	
A 0.0050 mg			
.0100 mg			
.0250 mg			
.0500 mg			
Sample			
Total anions			

Milliequivalents per liter
Na+K — Cl
Ca — HCO_3+CO_3
Mg — SO_4

B A mg ml (36–38)
mg
mg
mg

Al (39–41)	Fe (42–45)	Mn (46–49)
Cu (50–52)	Pb (53–54)	Zn (55–57)

Dissolved solids: Determined (58–63) Calculated 1744 (64–69) +

Hardness ml
me/l Ca + Mg 12.34 — Ca+Mg 617 (70–73) —
me/l Alk 6.16 —
me/l NCH 6.18 — NCH 309 (74–77) —

Color (78–79) Card No. R (80)

Br (26–28) I (29–31)

Alk. as $CaCO_3$ (32–35) Free CO_2 (36–38)

Percent Na | SAR (39–41) | RSC 0.0 (42–44)

MBAS (45–47) NO_2 (67–68) Card No. S (80)

Analyst B. HURT-D. DELGADO Checked by DAVID DELGADO

Date begun MAY 12 1969 Completed MAY 14 1969

Transmittals	Date
Records processing----	
Collector----------	
Owner----------	

.44

Recorded by: Punched by: Date:

NEW: 608

WRD Exp. (GW)
April 1966

Well No. BK-73-44-602
Location in file

WELL SCHEDULE

U. S. DEPT. OF THE INTERIOR — GEOLOGICAL SURVEY — WATER RESOURCES DIVISION

MASTER CARD E.K. Leggat 4/68

Record by S. Garcia | Source of data Obs. & Mr. George Gibson | Date 8-4-66 | Map Emory Peak 1:250,000

State Texas [48] | County (or town) Brewster (Study Butte) [BK]

Latitude: 29 19 20 N | Longitude: 103 32 00 W | Sequential number: 1

Lat-long accuracy: 3 | T. ____ S, R ____ W, Sec ____, ____, ____, ____, ____

Local well number: 73-44-602 | Other number: PII-1 B & M

Local use: | Owner or name: Beard & Elliott

Owner or name: BEARD & ELLIOTT | Address: Alpine, Texas

Ownership: (C) County, (F) Fed Gov't, (M) City, (N) Corp or Co, (P) Private, (S) State Agency, (W) Water Dist — Private [P]

Use of water: (A) Air cond, (B) Bottling, (C) Comm, (D) Dewater, (E) Power, (F) Fire, (H) Dom, (I) Irr, (M) Ind, (N) P S, (R) Rec, (S) Stock, (T) Instit, (U) Unused, (V) Repressure, (W) Recharge, (X) Dasal-P S, (Y) Dasal-other, (Φ) Other — Domestic [H]

Use of well: (A) Anode, (D) Drain, (G) Seismic, (H) Heat Res, (O) Obs, (P) Oil-gas, (R) Recharge, (T) Test, (U) Unused, (W) Withdrew, (X) Waste, (S) Destroyed [W]

DATA AVAILABLE: Well data [6] | Freq. W/L meas.: Original [Φ] | Field aquifer char.

Hyd. lab. data:

Qual. water data; type: Conductance only [K]

Freq. sampling: Original (for K only) [Φ] | Pumpage inventory: yes / no, period:

Aperture cards: yes

Log data:

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD | Depth well: 347 ft [0347] Measr. rept accuracy [6]

Depth cased: (first perf.) 312 ft [0312] | Casing type: Steel ; Diam. 7 OD in [07]

Finish: (C) porous concrete, (F) gravel w. (perf.), (G) gravel w. (screen), (H) horiz. gallery, (Φ) open end, (P) perf., screen, (S) sd. pt., (T) shored, (W) open hole, (E) other — Perforated [D]

Method Drilled: (A) air rot, (B) bored, (C) cable, (D) dug, (H) hyd rot., (J) jetted, (P) air percussion, (R) reverse rotary, (T) trenching, (V) driven, (W) drive wash, (E) other [C]

Date Drilled: Jan. 1965 [865] | Pump intake setting: 270 ft [270]

Driller: Tom Hess (name), Alpine Texas (address)

Lift (type): (A) air, (B) bucket, (C) cent, (J) jet, (L) multiple, (cent.), (M) multiple, (turb.), (N) none, (P) piston, (R) rot, (S) submerg, (T) turb, (E) other [S] Deep / Shallow [S]

Power (type): diesel, elec, nat gas, gasoline, hand, LP gas, wind; H.P. 3 HP [T] | Trans. or meter no.

Descrip. MP Hole on top hubs plate 1 ft (above) below LSD. Alt. MP

Alt. LSD: | Accuracy: (source)

Water Level 24.25 ft (above) below MP; Ft above below LSD [0023] | Accuracy: Tape [0]

Date meas: 8-4-66 [866] | Yield: 10 gpm [00010] | Method determined [0]

Drawdown: ft | Accuracy: | Pumping period hr

QUALITY OF WATER DATA: Iron ppm | Sulfate ppm | Chloride ppm | Hard. ppm

Sp. Conduct 2400 K x 10^6 [6] | Temp. 76 °F [076] | Date sampled 8-4-66 & 11-19-69 [866]

Taste, color, etc. Clear when sampled but turned yellowish

Well No. BK-73-44-602

73-44-608

Texas Water Development Board
Well Schedule

groundwater resources

State Well Number: **73-44-602** Previous Well Number: County: **Brewster** **43**

Latitude (dms): **291937** Longitude (dms): **1033159** Coordinate Accuracy: **Global Positioning System - GPS**

River Basin: **Rio Grande** GMA: **4** RWPA: **E** GCD: **Brewster County GCD**

Owner: **Big Bend Motor Inn Well #2**

Driller: **Dick Baker Drilling Co.**

Aquifer ID: **Other**

Aquifer Code: **211BQLS**

BOQUILLAS FORMATION

Depth (ft): **180**

Elevation (ft): **2602**

Source of Depth: **Driller's Log**

Source of Elevation: **Digital Elevation Model -DEM**

Date Drilled: **08/21/1985** Well Type: **Withdrawal of Water**

Type of Lift: **Submersible Pump** Power: **Electric Motor** Horsepower:

Construction: **Air Rotary** Completion: **Open End**

Casing Material: **PVC, Fiberglass, other Plastic** Screen Material:

CASING INTERVALS:
Casing/Blank Pipe (C)
Well Screen/Slotted Zone (S)
Open Hole (O)

	Dia. (in.)	Top (ft.)	Bottom (ft.)
C	8	0	20
C	5	0	180

WATER USE

Primary: Secondary: Tertiary:

Water Levels: Water Quality: **Y**

Other Data: Logs: **D**

REMARKS:
Reported jetted 60-80 GPM in 1985. Estimated yield 60-80 GPM in 1985. Cemented from 0 to 20 feet. Owners well #2. PWS ID #0220027E. Well not used for drinking.

Reporting Agency: **TWDB or Predecessor Agency**

Date Collected or Reported: **01/15/1998**

Recorded by: D. R. Jones

Send original copy by certified mail to the Texas Department of Water Resources P. O. Box 13087 Austin, Texas 78711

State of Texas
WATER WELL REPORT

Texas Water Well Drillers Board P. O. Box 1300 Austin, Texas 78711

ATTENTION OWNER: *Confidentiality Privilege Notice on Reverse Side*

1) **OWNER** Gene Thompson Investments (Name) Address 300 N. Jim Wright Freeway (Street or RFD) Ft. Worth (City) Tx (State) (Zip)

2) **LOCATION OF WELL:**
County Brewster 80 miles in South (N.E., S.W., etc.) direction from Study Butte, Tex. (Town)

Driller must complete the legal description to the right with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter- or Half-Scale Texas County General Highway Map and attach the map to this form.

☐ **Legal description:**
Section No. Tr. D & E Block No. G-4 Township
Abstract No. Survey Name H.E. & W.T. Ry. Co.
Distance and direction from two intersecting section or survey lines

☐ See attached map.

3) **TYPE OF WORK (Check):**
☐ New Well ☐ Deepening
☐ Reconditioning ☐ Plugging

4) **PROPOSED USE (Check):**
☒ Domestic ☐ Industrial ☐ Public Supply
☐ Irrigation ☐ Test Well ☐ Other

5) **DRILLING METHOD (Check):**
☐ Mud Rotary ☐ Air Hammer ☐ Driven ☐ Bored
☒ Air Rotary ☐ Cable Tool ☐ Jetted ☐ Other

6) **WELL LOG:**
Date drilled 8-21-85

DIAMETER OF HOLE Dia. (in.)	From (ft.)	To (ft.)
9 7/8	Surface	20
6 3/4	0	180

From (ft.)	To (ft.)	Description and color of formation material
0	10	Surface
10	83	Blue clay
83	95	Black shale/fractures (water)
95	115	Lime and shale
115	117	Blue clay
117	180	Black shale

7) **BOREHOLE COMPLETION:**
☐ Open Hole ☒ Straight Wall ☐ Underreamed
☐ Gravel Packed ☐ Other
If Gravel Packed give interval . . . from ft. to ft.

8) **CASING, BLANK PIPE, AND WELL SCREEN DATA:**

Dia. (in.)	New or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mgf., if commercial	Setting (ft.) From	Setting (ft.) To	Gage Casing Screen
8 5/8	New	PVC Surf. Pipe	0	20	
5	N	PVC	0	180	

CEMENTING DATA
Cemented from 0 ft. to 20 ft.
Method used
Cemented by (Company or Individual)

9) **WATER LEVEL:**
Static level ft. below land surface Date
Artesian flow gpm. Date

10) **PACKERS:** Type Depth

11) **TYPE PUMP:**
☐ Turbine ☐ Jet ☐ Submersible ☐ Cylinder
☐ Other
Depth to pump bowls, cylinder, jet, etc., ft.

12) **WELL TESTS:**
☐ Type Test: ☐ Pump ☐ Bailer ☐ Jetted ☒ Estimated
Yield: 60-80 gpm with ft. drawdown after hrs.
BLOW TEST

RECEIVED
SEP 20 1985
TEXAS WATER COMMISSION

(Use reverse side if necessary)

13) **WATER QUALITY:**
Did you knowingly penetrate any strata which contained undesirable water? ☐ Yes ☒ No
If yes, submit "REPORT OF UNDESIRABLE WATER"
Type of water? Depth of strata
Was a chemical analysis made? ☐ Yes ☒ No

I hereby certify that this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief.

COMPANY NAME Dick Baker Drlg. Co., Inc. (Type or Print) Water Well Driller's License No. 1543

ADDRESS Box 628 (Street or RFD) Marfa, (City) Texas (State) 79843 (Zip)

Signed Dick Baker (Licensed Water Well Driller) (Signed) (Registered Driller Trainee)

Please attach electric log, chemical analysis, and other pertinent information, if available.

For TDWR use only
Well No. 73-44-602
Located on map

TWR 0302 (Rev. 5-27-82) DEPARTMENT OF WATER RESOURCES COPY

73-44-602

Well #1 73-44-602

TALEM, INC.
306 West Broadway Avenue
Fort Worth, Texas 76104
817/335-1186
Metro/654-0443

Mailing Address:
P.O. Box 3270
Fort Worth, Texas 76113

Reported to: Mr. Gene Thompson
300 North Jim Wright Fwy
Fort Worth, Texas 76108

Date of Report: 10/11/85

Lab Reference No.: 0768

Attention:

Date Received: 9/16/85

Identification: Water Sample

Collected by: del/cust

pH, (Std. Units, electrometric method, Std. Methods, 15th ed., Method 423)	7.8			Meq/l
		Calcium, (mg/L, atomic absorp. direct aspiration, EPA Method 215.1)	44	2.2
Total Dissolved Solids, (mg/L, gravimetric 103-105°C, Std. Methods, 15th ed., Method 209C)	2992			
		Magnesium, (mg/L, atomic absorp. direct aspiration, EPA Method 242.1)	33.3	2.7
Fluoride, (mg/L, SPADNS, Std. Methods, 15th ed., Method 413C)	5			
		Sodium, (mg/L, atomic absorp. direct aspiration, EPA Method 273.1)	920	40.0
Chloride, (mg/L, mercuric nitrate method, Std. Methods, 15th ed., Method 407B)	60			
Nitrate, (mg/L, as N Cadmium reduction, Std. Methods, 15th ed., Method 418C)	0.33			
Sulfate, (mg/L, turbidimetric, Std. Methods, 15th ed., Method 426C)	2050			
Total Alkalinity, (mg/L, as $CaCo_3$, electrometric titration, to pH 3.7, Std. Methods, Method 403)	319			
Hardness, (mg/L, as $CaCo_3$, EDTA Titrimetric Method, Std. Methods, 15th ed., Method 314B)	237			

$SAR = \frac{40}{1.2} = 33.3$

Distribution of Report:

Mr. Gene Thompson

TALEM, Inc.

Per: Kip Landwehr

73-44-602

TEXAS WATER DEVELOPMENT BOARD

WELL SCHEDULE

Aquifer(s) Kp-Kbo Project No. _____ State Well No. 73-44-609

_____ Field No./Owner's Well No. _____ County BREWSTER 06"

1. Location: ___¼, ___¼, Section ___, Block ___, Survey _____, Lat. 29°19'38", Long. 103°32'27"
IMMEDIATELY BEHIND "OUTBACK EXPEDITIONS" BLDG. AT INTERSECTION OF HIGHWAYS 118 AND 170 (S. SIDE)

2. Owner: BILLY PAT McKINNEY Address: ALPINE, TX

Tenant (other): _____ Address: _____

Driller: 85 Address: _____

3. Land Surface Elevation: 2550 ft. above msl determined by TOPO

4. Drilled: _____ 19___; Dug, Cable Tool, Rotary, Air, _____

5. Depth: Rept. 800 ft. Meas. _____ ft.

6. Borehole Completion: Open Hole, Straight Wall, Underreamed, Gravel Packed

7. Pump: Mfr. _____ Type SUBMERSIBLE

No. Stages _____, Bowls Diam. _____ in., Setting _____ ft.

Column Diam. _____ in., Length Tailpipe _____ ft.

8. Motor: Mfr. _____ Fuel _____ HP. _____

9. Yield: Flow _____ gpm, Pump _____ gpm, Hees., Rept., Est. _____ Date ___

10. Performance Test: Date _____ Length of Test _____ Made by _____

Static Level _____ ft. Pumping Level _____ ft. Drawdown _____ ft.

Production _____ gpm Specific Capacity _____ gpm/ft.

11. Quality: (Remarks on taste, odor, color, etc.) SULFATE TASTE

Analyses

Date _____ Laboratory _____ TDS ___ Sp Cond _____

Date _____ Laboratory _____ TDS ___ Sp Cond _____

12. Other data available (as circled): Pumping Test, Power & Yield Test, Drillers Log, Formation Samples, Geophysical Log(s) _____

CASING, BLANK PIPE & WELL SCREEN
Cemented From _____ ft. to _____ ft.

Diam. (in.)	Type	Setting (feet) from	to

13. Water Level(s): _____ ft. rept. meas. _____ 19___ (type) above below _____ which is ___ ft. above below Land Surface

_____ ft. rept. meas. _____ 19___ above below _____ which is ___ ft. above below Land Surface

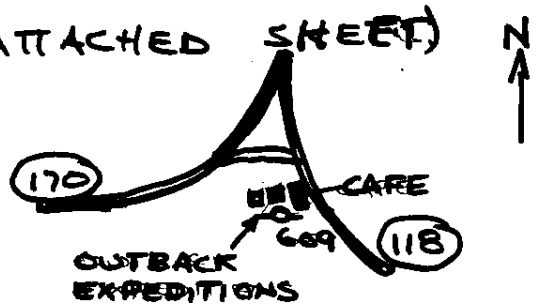
14. Use: Dom., Stock, Public Supply, Ind., Irr., Observation, Other (Test Hole, Oil Test, etc.) _____

15. Recorded by: T. FALLIN Source of data: _____ Date: JULY 6, 1988

16. Remarks: _____

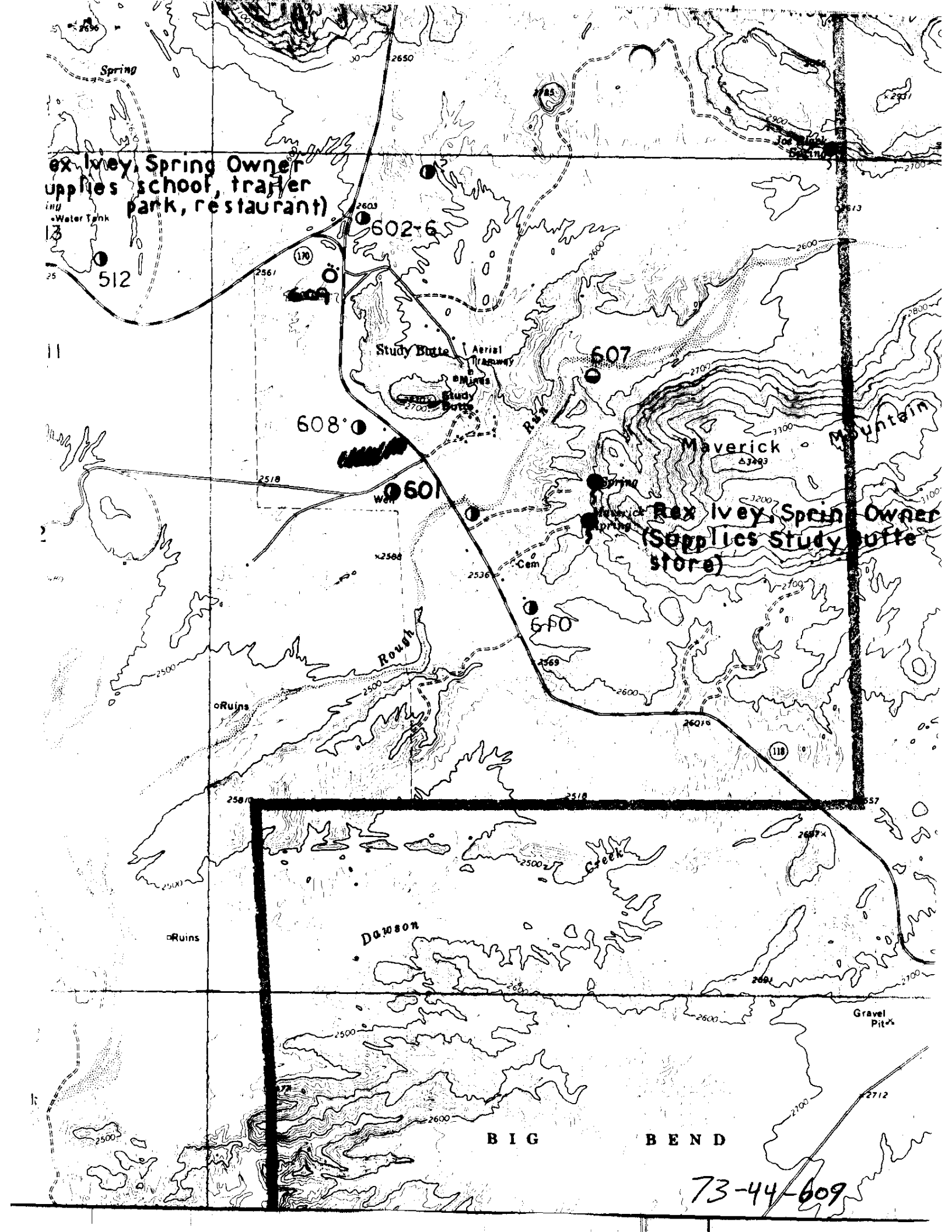
17. Location or Sketch:

(SEE ATTACHED SHEET)



TWDB-0308 (Rev. 12-11-85)

W/L Obs. Well ___ W/Q Obs. Well ___
State Well No. 73-44-609


ex Ivey, Spring Owner
upplies school, trailer
park, restaurant)
602-6
512
Study Butte
Aerial Tramway
Mines
607
608
Rex
Maverick
Mountain
△3493
601
Rex Ivey, Spring Owner
(Supplies Study Butte
store)
Cem
610
Rough
Ruins
Ruins
Creek
Dawson
Gravel Pit
BIG BEND
73-44-609

Texas Water Development Board
Well Schedule

groundwater resources

State Well Number: **73-44-611** Previous Well Number: County: **Brewster** **43**

Latitude (dms): **291942** Longitude (dms): **1033212** Coordinate Accuracy: **Global Positioning System - GPS**

River Basin: **Rio Grande** GMA: **4** RWPA: **E** GCD: **Brewster County GCD**

Owner: **Big Bend Motor Inn Well #7** Driller:

Aquifer ID: **Other**

Aquifer Code: **212PEN**

PEN FORMATION

Depth (ft): **800** Elevation (ft): **2584**

Source of Depth: **Another Government Agency** Source of Elevation: **Digital Elevation Model -DEM**

Date Drilled: **08/16/2002** Well Type: **Withdrawal of Water**

Type of Lift: **Submersible Pump** Power: **Electric Motor** Horsepower:

Construction: Completion:

Casing Material: Screen Material:

WATER USE

Primary: **Public Supply** Secondary: Tertiary:

Water Levels: Water Quality: **N**

Other Data: Logs:

REMARKS:
Owners well #7. PWS ID #0220027F.

Reporting Agency: **TWC/TNRCC/TCEQ**

Date Collected or Reported: **07/22/2010**

Recorded by: D. R. Jones

CASING INTERVALS:
Casing/Blank Pipe (C)
Well Screen/Slotted Zone (S)
Open Hole (O)

Dia. (in.)	Top (ft.)	Bottom (ft.)

New

Texas Water Development Board
Well Schedule

groundwater resources

State Well Number: **73-44-604** Previous Well Number: County: **Brewster** **43**

Latitude (dms): **291947** Longitude (dms): **1033148** Coordinate Accuracy: **Global Positioning System - GPS**

River Basin: **Rio Grande** GMA: **4** RWPA: **E** GCD: **Brewster County GCD**

Owner: **Big Bend Motor Inn Well #4**

Driller: **Dick Baker Drilling Co.**

Aquifer ID: **Other**

Aquifer Code: **211BQLS**

BOQUILLAS FORMATION

Depth (ft): **240**

Elevation (ft): **2614**

Source of Depth: **Driller's Log**

Source of Elevation: **Digital Elevation Model -DEM**

Date Drilled: **04/02/1988** Well Type: **Withdrawal of Water**

Type of Lift: **Submersible Pump** Power: **Electric Motor** Horsepower:

Construction: **Air Rotary** Completion: **Perforated or Slotted**

Casing Material: **PVC, Fiberglass, other Plastic** Screen Material: **PVC, Fiberglass, other Plastic**

CASING INTERVALS:
Casing/Blank Pipe (C)
Well Screen/Slotted Zone (S)
Open Hole (O)

	Dia. (in.)	Top (ft.)	Bottom (ft.)
C	7	0	13
C	5	0	200
S	5	200	240

WATER USE

Primary: **Public Supply** Secondary: Tertiary:

Water Levels:

Water Quality: **Y**

Other Data:

Logs: **D**

REMARKS:
Reported jetted 20-25 GPM in 1988. Cemented from 0 to 13 feet. Owners well #4. PWS ID #0220027C.

Reporting Agency: **TWDB or Predecessor Agency**

Date Collected or Reported: **01/15/1998**

Recorded by: D R. Jones

update

TEXAS WATER DEVELOPMENT BOARD

WELL SCHEDULE

Aquifer(s) Kbo Project No. State Well No. 73-44-604

Field No./Owner's Well No. County BREWSTER

1. Location: ¼, ¼, Section, Block, Survey, Lat. 29°19'41", Long. 103°33'54"
500 FT. E. OF INTERSECTION BETWEEN HIWAYS 118 AND 170 AT STUDY BUTTE (BIG BEND MOTOR INN)

2. Owner: BIG BEND MOTOR INN Address: P.O. BOX 336, TERLINGUA, TX 79852

Tenant (other): Address:

Driller: DICK BAKER Address: P.O. BOX 428, MARFA, TX 79843

3. Land Surface Elevation: 2688 ft. above msl determined by TOPO

4. Drilled: 3-31 1988; Dug, Cable Tool, Rotary, Air,

5. Depth: Rept. 240 ft. Meas. ft.

6. Borehole Completion: Open Hole, Straight Wall, Underreamed, Gravel Packed

7. Pump: Mfr. Type

No. Stages, Bowls Diam. in., Setting ft.

Column Diam. in., Length Tailpipe ft.

8. Motor: Mfr. Fuel HP.

9. Yield: Flow gpm, Pump 20-25 gpm, Meas., Rept., Est. Date 88

10. Performance Test: Date Length of Test Made by

Static Level ft. Pumping Level ft. Drawdown ft.

Production gpm Specific Capacity gpm/ft.

11. Quality: (Remarks on taste, odor, color, etc.) SULFATE TASTE

Analyses

Date 4/19/88 Laboratory TALEN, INC FT. WORTH, TX TDS 2480 Sp Cond

Date Laboratory TDS Sp Cond

12. Other data available (as circled): Pumping Test, Power & Yield Test, Drillers Log,

Formation Samples, Geophysical Log(s)

CASING, BLANK PIPE & WELL SCREEN
Cemented From 0 ft. to 13 ft.

Diam. (in.)	Type	Setting (feet) from	to
6 5/8	STEEL	+1	-13
5	NEW PVC	+1	-240
	PERFORATED		
	200' - 240'		

(type)

13. Water Level(s): ft. rept. meas. 19 above/below which is ft. above/below Land Surface

ft. rept. meas. 19 above/below which is ft. above/below Land Surface

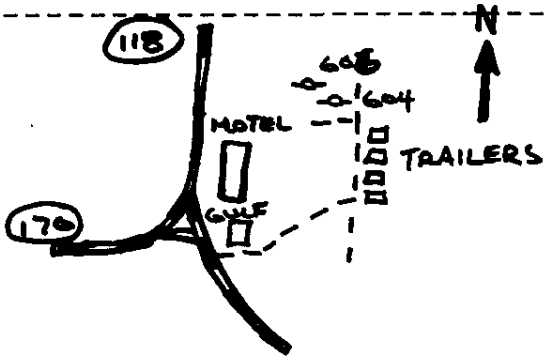
14. Use: Dom., Stock, Public Supply, Ind., Irr., Observation, Other (Test Hole, Oil Test, etc.) MOTEL SUPPLY

15. Recorded by: T. FALLIN Source of data: DRILLER'S LOG Date: JULY 8, 1988

16. Remarks: POSSIBLY CONTAMINATED BY BEARRY STUDY BUTTE UNDERGROUND MINE WATER

17. Location or Sketch:

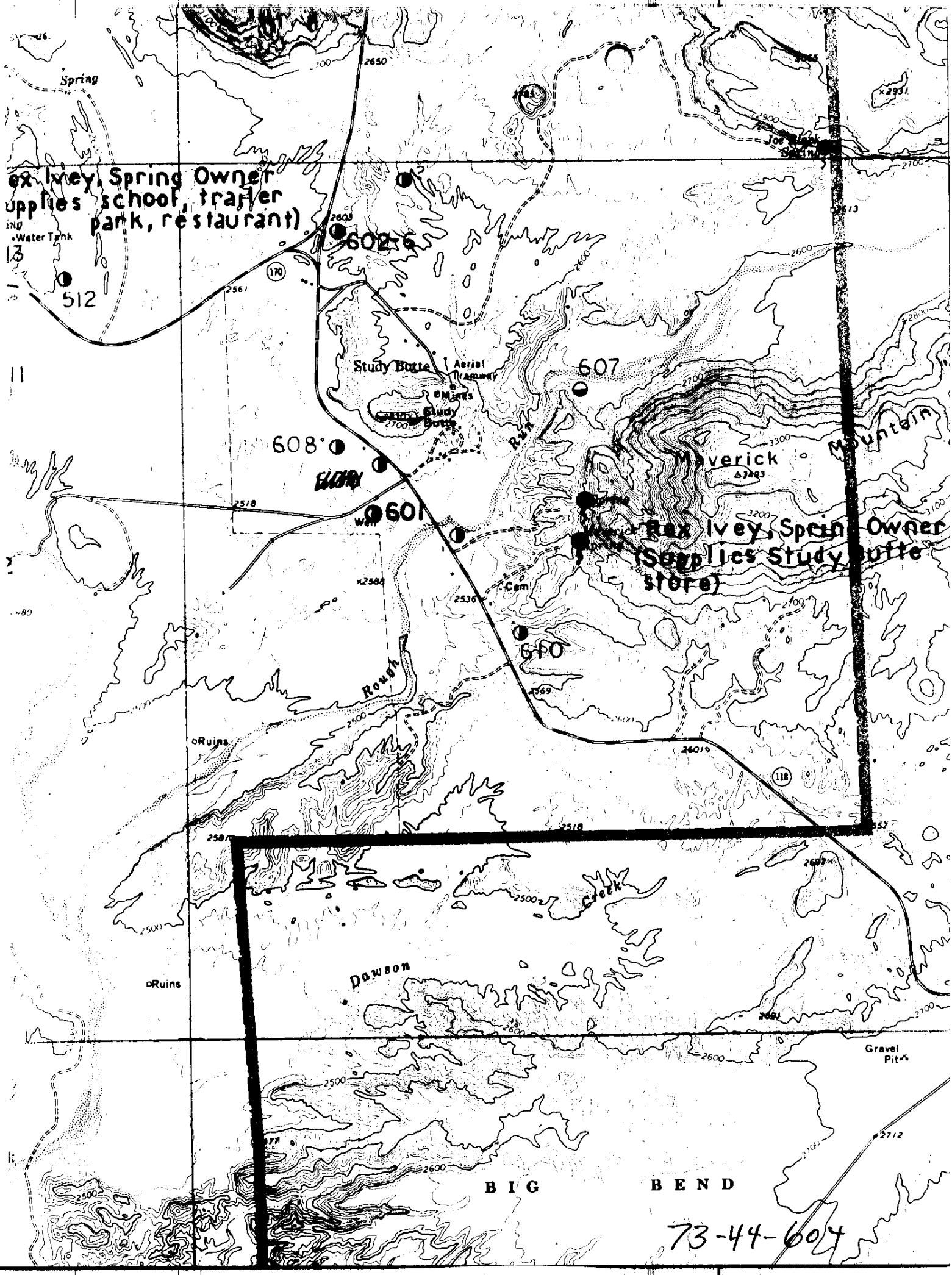
(SEE ATTACHED SHEET)



TWDB-0308 (Rev. 12-11-85)

W/L Obs. Well W/Q Obs. Well

State Well No. 73-44-604


Rex Ivey, Spring Owner
(supplies school, trailer
park, restaurant)
602-6
512
607
608
601
Rex Ivey, Spring Owner
(Supplies Study Butte
store)
610
Study Butte
Aerial Tramway
Mines
Study Butte
Maverick Mountain
Rough
Ruins
Ruins
Dawson
Creek
Gravel Pit
BIG BEND
73-44-604

Please use black ink. Send original copy by certified mail to the Texas Water Commission P.O. Box 13087 Austin, Texas 78711

State of Texas

WATER WELL REPORT

ATTENTION OWNER: *Confidentiality Privilege Notice on Reverse Side*

Texas Water Well Drillers Board P. O. Box 1308[illegible] Austin, Texas 78711

1) OWNER Big Bend Motor Inn, Inc. (Name) Address Box 336 (Street or RFD) Terlingua, Tx. (City) 79852 (State) (Zip)

2) LOCATION OF WELL: County Brewster 78 miles in South (N.E., S.W., etc.) direction from Alpine, Tx. (Town)

Driller must complete the legal description to the right with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter- or Half-Scale Texas County General Highway Map and attach the map to this form.

☐ Legal description:
Section No. 216 Block No. G-4 Township
Abstract No. 10122 Survey Name H.E. & W.T. Ry.
Distance and direction from two intersecting section or survey lines

☐ See attached map.

3) TYPE OF WORK (Check): ☒ New Well ☐ Deepening ☐ Reconditioning ☐ Plugging

4) PROPOSED USE (Check): ☒ Motel ☐ Industrial ☐ Monitor ☐ Public Supply ☐ Irrigation ☐ Test Well ☐ Injection ☐ Other

5) DRILLING METHOD (Check): ☐ Driven ☐ Mud Rotary ☐ Air Hammer ☐ Jetted ☐ Bored ☒ Air Rotary ☐ Cable Tool ☐ Other

6) WELL LOG:

Date Drilling: Started 3-31 19 88 Completed 4-2 19 88 (reaming to

DIAMETER OF HOLE

Dia. (in.)	From (ft.)	To (ft.)
11	Surface	13
4 3/4	13	240
6	13	240

7) BOREHOLE COMPLETION: ☐ Open Hole ☒ Straight Wall ☐ Underreamed ☐ Gravel Packed ☐ Other

If Gravel Packed give interval . . . from ft. to ft.

From (ft.)	To (ft.)	Description and color of formation material
0	6	Surface
6	140	Blue shale
140	215	Blue shale/lime streaks 6
215	222	Fractured lime (water)
222	240	Blue lime & shale

8) CASING, BLANK PIPE, AND WELL SCREEN DATA:

Dia. (in.)	New or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mfr., if commercial	Setting (ft.) From	Setting (ft.) To	Gage Casing Screen
5/8	N	Steel Surf. Pipe	1' above	-13'	
5	N	PVC	1' above	- 240'	
		perforated 40'			

9) CEMENTING DATA (Rule 319.44(b))
Cemented from 0 ft. to 13 ft. No. of Sacks Used 4
ft. to ft. No. of Sacks Used
Method used
Cemented by

10) SURFACE COMPLETION
☒ Specified Surface Slab Installed [Rule 319.44(c)]
☐ Pitless Adapter Used [Rule 319.44(d)]
☐ Approved Alternative Procedure Used [Rule 319.71]

RECEIVED
MAY 27 1988
TEXAS WATER COMMISSION

11) WATER LEVEL:
Static level ft. below land surface Date
Artesian flow gpm. Date

12) PACKERS: Type Depth

13) TYPE PUMP:
☐ Turbine ☐ Jet ☐ Submersible ☐ Cylinder ☐ Other
Depth to pump bowls, cylinder, jet, etc., ft.

(Use reverse side if necessary)

15) WATER QUALITY:
Did you knowingly penetrate any strata which contained undesirable water? ☐ Yes ☒ No
If yes, submit "REPORT OF UNDESIRABLE WATER"
Type of water? Depth of strata
Was a chemical analysis made? ☐ Yes ☒ No

14) WELL TESTS:
Type Test: ☐ Pump ☐ Bailer ☐ Jetted ☒ Estimated
Yield 20-25 gpm with ft. drawdown after hrs.
BLOW TEST

I hereby certify that this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief. I understand that failure to complete items 1 thru 12 will result in the log(s) being returned for completion and resubmittal.

COMPANY NAME Dick Baker Drlg. Co. (Type or Print) Water Well Driller's License No. 1543

ADDRESS Box 628 (Street or RFD) Marfa, Texas (City) 79843 (State) (Zip)

(Signed) Dick Baker (Licensed Water Well Driller) (Signed) (Registered Driller Trainee)

Please attach electric log, chemical analysis, and other pertinent information, if available.

For TWC use only
Well No. 73-44-604
Located on map

WWD-012 (Rev.01-28-87) TEXAS WATER COMMISSION COPY

73-44-604

WELL #3 73-44-604

TALEM, INC.
306 West Broadway Avenue
Fort Worth, Texas 76104
817/335-1186
Metro/654-0443

Mailing Address:
P.O. Box 3270
Fort Worth, Texas 76113

Attention: Gene Thompson
Reported to: Gene Thompson & Associates
300 North Jim Wright Freeway
Fort Worth, TX 76108

Date of Report: 04/19/88

Lab Reference No.: 768
Acct Rep: E. Allison Simmons

Date Received: 04/04/88
Collected by: CST

Identification: Big Bend #3

Alkalinity, Total SM 403 Standard Methods for the Examination of Water and Wastewater, 16th ed., 1985.	390 mgCaCO3/L
Barium, Total EPA 200.7 ICP-Atomic Emission Spectrometric Method for Trace Element Analysis of Water and Wastes. 40CFR part 136-App C	0.068 mg/L
Calcium, Total EPA 200.7 ICP-Atomic Emission Spectrometric Method for Trace Element Analysis of Water and Wastes. 40CFR part 136-App C	120 mg/L 6.0 MEQ/L
Chloride SM 407B Standard Methods for the Examination of Water and Wastewater, 16th ed., 1985.	33 mg/L
Fluoride SM 413C Standard Methods for the Examination of Water and Wastewater, 16th ed., 1985.	4.9* mg/L

*Flouride analysis on filtered sample.

Distribution of Report:

Gene Thompson & Associates

TALEM, Inc.

Per: J.R. Coolidge
J. R. "Tag" Coolidge

73-44-604

TALEM, INC.
306 West Broadway Avenue
Fort Worth, Texas 76104
817/335-1186
Metro/654-0443

Mailing Address:
P.O. Box 3270
Fort Worth, Texas 76113

Attention: Gene Thompson
Reported to: Gene Thompson & Associates
300 North Jim Wright Freeway
Fort Worth, TX 76108

Date of Report: 04/19/88

Lab Reference No.: 768
Acct Rep: E. Allison Simmons

Date Received: 04/04/88
Collected by: CST

Identification: Big Bend #3

Hardness SM 314A Standard Methods for Examination of Water and Wastewater, 16th ed., 1985	380 mgCaCO3/L
Nitrate EPA 352.1 EPA Methods for Chemical Analysis of Water and Wastes, EPA-600/4-79-020, 1983.	1.2 mg/L
Sodium, Total EPA 200.7 ICP-Atomic Emission Spectrometric Method for Trace Element Analysis of Water and Wastes. 40CFR part 136-App C	620 mg/L 27 meq/l
Sulfate SM 426C Standard Methods for the Examination of Water and Wastewater, 15th ed., 1980.	1600 mg/L
Solids, Total Dissolved SM 209B Standard Methods for the Examination of Water and Wastewater, 16th ed., 1985.	2480 mg/L

73-44-604

Distribution of Report:
Gene Thompson & Associates

TALEM, Inc.
Per: J. R. Coolidge
J. R. "Tag" Coolidge

73-44-604

TALEM, INC.
306 West Broadway Avenue
Fort Worth, Texas 76104
817/335-1186
Metro/654-0443

Mailing Address:
P.O. Box 3270
Fort Worth, Texas 76113

Attention: Gene Thompson
Reported to: Gene Thompson & Associates
300 North Jim Wright Freeway
Fort Worth, TX 76108

Date of Report: 04/19/88

Lab Reference No.: 768
Acct Rep: E. Allison Simmons

Date Received: 04/04/88
Collected by: CRT

Identification: Big Bend #3

pH SM 423 Standard Methods for the Examination of Water and Wastewater, 16th ed., 1985.	8.3

73-44-604

Distribution of Report:
Gene Thompson & Associates

TALEM, Inc.

Per: J. R. "Tag" Coolidge

73-44-604

#1

Please use black ink.
Send original copy by certified mail to the Texas Water Commission P.O. Box 13087 Austin, Texas 78711

State of Texas
WATER WELL REPORT

ATTENTION OWNER: *Confidentiality Privilege Notice on Reverse Side*

Texas Water Well Drillers Board
P. O. Box 13087
Austin, Texas 78711

1) OWNER Big Bend Motor Inn, Inc. (Name) Address Box 336 (Street or RFD) Terlingua, Tx. (City) 79852 (State) (Zip)

2) LOCATION OF WELL:
County Brewster 78 miles in South (N.E., S.W., etc.) direction from Alpine, Tx. (Town)

Driller must complete the legal description to the right with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter- or Half-Scale Texas County General Highway Map and attach the map to this form.

☐ Legal description:
Section No. 216 Block No. G-4 Township
Abstract No. 10122 Survey Name H.E. & W.T. Ry.
Distance and direction from two intersecting section or survey lines
☐ See attached map.

3) TYPE OF WORK (Check):
☒ New Well ☐ Deepening ☐ Reconditioning ☐ Plugging

4) PROPOSED USE (Check):
☒ ~~Domestic~~ Motel ☐ Industrial ☐ Monitor ☐ Public Supply ☐ Irrigation ☐ Test Well ☐ Injection ☐ Other

5) DRILLING METHOD (Check):
☐ Driven ☐ Mud Rotary ☐ Air Hammer ☐ Jetted ☐ Bored ☒ Air Rotary ☐ Cable Tool ☐ Other

6) WELL LOG:
Date Drilling: Started 3-31 19 88 Completed 4-2 19 88 (reaming to

DIAMETER OF HOLE		
Dia. (in.)	From (ft.)	To (ft.)
11	Surface	13
4 3/4	13	240
6	13	240

From (ft.)	To (ft.)	Description and color of formation material
0	6	Surface
6	140	Blue shale
140	215	Blue shale/lime streaks
215	222	Fractured lime (water)
222	240	Blue lime & shale

(Use reverse side if necessary)

7) BOREHOLE COMPLETION:
☐ Open Hole ☒ Straight Wall ☐ Underreamed
☐ Gravel Packed ☐ Other
If Gravel Packed give interval . . . from ft. to ft.

8) CASING, BLANK PIPE, AND WELL SCREEN DATA:

Dia. (in.)	New or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mgf., if commercial	Setting (ft.) From	Setting (ft.) To	Gage Casing Screen
5/8	N	Steel Surf. Pipe	1' above	-13'	
5	N	PVC	1' above	- 240'	
		perforated 40'			

9) CEMENTING DATA [Rule 319.44(b)]
Cemented from 0 ft. to 13 ft. No. of Sacks Used 4
ft. to ft. No. of Sacks Used
Method used
Cemented by

10) SURFACE COMPLETION
☒ Specified Surface Slab Installed [Rule 319.44(c)]
☐ Pitless Adapter Used [Rule 319.44(d)]
☐ Approved Alternative Procedure Used [Rule 319.71]

11) WATER LEVEL:
Static level ft. below land surface Date
Artesian flow gpm. Date

12) PACKERS: Type Depth

13) TYPE PUMP:
☐ Turbine ☐ Jet ☐ Submersible ☐ Cylinder
☐ Other
Depth to pump bowls, cylinder, jet, etc., ft.

14) WELL TESTS:
Type Test: ☐ Pump ☐ Bailer ☐ Jetted ☒ Estimated
Yield 20-25 gpm with ft. drawdown after hrs.
BLOW TEST

15) WATER QUALITY:
Did you knowingly penetrate any strata which contained undesirable water? ☐ Yes ☒ No
If yes, submit "REPORT OF UNDESIRABLE WATER"
Type of water? Depth of strata
Was a chemical analysis made? ☐ Yes ☒ No

RECEIVED
MAY 27 1988
TEXAS WATER COMMISSION

I hereby certify that this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief. I understand that failure to complete items 1 thru 12 will result in the log(s) being returned for completion and resubmittal.

COMPANY NAME Dick Baker Drlg. Co. (Type or Print) Water Well Driller's License No. 1543

ADDRESS Box 628 (Street or RFD) Marfa, Texas (City) 79843 (State) (Zip)

(Signed) Dick Baker (Licensed Water Well Driller) (Signed) (Registered Driller Trainee)

Please attach electric log, chemical analysis, and other pertinent information, if available.

For TWC use only
Well No. 73-44-6
Located on map

WWD-012 (Rev.01-28-87) TEXAS WATER COMMISSION COPY

73 44 604

Texas Water Development Board
Well Schedule

groundwater resources

State Well Number: **73-44-605** Previous Well Number: County: **Brewster** **43**

Latitude (dms): **291942** Longitude (dms): **1033150** Coordinate Accuracy: **Global Positioning System - GPS**

River Basin: **Rio Grande** GMA: **4** RWPA: **E** GCD: **Brewster County GCD**

Owner: **Big Bend Motor Inn Well #5**

Driller: **Dick Baker Drilling Co.**

Aquifer ID: **Other**

Aquifer Code: **211BQLS**

BOQUILLAS FORMATION

Depth (ft): **240**

Elevation (ft): **2604**

Source of Depth: **Driller's Log**

Source of Elevation: **Digital Elevation Model -DEM**

Date Drilled: **04/08/1988** Well Type: **Withdrawal of Water**

Type of Lift: **Submersible Pump** Power: **Electric Motor** Horsepower:

Construction: **Air Rotary** Completion: **Open End**

Casing Material: **PVC, Fiberglass, other Plastic** Screen Material:

WATER USE

Primary: **Public Supply** Secondary: Tertiary:

CASING INTERVALS:
Casing/Blank Pipe (C)
Well Screen/Slotted Zone (S)
Open Hole (O)

	Dia. (in.)	Top (ft.)	Bottom (ft.)
C	8	0	220
O	11	220	240

Water Levels:

Water Quality: **N**

Other Data:

Logs: **D**

REMARKS:
Reported jetted 150 GPM in 1988. Cemented from 0 to 220 feet. Owners well #5. PWS ID #0220027D.

Reporting Agency: **TWDB or Predecessor Agency**

Date Collected or Reported: **01/15/1998**

Recorded by: D. R. Jones

update

TEXAS WATER DEVELOPMENT BOARD

WELL SCHEDULE

Aquifer(s) Kbo Project No. State Well No. 73-44-605

Field No./Owner's Well No. County BREWSTER 31'57"

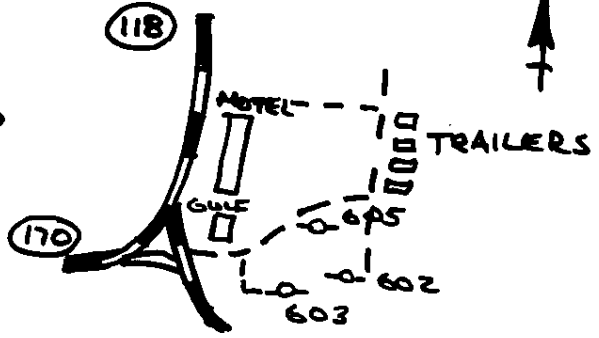
1. Location: ¼, ¼, Section, Block, Survey, Lat. 29°19'45", Long. 103°32'~~57~~"
500 FT. EAST OF INTERSECTION BETWEEN HIWAYS 118 AND 170 AT STUDY BUTTE (BIG BEND MOTOR INN)
2. Owner: BIG BEND MOTOR INN Address: P.O. BOX 336, TERLINGUA, TX 79852
Tenant (other): Address:
Driller: DICK BAKER Address: P.O. BOX 628, MARFA, TX 79843
3. Land Surface Elevation: 2640 ft. above msl determined by TOPO
4. Drilled: 4-8 19 88; Dug, Cable Tool, Rotary, Air,
5. Depth: Rept. 240 ft. Meas. ft.
6. Borehole Completion: Open Hole, Straight Wall, Underreamed, Gravel Packed
7. Pump: Mfr. Type
No. Stages, Bowls Diam. in., Setting ft.
Column Diam. in., Length Tailpipe ft.
8. Motor: Mfr. Fuel HP.
9. Yield: Flow gpm, Pump 150 gpm, Meas., Rept., Est. Date 88
10. Performance Test: Date Length of Test Made by
Static Level ft. Pumping Level ft. Drawdown ft.
Production gpm Specific Capacity gpm/ft.
11. Quality: (Remarks on taste, odor, color, etc.) SULFATE TASTE
Analyses
Date Laboratory TDS Sp Cond
Date Laboratory TDS Sp Cond
12. Other data available (as circled): Pumping Test, Power & Yield Test, Drillers Log,
Formation Samples, Geophysical Log(s)

CASING, BLANK PIPE & WELL SCREEN
Cemented From 0 ft. to 220 ft.

Diam. (in.)	Type	Setting (feet) from	Setting (feet) to
8 5/8	NEW PVC	+1	-220

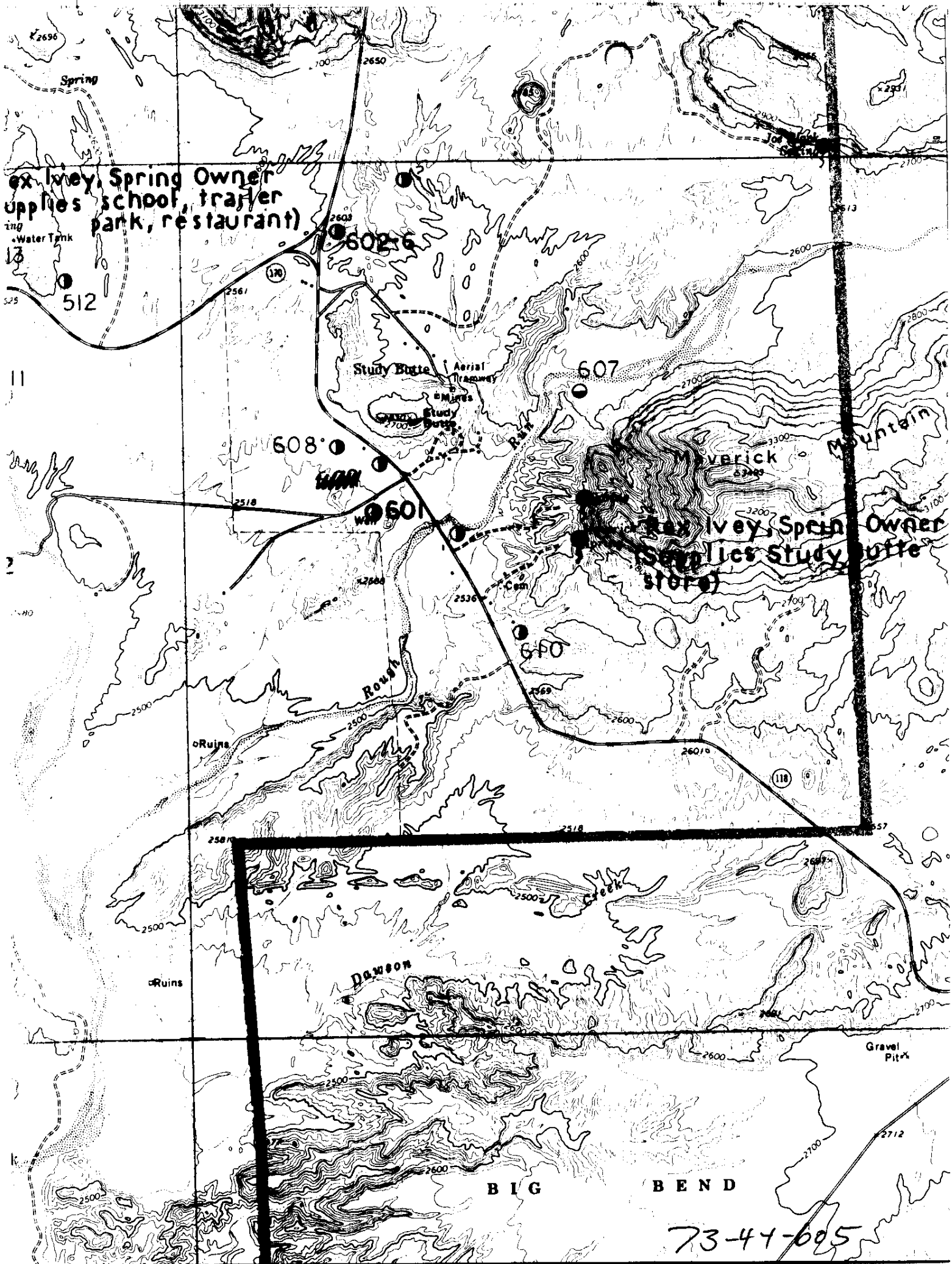
13. Water Level(s): ft. rept. meas. 19 (type) above/below which is ft. above/below Land Surface
ft. rept. meas. 19 above/below which is ft. above/below Land Surface
14. Use: Dom., Stock, Public Supply, Ind., Irr., Observation, Other (Test Hole, Oil Test, etc.) MOTEL SUPPLY
15. Recorded by: T. FALLIN Source of data: DRILLER'S LOG Date: JULY 8, 1988
16. Remarks: POSSIBLY CONTAMINATED BY NEARBY STUDY BUTTE UNDERGROUND MINE WATER
17. Location or Sketch:

(SEE ATTACHED SHEET)



TWDB-0308 (Rev. 12-11-85)

W/L Obs. Well ___ W/Q Obs. Well ___
State Well No. 73-44-605


ex Ivey, Spring Owner
upplies school, trailer
park, restaurant)
Water Tank
512
602-6
607
608
601
Study Butte
Aerial Tramway
Mines
Study Butte
Maverick Mountain
Rough
Ruins
Ruins
Dawson Creek
Gravel Pit
BIG BEND
73-44-605

Please use black ink. Send original, copy by certified mail to the Texas Water Commission P.O. Box 13087 Austin, Texas 78711

State of Texas

WATER WELL REPORT

ATTENTION OWNER: *Confidentiality Privilege Notice on Reverse Side*

Texas Water Well Drillers Board
P. O. Box 13087
Austin, Texas 78711

1) OWNER Big Bend Motor Inn, Inc. (Name) Address Box 336 (Street or RFD) Terlingua, Tx. (City) 79852 (State) (Zip)

2) LOCATION OF WELL: County Brewster 78 miles in South (N.E., S.W., etc.) direction from Alpine, Tx. (Town)

Driller must complete the legal description to the right with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter- or Half-Scale Texas County General Highway Map and attach the map to this form.

☐ Legal description:
Section No. 216 Block No. G-4 Township
Abstract No. 10122 Survey Name H.E. & W.T. Ry.
Distance and direction from two intersecting section or survey lines
☐ See attached map.

3) TYPE OF WORK (Check): XX ☐ New Well ☐ Deepening ☐ Reconditioning ☐ Plugging

4) PROPOSED USE (Check): XX Motel ☐ Domestic ☐ Industrial ☐ Monitor ☐ Public Supply ☐ Irrigation ☐ Test Well ☐ Injection ☐ Other

5) DRILLING METHOD (Check): ☐ Driven ☐ Mud Rotary ☐ Air Hammer ☐ Jetted ☐ Bored XX Air Rotary ☐ Cable Tool ☐ Other

6) WELL LOG:
Date Drilling: Started 4-4 1988 Completed 4-8 1988

DIAMETER OF HOLE

Dia. (in.)	From (ft.)	To (ft.)
4 3/4	Surface	240
11	0	240

(reaming out)

7) BOREHOLE COMPLETION:
☐ Open Hole XX Straight Wall ☐ Underreamed
☐ Gravel Packed ☐ Other
If Gravel Packed give interval . . . from ft. to ft.

From (ft.)	To (ft.)	Description and color of formation material
0	6	Surface
6	120	Blue shale
120	240	Black lime & shale

KP
Kbo

8) CASING, BLANK PIPE, AND WELL SCREEN DATA:

Dia. (in.)	New or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mfr., if commercial	Setting (ft.) From	Setting (ft.) To	Gage Casing Screen
8 5/8		New Sch.40 PVC	1' above	-220	

9) CEMENTING DATA [Rule 319.44(b)]
Cemented from 0 ft. to 220 ft. No. of Sacks Used 40
ft. to ft. No. of Sacks Used
Method used
Cemented by

10) SURFACE COMPLETION
XX Specified Surface Slab Installed [Rule 319.44(c)]
☐ Pitless Adapter Used [Rule 319.44(d)]
☐ Approved Alternative Procedure Used [Rule 319.71]

11) WATER LEVEL:
Static level ft. below land surface Date
Artesian flow gpm. Date

12) PACKERS: Type Depth

13) TYPE PUMP:
☐ Turbine ☐ Jet ☐ Submersible ☐ Cylinder
☐ Other
Depth to pump bowls, cylinder, jet, etc., ft.

14) WELL TESTS:
Type Test: ☐ Pump ☐ Bailer ☐ Jetted XX Estimated
Yield 150 gpm with ft. drawdown after hrs.
BLOW TEST

RECEIVED
MAY 27 1988

LOG WATER BEARING(S)

(Use reverse side if necessary)

15) WATER QUALITY:
Did you knowingly penetrate any strata which contained undesirable water? ☐ Yes XX No
If yes, submit "REPORT OF UNDESIRABLE WATER"
Type of water? Depth of strata
Was a chemical analysis made? ☐ Yes XX No

I hereby certify that this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief. I understand that failure to complete items 1 thru 12 will result in the log(s) being returned for completion and resubmittal.

COMPANY NAME Dick Baker Drlg. Co. (Type or Print) Water Well Driller's License No. 1543

ADDRESS Box 628 (Street or RFD) Marfa (City) Texas (State) 79843 (Zip)

(Signed) Dick Baker (Licensed Water Well Driller) (Signed) (Registered Driller Trainee)

Please attach electric log, chemical analysis, and other pertinent information, if available.

For TWC use only.
Well No. 73-44-605
Located on map

WWD-012 (Rev.01-28-87) TEXAS WATER COMMISSION COPY

73-44-605

#2

Please use black ink.
Send original copy by certified mail to the Texas Water Commission P.O. Box 13087 Austin, Texas 78711

State of Texas
WATER WELL REPORT

ATTENTION OWNER: *Confidentiality Privilege Notice on Reverse Side*

Texas Water Well Drillers Board
P. O. Box 13087
Austin, Texas 78711

1) OWNER Big Bend Motor Inn, Inc. (Name) Address Box 336 (Street or RFD) Terlingua, Tx. (City) 79852 (State) (Zip)

2) LOCATION OF WELL: County Brewster 78 miles in South (N.E., S.W., etc.) direction from Alpine, Tx. (Town)

Driller must complete the legal description to the right with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter- or Half-Scale Texas County General Highway Map and attach the map to this form.

☐ Legal description:
Section No. 216 Block No. G-4 Township
Abstract No. 10122 Survey Name H.E. & W.T. Ry.
Distance and direction from two intersecting section or survey lines
☐ See attached map.

3) TYPE OF WORK (Check): XX ☐ New Well ☐ Deepening ☐ Reconditioning ☐ Plugging

4) PROPOSED USE (Check): XX Domestic ☐ Industrial ☐ Monitor ☐ Public Supply ☐ Irrigation ☐ Test Well ☐ Injection ☐ Other

5) DRILLING METHOD (Check): ☐ Driven ☐ Mud Rotary ☐ Air Hammer ☐ Jetted ☐ Bored XX Air Rotary ☐ Cable Tool ☐ Other

6) WELL LOG:
Date Drilling: Started 4-4 1988 Completed 4-8 1988

DIAMETER OF HOLE Dia. (in.)	From (ft.)	To (ft.)
4 3/4	Surface	240
11	0	240
(reaming out)		

7) BOREHOLE COMPLETION:
☐ Open Hole XX Straight Wall ☐ Underreamed
☐ Gravel Packed ☐ Other
If Gravel Packed give interval . . . from ft. to ft.

From (ft.)	To (ft.)	Description and color of formation material
0	6	Surface
6	120	Blue shale
120	240	Black lime & shale

8) CASING, BLANK PIPE, AND WELL SCREEN DATA:

Dia. (in.)	New or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mgf., if commercial	Setting (ft.) From	Setting (ft.) To	Gage Casing Screen
8 5/8		New Sch.40 PVC	1' above	220	

9) CEMENTING DATA [Rule 319.44(b)]
Cemented from 0 ft. to 220 ft. No. of Sacks Used 40
ft. to ft. No. of Sacks Used
Method used
Cemented by

10) SURFACE COMPLETION
XX Specified Surface Slab Installed [Rule 319.44(c)]
☐ Pitless Adapter Used [Rule 319.44(d)]
☐ Approved Alternative Procedure Used [Rule 319.71]

11) WATER LEVEL:
Static level ft. below land surface Date
Artesian flow gpm. Date

12) PACKERS: Type Depth

13) TYPE PUMP:
☐ Turbine ☐ Jet ☐ Submersible ☐ Cylinder
☐ Other
Depth to pump bowls, cylinder, jet, etc., ft.

14) WELL TESTS:
Type Test: ☐ Pump ☐ Bailer ☐ Jetted XX Estimated
Yield 150 gpm with ft. drawdown after hrs.
BLOW TEST

RECEIVED
MAY 27 1988
TEXAS WATER COMMISSION

(Use reverse side if necessary)

15) WATER QUALITY:
Did you knowingly penetrate any strata which contained undesirable water? ☐ Yes XX No
If yes, submit "REPORT OF UNDESIRABLE WATER"
Type of water? Depth of strata
Was a chemical analysis made? ☐ Yes XX No

I here by certify that this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief. I understand that failure to complete items 1 thru 12 will result in the log(s) being returned for completion and resubmittal.

COMPANY NAME Dick Baker Drlg. Co. (Type or Print) Water Well Driller's License No. 1543

ADDRESS Box 628 (Street or RFD) Marfa, (City) Texas (State) 79843 (Zip)

(Signed) Dick Baker (Licensed Water Well Driller) (Signed) (Registered Driller Trainee)

Please attach electric log, chemical analysis, and other pertinent information, if available.

For TWC use only
Well No. 73-44-6
Located on map

WWD-012 (Rev.01-28-87) TEXAS WATER COMMISSION COPY

73 44 605

Texas Water Development Board
Well Schedule

groundwater resources

State Well Number: **73-44-603** Previous Well Number: County: **Brewster** **43**

Latitude (dms): **291940** Longitude (dms): **1033148** Coordinate Accuracy: **Global Positioning System - GPS**

River Basin: **Rio Grande** GMA: **4** RWPA: **E** GCD: **Brewster County GCD**

Owner: **Big Bend Motor Inn Well #1**

Driller: **Dick Baker Drilling Co.**

Aquifer ID: **Other**

Aquifer Code: **211BQLS**

BOQUILLAS FORMATION

Depth (ft): **120**

Elevation (ft): **2600**

Source of Depth: **Driller's Log**

Source of Elevation: **Digital Elevation Model -DEM**

Date Drilled: **03/12/1987** Well Type: **Withdrawal of Water**

Type of Lift: **Submersible Pump** Power: **Electric Motor** Horsepower:

Construction: **Air Rotary** Completion: **Gravel Pack w/Perforations**

Casing Material: **Steel** Screen Material: **Steel**

CASING INTERVALS:
Casing/Blank Pipe (C)
Well Screen/Slotted Zone (S)
Open Hole (O)

	Dia. (in.)	Top (ft.)	Bottom (ft.)
C	5	0	120

WATER USE

Primary: **Public Supply** Secondary: Tertiary:

Water Levels: Water Quality: **Y**

Other Data: Logs: **D**

REMARKS:
Reported jetted 8 GPM in 1987. Cemented from 0 to 70 feet. Gravel packed from 70 to 120 feet. Owners well #1. PWS ID #0220027A.

Reporting Agency: **TWDB or Predecessor Agency**

Date Collected or Reported: **01/15/1998**

Recorded by: D. R. Jones

update

TEXAS WATER DEVELOPMENT BOARD

WELL SCHEDULE

Aquifer(s) Kbe Project No. State Well No. 73-44-603

Field No./Owner's Well No. County BREWSTER

1. Location: ¼, ¼, Section, Block, Survey, Lat. 29°19'41", Long. 103°32'00"
500 FT. E. OF INTERSECTION BETWEEN HIWAYS 118 AND 170, AT STUDY BUTTE (BIG BEND MOTOR INN)

2. Owner: GENE THOMPSON INVEST. Address: 300 N. JIM WRIGHT FREEWAY FT. WORTH, TX

Tenant (other): Big Bend Motor Inn Address:

Driller: DICK BAKER Address: P.O. BOX 628, MARFA, TX 79843

3. Land Surface Elevation: 2600 ft. above msl determined by TOPO

4. Drilled: 3-12 1987; Dug, Cable Tool, Rotary, Air,

5. Depth: Rept. 120 ft. Meas. ft.

6. Borehole Completion: Open Hole, Straight Wall, Underreamed, Gravel Packed

7. Pump: Mfr. Type SUBMERSIBLE

No. Stages, Bowls Diam. in., Setting ft.

Column Diam. in., Length Tailpipe ft.

8. Motor: Mfr. Fuel HP.

9. Yield: Flow gpm, Pump 8 gpm, Meas., Rept., Est. Date 87

10. Performance Test: Date Length of Test Made by

Static Level ft. Pumping Level ft. Drawdown ft.

Production gpm Specific Capacity gpm/ft.

11. Quality: (Remarks on taste, odor, color, etc.) SULFATE TASTE

Analyses 23

Date 6/23/87 Laboratory TDH. TDS 2280 Sp Cond 4004

Date 4/1/87 Laboratory TALEH, INC. FT. WORTH, TX TDS 2390 Sp Cond

CASING, BLANK PIPE & WELL SCREEN Cemented From 0 ft. to 70 ft.

Diam. (in.)	Type	Setting (feet) from	to
5½	NEW STEEL	+2'	120'

12. Other data available (as circled): Pumping Test, Power & Yield Test, Drillers Log, Formation Samples, Geophysical Log(s) (type)

13. Water Level(s): ft. rept. meas. 19 above/below which is ft. above/below Land Surface

ft. rept. meas. 19 above/below which is ft. above/below Land Surface

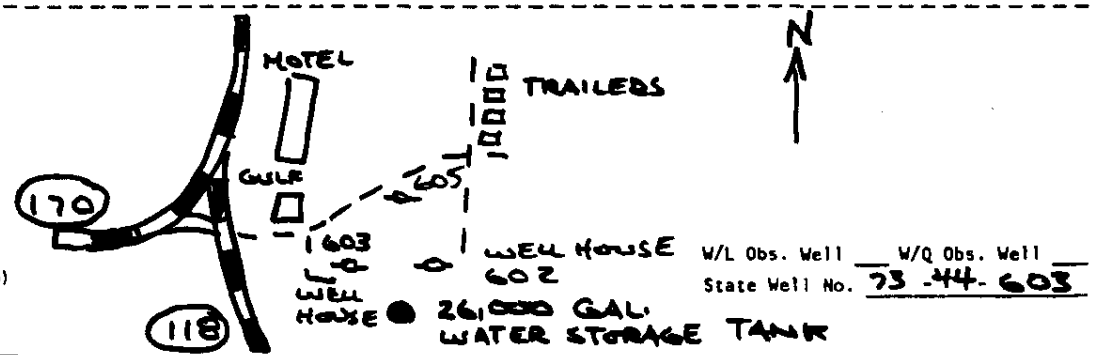
14. Use: Dom., Stock, Public Supply, Ind., Irr., Observation, Other (Test Hole, Oil Test, etc.) MOTEL SUPPLY

15. Recorded by: T. FALLIN Source of data: DRILLER'S LOG Date: JULY 8, 1988

16. Remarks: POSSIBLY CONTAMINATED BY NEARBY STUDY BUTTE UNDER GOUND MINE WATER.

17. Location or Sketch:

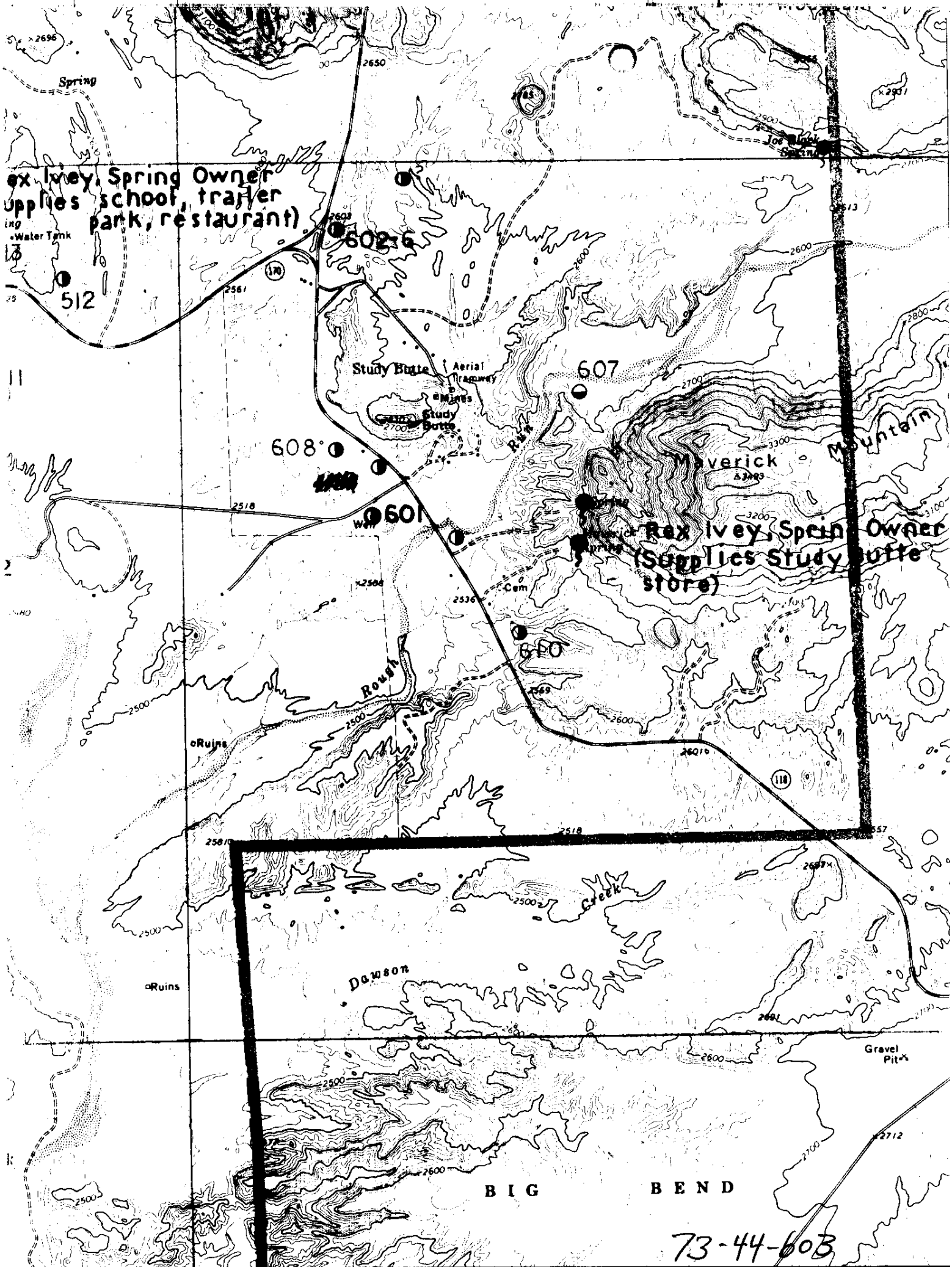
(SEE ATTACHED SHEET)



W/L Obs. Well W/Q Obs. Well

State Well No. 73-44-603

TWDB-0308 (Rev. 12-11-85)


ex Ivey, Spring Owner
upplies school, trailer
park, restaurant)
602-6
512
607
608
601
Study Butte
Aerial Tramway
Mines
Study Butte
Maverick Mountain
Rex Ivey, Spring Owner
(Supplies Study Butte
store)
Cem
610
Rough
Ruins
Ruins
Dawson Creek
Gravel Pit
BIG BEND
73-44-60B

003

...original copy by ...ified mail to the ...s Department of Water Resources ...O. Box 13087 ...ustin, Texas 78711

...te of Texas
WA... WELL REPORT

ATTENTION OWNER: *Confidentiality Privilege Notice on Reverse Side*

Texas Water W... ...ilers Board
P. O. Box 130...
Austin, Texas 78711

1) OWNER Gene Thompson Investments (Name) Address 300 N. Jim Wright Freeway (Street or RFD) Ft. Worth (City) Tx. (State) (Zip)

2) LOCATION OF WELL:
County Brewster 80 miles in South (N.E., S.W., etc.) direction from Alpine, Tx. (Town)

Driller must complete the legal description to the right with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter- or Half-Scale Texas County General Highway Map and attach the map to this form.

☐ Legal description:
Section No. Tr. D & B... No. G-4 Township
Abstract No. Survey Name H.E. & W.T. Ry. Co.
Distance and direction from two intersecting section or survey lines
☐ See attached map.

3) TYPE OF WORK (Check):
☒ New Well ☐ Deepening ☐ Reconditioning ☐ Plugging

4) PROPOSED USE (Check):
☒ Domestic ☐ Industrial ☐ Public Supply ☐ Irrigation ☐ Test Well ☐ Other

5) DRILLING METHOD (Check):
☐ Mud Rotary ☐ Air Hammer ☐ Driven ☐ Bored ☒ Air Rotary ☐ Cable Tool ☐ Jetted ☐ Other

6) WELL LOG:
Date drilled 3-12-87

DIAMETER OF HOLE Dia. (in.)	From (ft.)	To (ft.)
9 7/8	Surface	120

From (ft.)	To (ft.)	Description and color of formation material
0	8	Loose shale
8	20	Hard shale
20	95	Blue shale KP
95	98	Limestone
98	105	Blue lime/fractures (water)
105	120	Blue shale Kbo

7) BOREHOLE COMPLETION:
☐ Open Hole ☐ Straight Wall ☐ Underreamed
☒ Gravel Packed ☐ Other
If Gravel Packed give interval . . . from 70 ft. to 120 ft.

8) CASING, BLANK PIPE, AND WELL SCREEN DATA:

Dia. (in.)	New or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mgf., if commercial	Setting (ft.) From	Setting (ft.) To	Gage Casing Screen
5 1/2		New Steel	2' above	to 120'	

CEMENTING DATA
Cemented from 0 ft. to 70 ft.
Method used
Cemented by (Company or Individual)

9) WATER LEVEL:
Static level ft. below land surface Date
Artesian flow gpm. Date

10) PACKERS: Type Depth

11) TYPE PUMP:
☐ Turbine ☐ Jet ☐ Submersible ☐ Cylinder
☐ Other
Depth to pump bowls, cylinder, jet, etc., ft.

12) WELL TESTS:
☐ Type Test: ☐ Pump ☐ Bailer ☐ Jetted ☒ Estimated
Yield: 8 gpm with ft. drawdown after hrs.
BLOW TEST

RECEIVED
MAR 23 1987
TEXAS WATER COMMISSION

(Use reverse side if necessary)

13) WATER QUALITY:
Did you knowingly penetrate any strata which contained undesirable water? ☐ Yes ☒ No
If yes, submit "REPORT OF UNDESIRABLE WATER"
Type of water? Depth of strata
Was a chemical analysis made? ☐ Yes ☒ No

I hereby certify that this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief.

COMPANY NAME Dick Baker Drlg. Co., Inc (Type or Print) Water Well Driller's License No. 1543

ADDRESS Box 628 (Street or RFD) Marfa, (City) Texas (State) 79843 (Zip)

Signed (Licensed Water Well Driller) (Signed) (Registered Driller Trainee)

For TDWR use only
Well No. 73-44-603
Located on map

Please attach electric log, chemical analysis, and other pertinent information, if available.

TWR 0392 (Rev. 6-27-82) DEPARTMENT OF WATER RESOURCES COPY

73-44-603

Well 2

73-44-603

WATER ANALYSIS REPORT
TEXAS DEPARTMENT OF HEALTH
DIVISION OF WATER HYGIENE
1100 WEST 49 TH STREET
AUSTIN, TEXAS 78756

BIG BEND MOTOR INN
GENE THOMPSON
300 N.JIM WRIGTH FREEWAY
FT WORTH TX 76108

WATER SUPPLY #:
LABORATORY NO: EP704623
SAMPLE TYPE: RAW SAMPLE

COLLECTOR REMARKS: NEW WELL
SOURCE: WELL
DATE COLLECTED 5/18/87 DATE RECEIVED 5/22/87 DATE REPORTED 6/23/87

CONSTITUENT NAME	RESULT	UNITS	Meq/l +/-
Calcium	58	mg/l	2.9
Chloride	28	mg/l	
Fluoride	3.6	mg/l	
Magnesium	14	mg/l	1.2
Nitrate (as N)	0.01	mg/l	
Sodium	669	mg/l	29.1
Sulfate	1360	mg/l	
Total Hardness/CaCO3	201	mg/l	
pH	8.1		
Dil.Conduct(umhos/cm)	4004		
Tot. Alka. as CaCO3	236	mg/l	
Bicarbonate	288	mg/l	3.7
Carbonate	0	mg/l	
Dissolved solids	2280	mg/l	
P. Alkalinity /CaCO3	0	mg/l	

73-44-603

WELL #2 73-44-603

TALEM, INC.
306 West Broadway Avenue
Fort Worth, Texas 76104
817/335-1186
Metro/654-0443

Mailing Address:
P.O. Box 3270
Fort Worth, Texas 76113

Attention: Mr. Gene Thompson
Reported to: Gene Thompson & Associates
300 North Jim Wright Freeway
Fort Worth, TX 76108

Date of Report: 06/01/87

Lab Reference No.: 768
Acct Rep: E Allison Simmons

Date Received: 05/19/87
Collected by: CST

Identification: Well #2 at Big Bend

Hardness SM 314A Standard Methods for Examination of Water and Wastewater, 16th ed., 1985	210 mg/L	
Magnesium, by AA EPA 242.1 AA direct aspiration, EPA Methods for Chemical Analysis of Water and Wastes, EPA-600/4-79-020, 1983.	15 mg/L	1.2 meq/l
Nitrate EPA 352.1 EPA Methods for Chemical Analysis of Water and Wastes, EPA-600/4-79-020, 1983.	<0.04 mg/L	
Sodium, by AA EPA 273.1 AA direct aspiration, EPA Methods for Chemical Analysis of Water and Wastes, EPA-600/4-79-020, 1983.	610 mg/L	26.5 meq/l

Distribution of Report:
Gene Thompson & Associates

TALEM, Inc.
Per:
Kip Landwehr

73-44-603

73-44-603

TALEM, INC.
306 West Broadway Avenue
Fort Worth, Texas 76104
817/335-1186
Metro/654-0443

Mailing Address:
P.O. Box 3270
Fort Worth, Texas 76113

Attention: Mr. Gene Thompson
Reported to: Gene Thompson & Associates
300 North Jim Wright Freeway
Fort Worth, TX 76108

Date of Report: 06/01/87

Lab Reference No.: 768
Acct Rep: E Allison Simmons

Date Received: 05/19/87
Collected by: CST

Identification: Well #2 at Big Bend

Alkalinity, Total SM 403 Standard Methods for the Examination of Water and Wastewater, 16th ed., 1985.	240 mg/L
Calcium, by AA EPA 215.1 AA direct aspiration, EPA Methods for Chemical Analysis of Water and Wastes, EPA-600/4-79-020, 1983.	60 mg/L 30 meq/l
Chloride SM 407B Standard Methods for the Examination of Water and Wastewater, 16th ed., 1985.	27.3 mg/L
Fluoride SM 413C Standard Methods for the Examination of Water and Wastewater, 16th ed., 1985.	10 mg/L

Distribution of Report:
Gene Thompson & Associates

TALEM, Inc.

Per:

Kip Landwehr

73-44-603

TALEM, INC.
306 West Broadway Avenue
Fort Worth, Texas 76104
817/335-1186
Metro/654-0443

Mailing Address:
P.O. Box 3270
Fort Worth, Texas 76113

Attention: Mr. Gene Thompson
Reported to: Gene Thompson & Associates
300 North Jim Wright Freeway
Fort Worth, TX 76108

Date of Report: 06/01/87

Lab Reference No.: 768
Acct Rep: E Allison Simmons

Date Received: 05/19/87
Collected by: CST

Identification: Well #2 at Big Bend

Sulfate SM 426C Standard Methods for the Examination of Water and Wastewater, 15th ed., 1980.	1400 mg/L
Solids, Total Dissolved SM 209B Standard Methods for the Examination of Water and Wastewater, 16th ed., 1985.	2390 mg/L
pH SM 423 Standard Methods for the Examination of Water and Wastewater, 16th ed., 1985.	7.5

73-44-603

Distribution of Report:
Gene Thompson & Associates

TALEM, Inc.
Per: Kip Landwehr

73-44-603

TEXAS WATER DEVELOPMENT BOARD

WELL SCHEDULE

Aquifer(s) Ti Project No. State Well No. 73-44-607

Field No./Owner's Well No. County BREWSTER

1. Location: ¼, ¼, Section, Block, Survey, Lat. 29°19'18", Long. 103°31'10"
THREE QUARTERS OF ONE MILE N.E. OF HIWAY 118 ON E. SIDE OF ROUGH RUN CR., STUDY BUTTE

2. Owner: REX IVEY Address: P.O. Box 841, ALPINE, TX 79831

Tenant (other): Address:

Driller: WALTER SKINNER Address: P.O. BOX 544, ALPINE, TX 79831

3. Land Surface Elevation: 2570 ft. above msl determined by TOPO

4. Drilled: 11-26 1987; Dug, Cable Tool, Rotary, Air,

5. Depth: Rept. 200 ft. Meas. ft.

6. Borehole Completion: Open Hole, Straight Wall, Underreamed, Gravel Packed

7. Pump: Mfr. Type SUBMERSIBLE

No. Stages, Bowls Diam. in., Setting ft.

Column Diam. in., Length Tailpipe ft.

8. Motor: Mfr. Fuel ELECTRIC HP.

9. Yield: Flow gpm, Pump 300+ gpm, Meas., Rept., Est. Date

10. Performance Test: Date 11-26-87 Length of Test 3 hr. Made by WALTER SKINNER

Static Level 50 ft. Pumping Level 50 ft. Drawdown 0 ft.

Production 300 gpm Specific Capacity gpm/ft.

11. Quality: (Remarks on taste, odor, color, etc.)

Analyses

Date Laboratory TDS Sp Cond

Date Laboratory TDS Sp Cond

12. Other data available (as circled): Pumping Test, Power & Yield Test, Drillers Log, Formation Samples, Geophysical Log(s)

CASING, BLANK PIPE & WELL SCREEN
Cemented From 0 ft. to 10 ft.

Diam. (in.)	Type	Setting (feet) from	to
6⅝	NEW STEEL	3	90
4½	NEW PVC	0	200
(4 around)			
6 (SKIP 6)		120	190

13. Water Level(s): 50 ft. rept. meas. 11-26 1987 (type) above below Land Surface which is) ft. above below Land Surface

ft. rept. meas. 19 above below which is ft. above below Land Surface

14. Use: Dom., Stock, Public Supply, Ind., Irr., Observation, Other (Test Hole, Oil Test, etc.)

15. Recorded by: T. FALLIN Source of data: DRILLER'S LOG Date: JULY 8, 1988

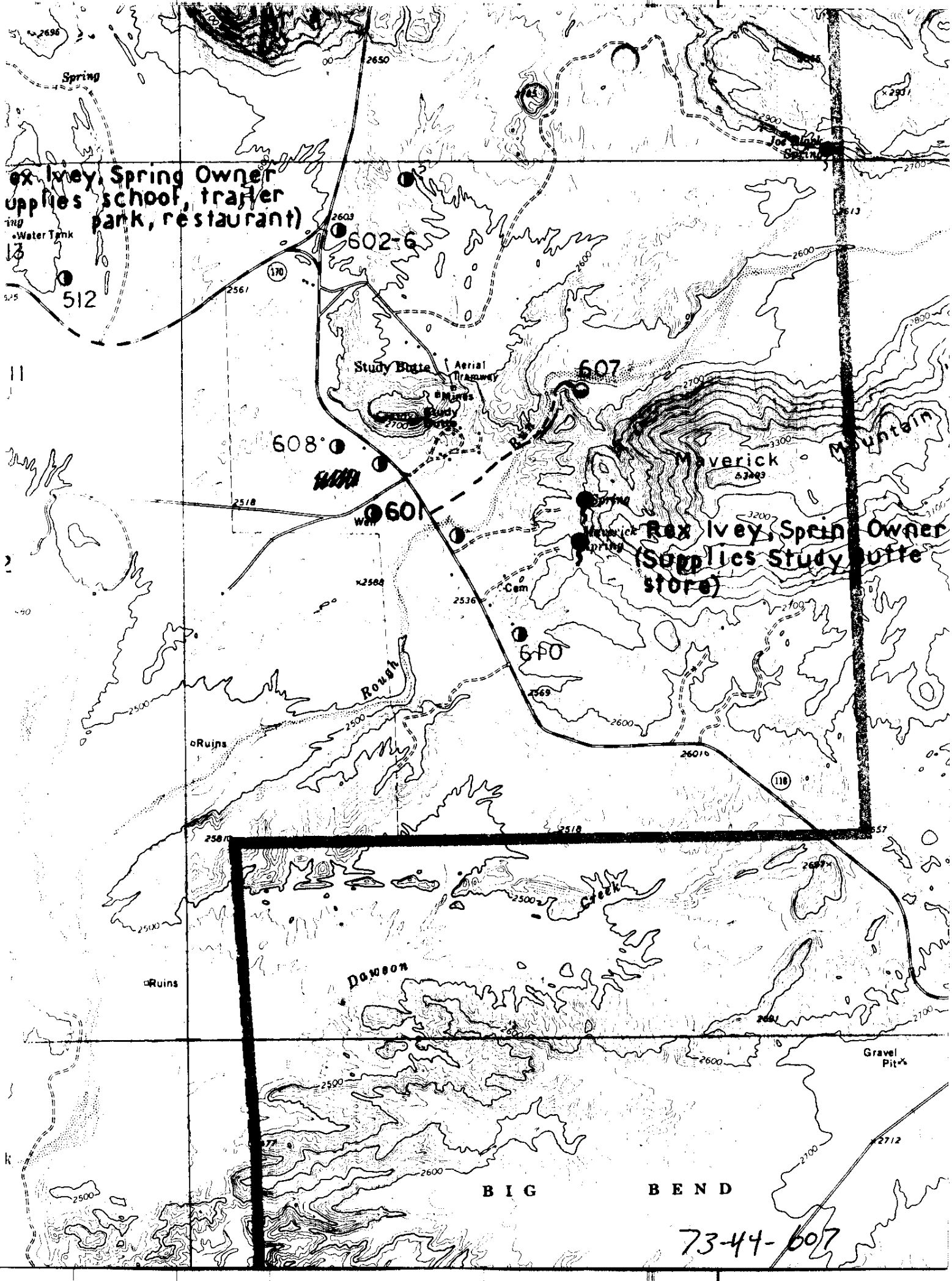
16. Remarks:

17. Location or Sketch:

(SEE ATTACHED SHEET)

TWDB-0308 (Rev. 12-11-85)

W/L Obs. Well ___ W/Q Obs. Well ___
State Well No. 73-44-607


ex Ivey, Spring Owner
upplies school, trailer
park, restaurant)
602-6
512
607
608
601
Rex Ivey, Spring Owner
(Supplies Study Butte
store)
610
Study Butte
Aerial Tramway
Maverick Mountain
Maverick Spring
Rough
Ruins
Ruins
Dawson Creek
Gravel Pit
BIG BEND
73-44-607

# of Texas
WATER WELL REPORT

Texas Water Well [illegible] Board
P. O. Box 13087
Austin, Texas 78711

ATTENTION OWNER: *Confidentiality Privilege Notice on Reverse Side*

Address Box 841 (Street or RFD) Alpine, Tx. 79831 (City) (State) (Zip)

LOCATION OF WELL: 80.7 miles in south (N.E., S.W., etc.) direction from Alpine (Town)

[illegible]/10 thi of a mile north of highway

Driller must complete the legal description to the right with distance and direction from two intersecting section or survey lines, or he must locate and identify the well on an official Quarter- or Half-Scale Texas County General Highway Map and attach the map to this form.

☐ Legal description:
Section No. _____ Block No. _____ Township _____
Abstract No. _____ Survey Name _____
Distance and direction from two intersecting section or survey lines _____

☒ See attached map.

1) TYPE OF WORK (Check): [illegible] ☐ Deepening [illegible]

4) PROPOSED USE (Check): ☐ Domestic ☐ Industrial ☐ Public Supply ☒ Irrigation ☐ Test Well ☐ Other _____

5) DRILLING METHOD (Check): ☐ Mud Rotary ☐ Air Hammer ☐ Driven ☐ Bored ☒ Air Rotary ☐ Cable Tool ☐ Jetted ☐ Other _____

[illegible] LOG

DIAMETER OF HOLE

Dia. (in.)	From (ft.)	To (ft.)
7 7/8	Surface	90
6 1/8	90	200
[illegible]		

7) BOREHOLE COMPLETION: ☒ Open Hole ☐ Straight Wall ☐ Underreamed ☐ Gravel Packed ☐ Other _____
If Gravel Packed give interval . . . from _____ ft. to _____ ft.

From (ft.)	To (ft.)	Description and color of formation material
0	20	sandy soil
20	28	gravel
28	43	brown clay
43	48	bentonite
48	160	blue clay
160	200	crackite 65' hit 2 gpm KP T.
167	174	hit water - iron pyrite fracture

8) CASING, BLANK PIPE, AND WELL SCREEN DATA:

Dia. (in.)	New or Used	Steel, Plastic, etc. Perf., Slotted, etc. Screen Mgf., if commercial	Setting (ft.) From	Setting (ft.) To	Gage Casing/Screen
6 5/8	N	steel	3	90	
4½	N	PVC SDR 26	0	200	
		4 around, 6 skip 6	120	190	

9) CEMENTING DATA [Rule 319.44(b)]
Cemented from 0 ft. to 10 ft.
_____ ft. to _____ ft.
Method used Hand
Cemented by Walter Skinner

10) SURFACE COMPLETION
☒ Specified Surface Slab Installed [Rule 319.44(c)]
☐ Pitless Adapter Used [Rule 319.44(d)]
☐ Approved Alternative Procedure Used [Rule 319.71]

11) WATER LEVEL:
Static level 50 ft. below land surface Date 11-29-67
Artesian flow _____ gpm. Date _____

12) PACKERS: Type _____ Depth _____

13) TYPE PUMP:
☐ Turbine ☐ Jet ☒ Submersible ☐ Cylinder
☐ Other _____
Depth to pump bowls, cylinder, jet, etc., _____ ft.

14) WELL TESTS:
Type Test: ☐ Pump ☐ Bailer ☒ Jetted ☐ Estimated
Yield: 300 gpm with 0 ft. drawdown after 3 hrs.

15) WATER QUALITY
Did you knowingly penetrate any strata which contained undesirable [illegible]? ☐ Yes ☒ No
If yes, explain "REPORT OF UNDESIRABLE WATER"
Depth of strata _____
[illegible] ☐ Yes ☒ No

(Use reverse side if necessary)

[illegible] drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my [illegible] that failure to complete items 1 thru 12 will result in the log(s) being returned for completion and resubmittal.

[illegible] Skinner
COMPANY NAME Skinner Well Service (Type or Print)
Water Well Driller's License No. 2838 W
ADDRESS [illegible] Box 841 RFD Alpine, Texas 79831 (City) (State) (Zip)
(Signed) [illegible] (Licensed Water Well Driller)
(Signed) _____ (Registered Driller Trainee)

Please attach electric log, chemical analysis, and other pertinent information, if available.

For TDWR use only
Well No. _____
Located on map _____

DRILLER'S COPY

TDWR-0382 (12/28/73)

73-44-607

Date 1988 Sample No.:FBB-1425

Silica	39			Sulfate	2019
Calcium		13.68		Chloride	36
Sodium	705			Fluoride	2.5
Potassium	6			Nitrate(N)	0
Dil factor	36			pH	8
Conny				TDS	0
Reading	155				
				P. Alk	0
Dil Cond	5580			T. Alk	254
				Hardness	840

% Chk Cation/Anion=1.43553 % Chk Cond.=4.99811 Anion Cond.=5873.57
Ind. Ions vs Cond. Chk=103.522 %TDS vs Cond. Chk=0 %

POTABLE WATER ANALYSIS

Date: Sample No:FBB-1425

	(Mg)	(Eq)		(Mg)	(Eq)
Silica	39		Hydroxide	0	0
Calcium	273	13.68	Carbonate	0	0
Magnesium:	38	3.12	(As Carb)	152	
			Bicarbonate	310	5.08
Sodium:	705	30.65	Sulfate	2019	42.06
Potassium	6	.15	Chloride	36	1.01
		------	Fluoride	2.5	.13
	T.Cations	47.61	Nitrate	<0.04	0
			Nitrate(N)	<0.01	
P. Alk.	0	0			------
T. Alk.	254	5.08	T. Anions		48.29
T. Hardness	840	16.8	pH	8.0	
			180 deg TDS	0	
TDS(Calc)	3271		Dil Cond.	5580	

Cond. Dilution Factors:36 x155

73-44-607
(REX IVEY)

total alkalinity = 254 mg as $CaCO_3$

÷ 50 = 5.08 meq/L

filtered with 1:3

× 61 (HCO_3) = 310 HCO_3

$\frac{30\ (30)}{61_{(HCO_3)}} \times 310 = 15.2$

× .0606 = 0.3 × 1/2 = 2ppm

200ml
100ml

wt dish + ash − wt dish = mg / 1000 = TDS
dry 180°C / size sample

$CO_3 = \frac{60}{2} = 30$ $HCO_3 = 61$

73-44-607

Texas Water Development Board
Stephen F. Austin Building
1700 Congress Avenue
Austin, Texas 78711
Attn: PHIL [redacted] Room: ____

HM-I -189 39

Work No. 3202IAC87-88 1585

Laboratory Code 1

County BREWSTER State Well No. 17|13|4|4|6|10|7|1

Date Collected 10|7|12|8|8 Sample No. 1 Time 1|3|:|1|

By ____ Code for Sample Collecting Agency 011

Temperature 29|1° C

Analysis Reliability Remark

Chemical Constituent Remark

If Different From Completed Well

Aquifer	Producing Interval
120VIAG	Top Bottom

Remarks

Owner REX IVEY Send copy to owner

Address P.O. BOX 841 ALPINE, TX 79831

Date Drilled 11/26/87 Depth 200 ft. WSF T1 Point of collection WELL TOP

Sampled after pumping 1/2 hrs. Yield 200 GPM meas. est. Use INDUSTRIAL (ROAD BUILDING)

CHEMICAL ANALYSIS

Laboratory No. [redacted] Date Received JUL 19 '88 Date Reported SEP 30 '88

DESCRIPTION (optional)	STORET CODE	UNITS	FLAG	VALUE

KEY PUNCHED

Laboratory No. EB8 1437

		UG/L
Arsenic	01000	<10
Barium	01005	<20
Cadmium	01025	<10
Chromium	01030	<20
Copper	01040	47 <20
Iron	01046	2680
Lead	01049	<50
Manganese	01056	390
Mercury	71890	<0.2
Selenium	01145	<2
Silver	01075	<10
Zinc	01090	36

		MG/L
Calcium	00915	262
Magnesium	00925	46
Sodium	00930	758
Potassium	00935	13

		UG/L
Boron	01020	
Silicon	01140	

Sample was filtered and acidified in the field and analyzed for dissolved metals in the laboratory.

Water Availability Data and Studies Section
Texas Water Development Board
Stephen F. Austin Building
1700 Congress Avenue
Austin, Texas 78711
Attn: Phil Nordstrom Room:

GWR- I - 188 -39-

TDWR ONLY
Organization No. 422
Work No. 3202IAC-87-88 1585

Laboratory Code

County BREWSTER State Well No. 713 414 6017

Date Collected 01 11 12 19 88 Sample No. Time :

By TONY FALLIN Code for Sample Collecting Agency 01

Temperature 29 °C pH = 6.9

If Different From Completed Well

Aquifer	Producing Interval Top	Producing Interval Bottom
210VIGS		

Analysis Reliability Remark
Chemical Constituent Remark
Specific Conductance = 4200

Remarks

Owner [redacted] REX IVEY YES Send copy to owner

Address P.O. BOX 841 ALPINE, TX 79831

Date Drilled 11/26/87 Depth 200 ft. WBF TI Point of collection well Tap

Sampled after pumping 1/2 hrs. Yield 200 GPM est. Use INDUSTRIAL (ROAD BUILDING)

Labor [redacted]

CHEMICAL ANALYSIS

Date Received AUG 19 88 Date Reported AUG 25 88

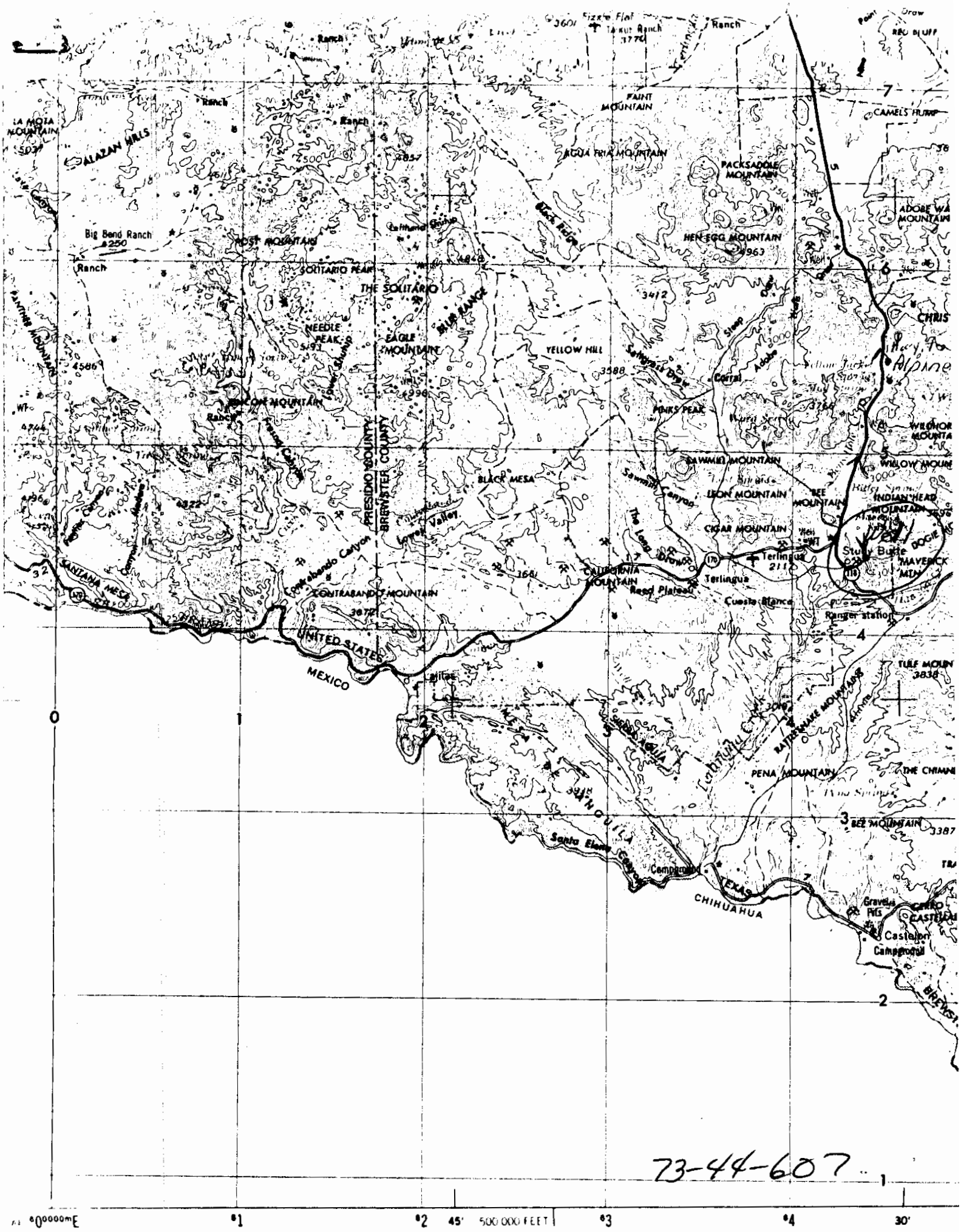
Laboratory No. EB8-1425 Date Received 071988 Date Reported 080188

KEY PUNCHED

		ME/L	Flag	MG/L
Silica	00955			39
Calcium	00915	13.68		273
Magnesium	00925	3.12		38
Sodium	00930	30.65		705
Potassium	00935	.15		6
Sulfate	00946	42.06		2019
Chloride	00940	1.01		36
Fluoride	00950	.13		2.5
Nitrate as NO3	71851		<	0.04

00410
00900
00095

Alpha..... 7.4 ± 2.1 picocuries per liter
Beta..... <40 picocuries per liter
Radium 226..... Radium 228.....



LA MOTA MOUNTAIN
5039
ALAZAN HILLS
Big Bend Ranch
4250
Ranch
FAINT MOUNTAIN
AGUA FRIA MOUNTAIN
PACKSADDLE MOUNTAIN
HEN EGG MOUNTAIN
3963
CAMELS HUMP
ADOBE WALLS MOUNTAIN
ROST MOUNTAIN
SOLITARIO PEAK
THE SOLITARIO
Black Ridge
4848
3412
NEEDLE PEAK
5193
EAGLE MOUNTAIN
BLIR RANGE
YELLOW HILL
3588
Saltgrass Draw
Corral
Adobe
Sleep
3766
Alpine
CHRIS
4586
4996
RINCON MOUNTAIN
Ranch
Fresno Canyon
PRESIDIO COUNTY
BREWSTER COUNTY
PINKS PEAK
WILDHORSE MOUNTAIN
4744
4966
4822
BLACK MESA
Sawmill Canyon
SAWMILL MOUNTAIN
LEON MOUNTAIN
BEE MOUNTAIN
WILLOW MOUNTAIN
INDIAN HEAD MOUNTAIN
Lowell Valley
Contrabando Canyon
The Long Draw
CIGAR MOUNTAIN
Study Butte
DOGIE
MAVERICK MTN
170
118
Terlingua
2112
CALIFORNIA MOUNTAIN
Reed Plateau
Cuesta Blanca
Ranger station
3661
SANTANA MESA
CONTRABANDO MOUNTAIN
3672
UNITED STATES
MEXICO
Lajitas
TULE MOUNTAIN
3838
MESA DE ANGUILA
SIERRA AGUJA
RATTLESNAKE MOUNTAINS
Terlingua Creek
PENA MOUNTAIN
THE CHIMNEYS
BEE MOUNTAIN
3387
Santa Elena Canyon
Campground
TEXAS
CHIHUAHUA
Gravel Pits
CERRO CASTELLAN
Castolon
Campground
BREWSTER
0
1
2
3
4
5
6
7
32
80000mE
45'
500 000 FEET
30'

73-44-607

TEXAS WATER DEVELOPMENT BOARD

WELL SCHEDULE

Aquifer(s) Ti Project No. State Well No. 73-44-610

Field No./Owner's Well No. County BREWSTER

1. Location: ¼, ¼, Section, Block, Survey, Lat. 29°18'55", Long. 103°31'15"

MAVERICK SPRING: WEST END OF MAVERICK MTN 1/2 MI E. OF STUDY BUTTE STORE AND HIGHWAY 118

2. Owner: REX IVEY Address: P.O. Box 841, ALPINE, TX 79831

Tenant (other): Address:

Driller: Address:

3. Land Surface Elevation: 2600 ft. above msl determined by TOPO

4. Drilled: MAVERICK SPRING 19; Dug, Cable Tool, Rotary, Air,

5. Depth: Rept. ft. Meas. ft.

6. Borehole Completion: Open Hole, Straight Wall, Underreamed, Gravel Packed

7. Pump: Mfr. Type

No. Stages, Bowls Diam. in., Setting ft.

Column Diam. in., Length Tailpipe ft.

8. Motor: Mfr. Fuel HP.

9. Yield: Flow 2-5 gpm, Pump gpm, Meas., Rept., Est. Date 88

10. Performance Test: Date Length of Test Made by

Static Level ft. Pumping Level ft. Drawdown ft.

Production gpm Specific Capacity gpm/ft.

11. Quality: (Remarks on taste, odor, color, etc.) CLEAR, "SWEET"

Analyses

Date March 11, '77 Laboratory TDH TDS 610 Sp Cond 852

Date Laboratory TDS Sp Cond

12. Other data available (as circled): Pumping Test, Power & Yield Test, Drillers Log, Formation Samples, Geophysical Log(s) (type)

CASING, BLANK PIPE & WELL SCREEN Cemented From ft. to ft.			
Diam. (in.)	Type	Setting (feet) from	to

13. Water Level(s): ft. rept. meas. 19 above/below which is ft. above/below Land Surface

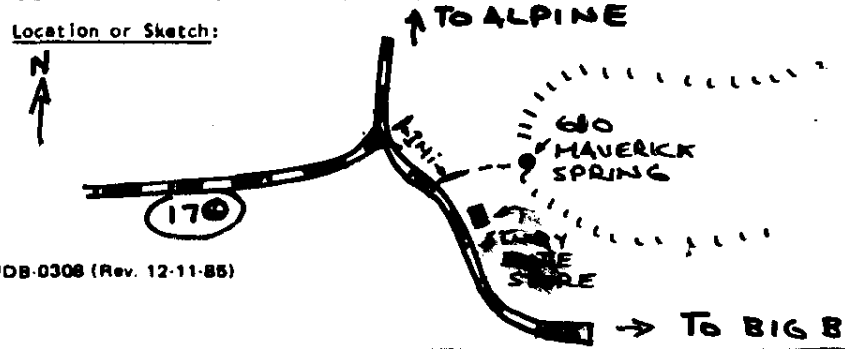
ft. rept. meas. 19 above/below which is ft. above/below Land Surface

14. Use: Dom., Stock, Public Supply, Ind., Irr., Observation, Other (Test Hole, Oil Test, etc.)

15. Recorded by: T. FALLIN Source of data: Date: JULY 9, 1988

16. Remarks: SUPPLIES WATER TO THE STUDY BUTTE STORE. FLOWS FROM IGNEOS RESERVOIR

17. Location or Sketch:



TWDB-0308 (Rev. 12-11-85)

W/L Obs. Well ___ W/Q Obs. Well ___

State Well No. 73-44-610

GW 1

TEXAS WATER DEVELOPMENT BOARD

WELL SCHEDULE

LAT 29-18-36 LONG 103-32-00

Aquifer ? Kg

Field No. _____

Owner's Well No. _____

State Well No. BK-23-44-601

County BREWSTER

1. Location: ___ 1/4, ___ 1/4 Sec. _____, Block _____ Survey _____

2. Owner: Carl Thain Address: Alpine (Mail: 802 W. Holland)

Tenant: _____ Address: _____

Driller: Anton Hess Address: _____

3. Elevation of _____ is _____ ft. above msl, determined by _____

4. Drilled: Sept 30 19 65; Dug, (Cable Tool) Rotary, _____

5. Depth: Rept. 826 ft. Meas. _____ ft.

6. Completion: (Open Hole), Straight Wall, Underreamed, Gravel Packed _____

7. Pump: Mfgr. _____ Type Jack

No. Stages _____, Bowls Diam. ___ in., Setting _____ ft.

Column Diam. _____ in., Length Tailpipe _____ ft.

8. Motor: Fuel _____ Make & Model _____ HP. _____

9. Yield: Flow _____ gpm, Pump _____ gpm, Meas., Rept., Est. _____

10. Performance Test: Date _____ Length of Test _____ Made by _____

Static Level ___ ft. Pumping Level ___ ft. Drawdown ___ ft.

Production _____ gpm Specific Capacity _____ gpm/ft.

CASING & BLANK PIPE
Cemented From 260 ft. to 274 ft.

Diam. (in.)	Type	Setting, ft. from	to
9	STEEL	0	8
7	STEEL	0	274

11. Water Level: 2 ft. (rept) meas. 9-30 1965 (above) below top of ground (by driller) which is ___ ft. above below surface.

_____ ft. rept. meas. _____ 19__ above below _____ which is ___ ft. above below surface.

_____ ft. rept. meas. _____ 19__ above below _____ which is ___ ft. above below surface.

_____ ft. rept. meas. _____ 19__ above below _____ which is ___ ft. above below surface.

* 12. Use: (Dom.) Stock, Public Supply, Ind., Irr., Waterflooding, Observation, Not Used, _____

13. Quality: (Remarks on taste, odor, color, etc.) _____

* Temp. 72 °F, Date sampled for analysis 1-10-70 Laboratory SHD

Temp. ___ °F, Date sampled for analysis _____ Laboratory _____

Temp. ___ °F, Date sampled for analysis _____ Laboratory _____

WELL SCREEN
Screen Openings _____

Diam. (in.)	Type	Setting, ft. from	to

14. Other data available as circled: Driller's Log, Radioactivity Log, Electric Log, Formation Samples, Pumping Test, on back

15. Record by: D. BROWN Date 1-13 1970

Source of Data Mr. Thain log

16. Remarks: Water at 818'-824' in sand

12/ At one time was used for plant water at Diamond Shamrock mine, but well partially collapsed & yield dropped off

13/ Temp & sample taken by Mr. Thain

TWDBE-GW-49

(Sketch)

TEXAS WATER DEVELOPMENT BOARD

WELL SCHEDULE

Aquifer(s) Kp-bo Project No. _____ State Well No. 73 -44 -601

_____ Field No./Owner's Well No. _____ County BREWSTER 31'54"

1. Location: ___ ¼, ___ ¼, Section ___, Block ___, Survey _____, Lat. 29°19'00", Long. 103°22'[illegible]"
1000 FT. W. OF HIWAY 118 ON OLD TERLINGUA RD (ACROSS FROM STUDY BUTTE STORE)

2. Owner: CARL THAIN Address: 802 W. HOLLAND, ALPINE, TX

Tenant (other): _____ Address: _____

Driller: ANTON HESS Address: _____

3. Land Surface Elevation: 2538 ft. above msl determined by TOPO

4. Drilled: 9-30 1965; Dug, Cable Tool, Rotary, Air, _____

5. Depth: Rept. 826 ft. Meas. _____ ft.

6. Borehole Completion: Open Hole, Straight Wall, Underreamed, Gravel Packed

7. Pump: Mfr. _____ Type PUMP JACK

No. Stages _____, Bowls Diam. _____ in., Setting _____ ft.

Column Diam. _____ in., Length Tailpipe _____ ft.

8. Motor: Mfr. _____ Fuel ELECTRIC HP. _____

9. Yield: Flow _____ gpm, Pump _____ gpm, Meas., Rept., Est. _____ Date _____

10. Performance Test: Date _____ Length of Test _____ Made by _____

Static Level _____ ft. Pumping Level _____ ft. Drawdown _____ ft.

Production _____ gpm Specific Capacity _____ gpm/ft.

11. Quality: (Remarks on taste, odor, color, etc.) _____

Analyses

Date 1-10-70 Laboratory TDH TDS 2170 Sp Cond 2950

Date _____ Laboratory _____ TDS _____ Sp Cond _____

12. Other data available (as circled): Pumping Test, Power & Yield Test, Drillers Log, Formation Samples, Geophysical Log(s) _____

CASING, BLANK PIPE & WELL SCREEN
Cemented From 260 ft. to 274 ft.

Diam. (in.)	Type	Setting (feet) from	to
9	STEEL	0	8
7	STEEL	0	274

13. Water Level(s): 2 ft. rept. meas. 9-30 1965 above below (type) hole in casing which is .75 ft. above below Land Surface

63.44 64.2 ft. rept. meas. 1-13 1971 above below hole in casing which is .75 ft. above below Land Surface

14. Use: Dom., Stock, Public Supply, Ind., Irr., Observation, Other (Test Hole, Oil Test, etc.) _____

15. Recorded by: D. BROWN Source of data: Carl Thain, DRILLERS LOG Date: 1-13-70

16. Remarks: WATER AT 818-824 IN SAND (ROSE IN WELL). ABANDONED 6/85

17. Location or Sketch:

SEE ATTACHED SHEET

1/27/76 57.83

TWDB-0308 (Rev. 12-11-85)

W/L Obs. Well ___ W/Q Obs. Well ___

State Well No. 73 -44 601

TEXAS WATER DEVELOPMENT BOARD

INTEROFFICE MEMORANDUM

TO : Loyd Walker and Bernie Baker

DATE: April 7, 1970

FROM : Don Brown

SUBJECT: Well at Study Butte

In regard to the chemical analysis on the Carl Thain well at Study Butte, I was talking to Mr. Thain about the water prospects in Study Butte, and recalling that we had a driller's log of his well in our files, asked him about the well.

After some discussion, he remarked that he was going down to Study Butte over the weekend. As this presented an opportunity to obtain some free information in an unknown area, I asked him to catch a sample and take the temperature of his well water, and return the sample to me.

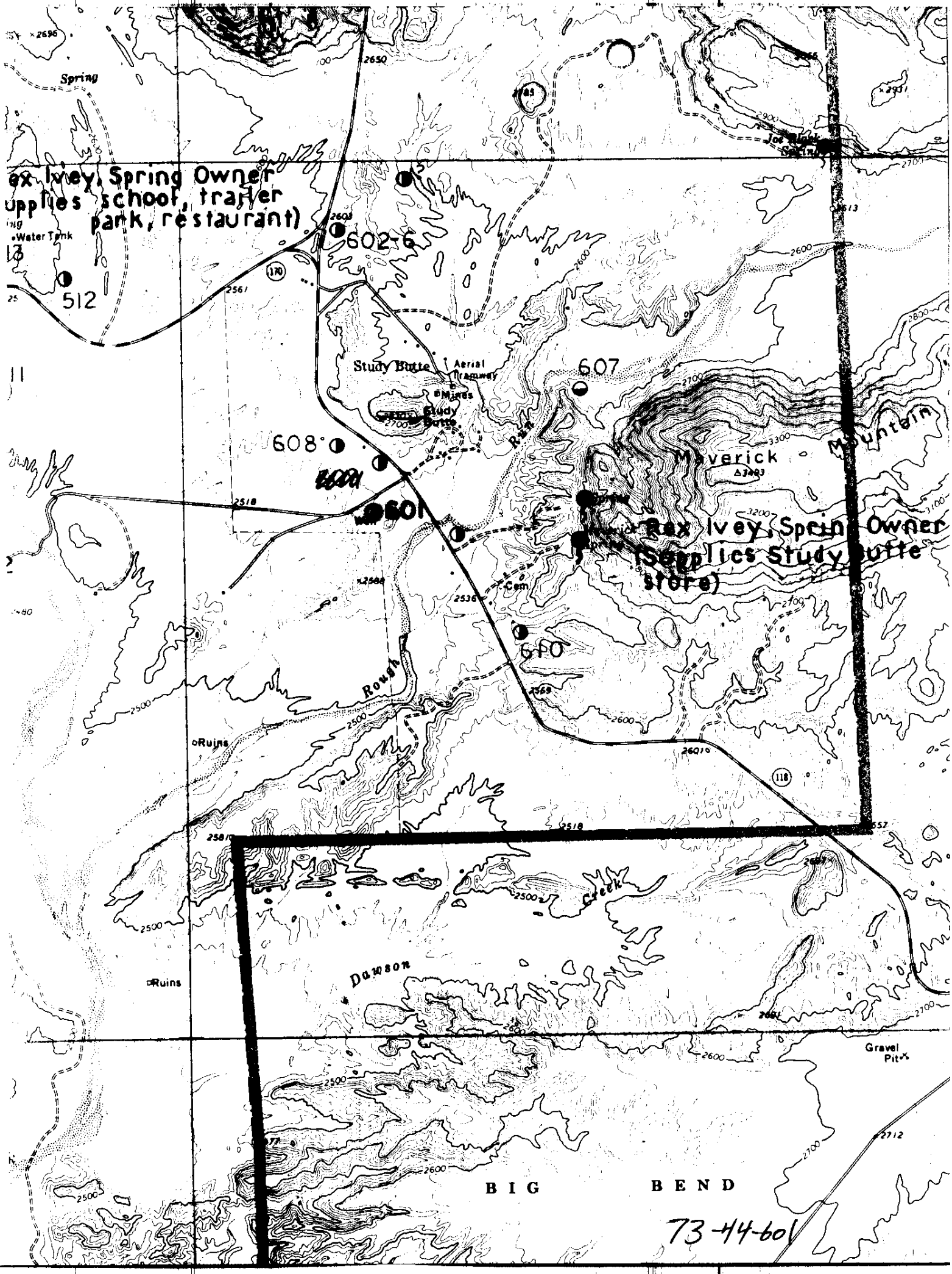
When he returned with the sample and information, I scheduled the well and assigned it a number. I am attaching a copy of the schedule for your information and for Central Records.

Don Brown

Don Brown

DB: lsw

RECEIVED
APR 9 1970
TEXAS WATER
DEVELOPMENT BOARD


Rex Ivey, Spring Owner
(supplies school, trailer
park, restaurant)
Water Tank
512
602-6
Study Butte
Aerial Tramway
Mines
607
608
Maverick
Mountain
Rex Ivey, Spring Owner
(Supplies Study Butte
store)
Cem
610
Rough
Ruins
Ruins
Dawson
Creek
Gravel Pit
BIG BEND
73-44-60

File original copy with
Texas Water Commission
P. O. Box 12311, Capitol Station
Austin, Texas 78711

State of Texas

DRILLERS LOG AND WELL DATA REPORT

For use by TWC only
Well No. 73-44-601
Located on map
By _____ Date _____
Map no. _____

1) Well Owner: CARL THAIN (Name) ALPINE (City), TEX. (State)
2) Land Owner: " " " " " " " " " "
3) Intended use: Industrial ☐ ; Municipal ☐ ; Irrigation ☒ ; Other _____
4) Location of well: County BREWSTER Labor — League — Abstract No. —
NW¼ NE¼ SW¼ SE¼ (Circle as many as are known) of Section — Block No. — Survey —

30 miles in S. (NE, SW, etc.) direction from ALPINE, (Town)

Sketch map of well location. Indicate nearest two roads or section or survey lines, and to landmarks, roads, and creeks.

DRILLERS LOG OF WELL

Method of drilling: CABLE Diameter of hole 8⅝ in. Date drilled SEPTEMBER 30, 65

All measurements made from 0 ft. above ground level.

From (ft)	To (ft)	Description and color of formation material	From (ft)	To (ft)	Description and color of formation material
1	5	SANDY LOAM, YELLOW	603	703	SANDY SHALE, BLACK
5	18	SANDY SHALE TAN	703	810	SAND, BLACK, GREY
18	40	SHALE, GRAY, BLUE	810	818	SAND BLACK, GREY, HARD
40	260	SHALE GRAY BLUES			IRION PYRITE
260	280	SAND, HARD, GRAY BLUE	818-824		SAND, GRAY LT. BLUE
280	478	SAND, SHALE, CALCEROUS.	WATER ENCOUNTERED IN SAND		
478	500	SHALE, TAN, CACEROUS	824, 826		SAND, LIME, WHITE
500	603	SANDY CRISTALLINE SHALE			CRYSTALINE

(Use continuation sheet if necessary)

COMPLETION DATA

COMPLETION

Straight wall ☐
Under reamed ☐
Gravel packed ☐
Open hole ☒
Other _____

CASING

Type: Old ☒ New ☐
Cemented from 260 ft.
to 274 ft.

Diameter (inches)	Setting from (ft)	Setting to (ft)
7" O.D.	0	274
9" O.D.	0	8

SCREEN

Type _____
Perforated ☐ Slotted ☐

Diameter (inches)	Setting from (ft)	Setting to (ft)

I hereby certify that this well was drilled by me (or under my supervision) and that each and all of the statements herein are true to the best of my knowledge and belief.

Anton Kress (Signature) Drilling Cont. (Company Name) Reg. No. 22

Please attach electric log, chemical analysis, and other pertinent information if available.

If well was tested by your company or if you installed the permanent pump please complete the following:

WATER LEVEL AND PUMP DATA

Static water level 2 - 4
ft. below 0

Pumping level

feet	hours	gpm

Pump type _____
Designed pumping rate _____ gpm ☐ gph ☐
Type power unit _____
Horsepower _____
Depth to bowls, cylinder, jet, etc., _____ ft. below pump base.

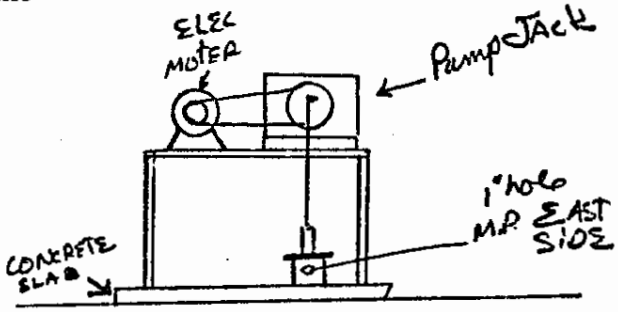
BK 73-44-601

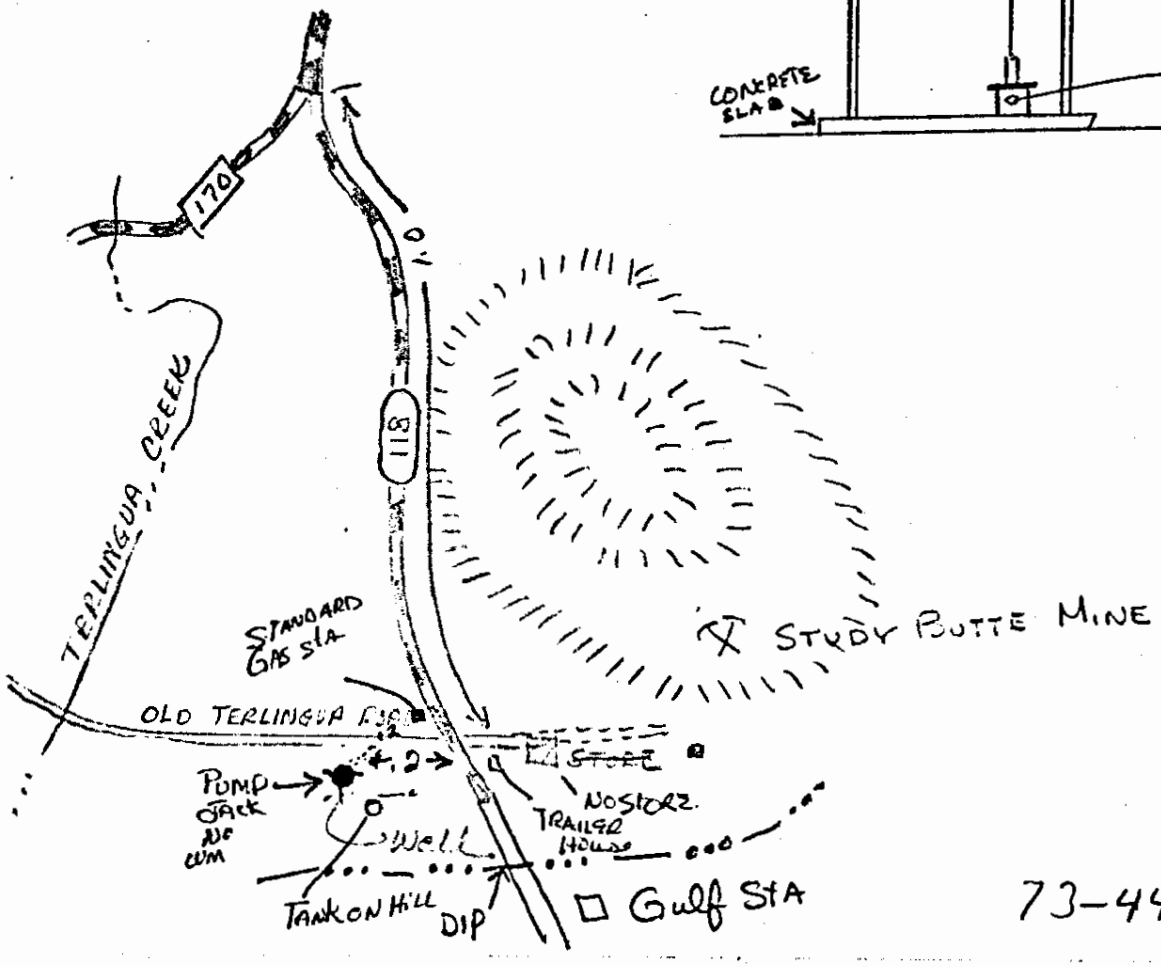
Name of contractor testing well or installing permanent pump if other than your company: _____

74 (62-4)

Drillers Log

1 - 5	Sandy Loam, yellow
5 - 18	Sandy Shale, tan
18 - 40	Shale, gray, blue
40 - 260	Shale, gray, blue
260 - 280	Sand, hard, gray, blue
280 - 418	Sand, shale, calcareous
418 - 500	Shale, tan, cacareous
500 - 603	Sandy crystalline shale
603 - 703	Sandy shale, black
703 - 810	Sand, black, gray
810 - 818	Sand black, gray, hard iron pyrite
818 - 824	Sand, gray, lt. blue (water encountered in sand)
824 - 826	Sand, lime, white crystalline





73-44-601

Prog. * 7422

GW 2

CHEMICAL WATER ANALYSIS REPORT

Typewrite (Black ribbon) or Print Plainly
(soft pencil or black ink)
Do not use ball point pen

Texas State Department of Health Laboratories
1100 West 49th Street
Austin 5, Texas

Send report to:

Ground Water Division
Texas Water Development Board
P. O. Box 12386
Austin, Texas 78711

County BREWSTER

State Well No. BK - 73 - 44 - 601

Well No.

Date Collected Jan 10, 1970

By Carl Thain

Location At Study Butte (80 miles south of Alpine)

Source (type of well) Water // Pump Jack Owner Carl Thain, 802 W. Holland, Alpine, Tex 79830

Date Drilled Sept 30, 1965 Depth 826 ft. WBF Sand at 818-824' (?)

Producing intervals 818'-824' Water level 2 ft.

Sampled after pumping 1/4 hrs. Yield GPM meas. est. Temperature 72 °F °C

Point of collection 2' from well head Appearance Clear ; black particles from casing(?)
clear - turbid - colored

Use Domestic Remarks Copy to owner

FOR LABORATORY USE ONLY

CHEMICAL ANALYSIS

KEY PUNCHED APR 3 1970

Laboratory No. 151007 W Date Received MAR 26 1970 Date Reported

	MG/L	ME/L		MG/L	ME/L
Silica	1		Carbonate	32	1.08
Calcium	5	0.26	Bicarbonate	468	7.68
Magnesium	5	0.43	Sulfate	1140	23.65
Sodium	730	31.81	Chloride	24	0.69
	Total	32.50	Fluoride	50	0.26
☐ Potassium			Nitrate	<0.4	
☐ Manganese		%Na	pH 8.9	Total	33.36
☐ Boron		SAR	1/ Dissolved Solids (sum)		2170
☐ Total Iron		RSC	Phenolphthalein Alkalinity as C aCO_3	(0.54)	37
☐ (other)			Total Alkalinity as C aCO_3	(8.76)	438
Specific Conductance (micromhos/cm3)	2950		Total Hardness as C aCO_3	(0.64)	35
Diluted Conductance (micromhos/cm3)	20 x 147				

"☐" items will be analyzed if checked. 3822

Analyst APR. - 3 1970

Total Iron requires separate sample.

Checked by

1/ The bicarbonate reported in this analysis is converted by computation (multiplying by 0.4917) to an equivalent amount of carbonate, and the carbonate figure is used in the computation of this sum.

Prog. * 7422

GW 2

CHEMICAL WATER ANALYSIS REPORT

Typewrite (Black ribbon) or Print Plainly
(soft pencil or black ink)
Do not use ball point pen

Texas State Department of Health Laboratories
1100 West 49th Street
Austin 5, Texas

Send report to:

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County BREWSTER

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Sampled after pumping 1/4 hrs. Yield GPM meas. est. Temperature 72 °F °C

Point of collection 2' from well head Appearance Clear; black particles from casing(?)
clear - turbid - colored

Use Domestic Remarks Copy to owner

FOR LABORATORY USE ONLY

CHEMICAL ANALYSIS

APR 8 1970

Laboratory No. 151807 W Date Received MAR 26 1970 Date Reported

	MG/L	ME/L		MG/L	ME/L
Silica	1		Carbonate	32	1.08
Calcium	5	0.26	Bicarbonate	468	7.68
Magnesium	5	0.43	Sulfate	1140	23.65
Sodium	730	31.81	Chloride	24	0.69
	Total	32.50	Fluoride	5.0	0.26
☐ Potassium			Nitrate	<0.4	
☐ Manganese		%Na	pH 8.9	Total	33.36
☐ Boron		SAR	1/ Dissolved Solids (sum)		2170
☐ Total Iron		RSC	Phenolphthalein Alkalinity as C aCO_3	(0.54)	27
☐ (other)			Total Alkalinity as C aCO_3	(8.76)	438
Specific Conductance (micromhos/cm³)	2950		Total Hardness as C aCO_3	(0.64)	35
Diluted Conductance (micromhos/cm³)	26 x 147 = 3822				

"☐" items will be analyzed if checked.

Analyst

Total Iron requires separate sample.

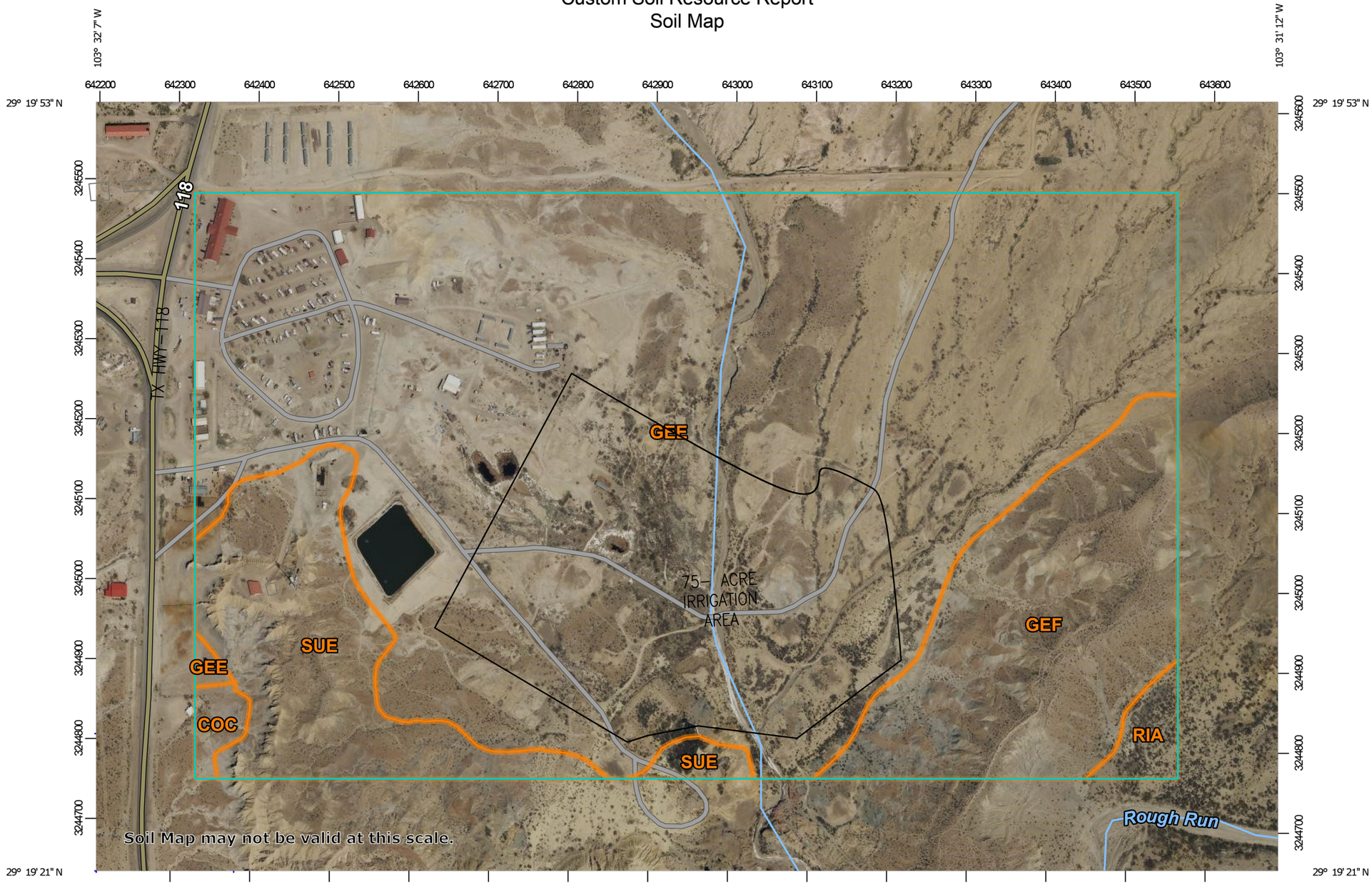
Checked by

1/ The bicarbonate reported in this analysis is converted by computation (multiplying by 0.4917) to an equivalent amount of carbonate, and the carbonate figure is used in the computation of this sum.

Attachment 10
Soil Map
[DIGITAL COPY]

Wastewater Permit Renewal
Application
Permit No. WQ13652001

Custom Soil Resource Report
Soil Map



Map Scale: 1:6,790 if printed on A landscape (11" x 8.5") sheet.

N

Meters: 0 100 200 400 600

Feet: 0 300 600 1200 1800

Map projection: Web Mercator Corner coordinates: WGS84 Edge tics: UTM Zone 13N WGS84

Attachment 11
Soil and Wastewater Analysis
[DIGITAL COPY]

Wastewater Permit Renewal Application
Permit No. WQ13652001

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

Project
1135679

ECCE-A

EEC Environmental
Scott Perry
1 City Blvd West #1800
Orange, CA 92868

Printed 02/21/2025
14:53

TABLE OF CONTENTS

This report consists of this Table of Contents and the following pages:

Email: Kilgore.ProjectManagement@spllabs.com

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

SAMPLE CROSS REFERENCE

Project
1135679

EEC Environmental
Scott Perry
1 City Blvd West #1800
Orange, CA 92868

Sample	Sample ID	Taken	Time	Received
2380418	*Permit Renewal*	02/10/2025	06:50:00	02/11/2025

Bottle 01 Polyethylene 1/2 gal (White)
Bottle 02 Polyethylene Quart
Bottle 03 H2SO4 to pH <2 Glass Qt w/Teflon lined lid
Bottle 04 H2SO4 to pH <2 Glass Qt w/Teflon lined lid
Bottle 05 16 oz HNO3 Metals Plastic
Bottle 06 8 oz Plastic H2SO4 pH < 2
Bottle 07 BOD Titration Beaker A (Batch 1160311) Volume: 100.00000 mL <== Derived from 02 (100 ml)
Bottle 08 BOD Analytical Beaker B (Batch 1160311) Volume: 100.00000 mL <== Derived from 02 (100 ml)
Bottle 09 Prepared Bottle: ICP Preparation for Metals (Batch 1160344) Volume: 50.00000 mL <== Derived from 05 (50 ml)
Bottle 10 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1160401) Volume: 20.00000 mL <== Derived from 06 (20 ml)
Bottle 11 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1160412) Volume: 6.00000 mL <== Derived from 06 (6 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	01	1160414	02/11/2025	1160414	02/11/2025
EPA 200.7 4.4	09	1160344	02/12/2025	1160445	02/12/2025
SM 5210 B-2016 (TCMP Inhibitor)	02	1160311	02/17/2025	1160311	02/17/2025
SM 2510 B-2011	01	1160339	02/12/2025	1160339	02/12/2025
EPA 1664B (HEM)	04	1161496	02/18/2025	1161496	02/18/2025
EPA 350.1 2	11	1160412	02/12/2025	1160716	02/13/2025
SM 2540 C-2015	01	1160836	02/12/2025	1160836	02/12/2025
EPA 351.2 2	10	1160401	02/12/2025	1161010	02/15/2025
SM 2540 D-2015	02	1160614	02/12/2025	1160614	02/12/2025

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SPL The Science of Sure

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EEC Environmental
Scott Perry
1 City Blvd West #1800
Orange, CA 92868

Project
1135679

Printed: 02/21/2025

RESULTS

Sample Results

2380418 **Permit Renewal** Received: 02/11/2025

Non-Potable Water Collected by: Client EEC Environmental PO:
Taken: 02/10/2025 06:50:00

EPA 1664B (HEM) Prepared: 1161496 02/18/2025 07:43:00 Analyzed 1161496 02/18/2025 07:43:00 MAX

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Oil and Grease (HEM)	<4.55	mg/L	4.55			04

EPA 200.7 4.4 Prepared: 1160344 02/12/2025 07:00:00 Analyzed 1160445 02/12/2025 12:11:00 CAS

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Phosphorus	10.3	mg/L	0.040		7723-14-0	09

EPA 300.0 2.1 Prepared: 1160414 02/11/2025 16:06:00 Analyzed 1160414 02/11/2025 16:06:00 KRA

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Chloride	51.8	mg/L	3.00			01
NELAC	Nitrate-Nitrogen Total	9.02	mg/L	0.226		14797-55-8	01
NELAC	Sulfate	141	mg/L	3.00			01

EPA 350.1 2 Prepared: 1160412 02/12/2025 11:17:40 Analyzed 1160716 02/13/2025 07:55:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Ammonia Nitrogen	26.0	mg/L	1.00			11

EPA 351.2 2 Prepared: 1160401 02/12/2025 10:44:59 Analyzed 1161010 02/15/2025 10:17:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Total Kjeldahl Nitrogen	39.4	mg/L	0.250		7727-37-9	10

SM 2510 B-2011 Prepared: 1160339 02/12/2025 07:05:00 Analyzed 1160339 02/12/2025 07:05:00 JMJ

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Lab Spec. Conductance at 25 C	877	umhos/cm				01

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1 City Blvd West #1800
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Project
1135679

Printed: 02/21/2025

2380418 **Permit Renewal** Received: 02/11/2025

Non-Potable Water Collected by: Client EEC Environmental PO:
Taken: 02/10/2025 06:50:00

SM 2540 C-2015 Prepared: 1160836 02/12/2025 10:35:00 Analyzed 1160836 02/12/2025 10:35:00 JMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Dissolved Solids**	**390**	**mg/L**	50.0			01

SM 2540 D-2015 Prepared: 1160614 02/12/2025 13:40:00 Analyzed 1160614 02/12/2025 13:40:00 ADR

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Suspended Solids**	**108**	**mg/L**	40.0			02

SM 5210 B-2016 (TCMP Inhibitor) Prepared: 1160311 02/12/2025 Analyzed 1160311 02/17/2025 13:39:12 JW1

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**BOD Carbonaceous**	**35.0**	**mg/L**	3.00			02

Sample Preparation

2380418 **Permit Renewal** Received: 02/11/2025

02/10/2025

Prepared: 02/11/2025 12:01:21 Calculated 02/11/2025 12:01:21 CAL

z	**Enviro Fee (per Sampling Group)**	**Verified**

EPA 1664B (HEM) Prepared: 1161280 02/18/2025 07:43:00 Analyzed 1161280 02/18/2025 07:43:00 MAX

NELAC	**O&G HEM Started**	**Started**

EPA 200.2 2.8 Prepared: 1160344 02/12/2025 07:00:00 Analyzed 1160344 02/12/2025 07:00:00 HLT

z	**Liquid Metals Digestion**	**50/50**	**ml**	05

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1 City Blvd West #1800
Orange, CA 92868

Project
1135679

Printed: 02/21/2025

2380418 **Permit Renewal** Received: 02/11/2025

02/10/2025

EPA 350.1, Rev. 2.0	*Prepared:*	*1160412*	*02/12/2025*	*11:17:40*	*Analyzed*	*1160412*	*02/12/2025*	*11:17:40*	*MEG*	
NELAC **Ammonia Distillation**	**6/6**	**ml**								06
EPA 351.2, Rev 2.0	*Prepared:*	*1160401*	*02/12/2025*	*10:44:59*	*Analyzed*	*1160401*	*02/12/2025*	*10:44:59*	*MEG*	
NELAC **TKN Block Digestion**	**20/20**	**ml**								06
SM 2540 C-2015	*Prepared:*	*1160409*	*02/12/2025*	*10:35:00*	*Analyzed*	*1160409*	*02/12/2025*	*10:35:00*	*JMB*	
NELAC **Total Dissolved Solids Started**	**Started**									
SM 2540 D-2011	*Prepared:*	*1160343*	*02/12/2025*	*13:40:00*	*Analyzed*	*1160343*	*02/12/2025*	*13:40:00*	*ADR*	
NELAC **TSS Set Started**	**Started**									
SM 5210 B-2016 (TCMP Inhibitor)	*Prepared:*	*1160311*	*02/12/2025*		*Analyzed*	*1160311*	*02/12/2025*	*06:03:28*	*JW1*	
NELAC **BODc Set Started**	**Started**									

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ECCE-A

EEC Environmental
Scott Perry
1 City Blvd West #1800
Orange, CA 92868

Project
1135679

Printed: 02/21/2025

Qualifiers:

We report results on an As Received (or Wet) basis unless marked Dry Weight.

Unless otherwise noted, testing was performed at SPL, Inc.- Kilgore laboratory which holds International, Federal, and state accreditations. Please see our Websites for details.

(N)ELAC - Covered in our NELAC scope of accreditation
z -- Not covered by our NELAC scope of accreditation

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAC.
RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.

Bill Peery, MS, VP Technical Services

Laboratory Analysis Report

Total Number of Pages: 20

Job ID : 25021947

10100 East Freeway, Suite 100, Houston, TX 77029 tel: 713-453-6060, fax: 713-453-6091, http://www.ablabs.com

Client Project Name :
Big Bend Station WWTP Permit Renewal

Report To :	Client Name:	EEC Environmental	P.O.#.:
	Attn:	Scott Perry	Sample Collected By: Scott Perry
	Client Address:	1 City Blvd W Ste 1800	Date Collected: 02/18/25
	City, State, Zip:	Orange, California, 92868	

A&B Labs has analyzed the following samples...

Client Sample ID	Matrix	A&B Sample ID
#1 A TCLP @0"-6"	Solid	25021947.01
#1 B PCB's Metals, Mercury, %Moisture @0"-6"	Solid	25021947.02
#2 A TCLP @6"-12"	Solid	25021947.03
#2 B PCB's Metals, Mercury, %Moisture @6"-12"	Solid	25021947.04
#3 A TCLP @12"-18"	Solid	25021947.05
#3 B PCB's Metals, Mercury, %Moisture @12"-18"	Solid	25021947.06

Released By: Gobinath Rangasamy
Title: Project Manager
Date: 2/26/2025

This Laboratory is NELAP (T104704213-23-31) accredited. Effective: 04/01/2024; Expires: 03/31/2025
Scope: Non-Potable Water, Drinking Water, Air, Solid, Biological Tissue, Hazardous Waste

I am the laboratory manager, or his/her designee, and I am responsible for the release of this data package. This laboratory data package has been reviewed and is complete and technically compliant with the requirements of the methods used, except where noted in the attached exception reports. I affirm, to the best of my knowledge that all problems/anomalies observed by this laboratory (and if applicable, any and all laboratories subcontracted through this laboratory) that might affect the quality of the data, have been identified in the Laboratory Review Checklist, and that no information or data have been knowingly withheld that would affect the quality of the data.

ab-q210-0321

Date Received : 02/19/2025 09:58

25.1.27257

Report Number: RPT250226191

LABORATORY TERM AND QUALIFIER DEFINITION REPORT

Job ID : 25021947

Date: 2/26/2025

General Term Definition

Back-Wt	Back Weight	Post-Wt	Post Weight
BRL	Below Reporting Limit	ppm	parts per million
cfu	colony-forming units	Pre-Wt	Previous Weight
Conc.	Concentration	Q	Qualifier
D.F.	Dilution Factor	RegLimit	Regulatory Limit
Front-Wt	Front Weight	RLU	Relative Light Unit
J	Estimation. Below calibration range but above MDL	RPD	Relative Percent Difference
LCS	Laboratory Check Standard	RptLimit	Reporting Limit
LCSD	Laboratory Check Standard Duplicate	SDL	Sample Detection Limit
LOD	Limit of detection adjusted for %M + DF	SQL	Sample Quantitation Limit
LOQ	Limit of Quantitation adjusted for %M + DF	surr	Surrogate
MS	Matrix Spike	T	Time
MSD	Matrix Spike Duplicate	TNTC	Too numerous to count
MW	Molecular Weight	UQL	Unadjusted Upper Quantitation Limit
MQL	Unadjusted Minimum Quantitation Limit		

Qualifier Definition

B3	Target analyte detected in method blank at or above the MDL or reporting limit. However, concentration found in the sample was >/= 10 times the concentration found in the blank.
H	Exceeds recommended hold time between sampling and analysis.
H3	Sample was received and analyzed past holding time.
M1	Matrix Spike and/or Matrix Spike Duplicate recovery is above laboratory control limits due to matrix interference. "The sample randomly selected as QC for this batch was not part of your project. Therefore, this sample matrix is not applicable to your project samples."
M6	Sample concentration high, more than 4X spike concentration. Control limits do not apply."The sample randomly selcted as QC for this batch was not part of your project. Therefore, this sample matrix is not applicable to your project samples."

LABORATORY TEST RESULTS

Job ID : 25021947

Date 2/26/2025

Client Name:	EEC Environmental
Project Name:	Big Bend Station WWTP Permit Renewal

Attn: Scott Perry

Client Sample ID:	#1 A TCLP @0"-6"	Job Sample ID:	25021947.01
Date Collected:	02/18/25	Sample Matrix	Solid
Time Collected:	06:50	% Moisture	1.34
Other Information:			

Test Method	Parameter/Test Description	Result	Units	DF	Rpt Limit	Reg Limit	Q	Date Time	Analyst
SM 2540G	% Moisture								
	% Moisture	1.34	%	1	0.100			02/20/25 11:40	BR
EPA 300.0	Water Soluble Anions								
	Nitrate/Nitrite as N*	3.61	mg/Kg	1.00	1.01			02/24/25 16:06	KPE
	Nitrate-N*	3.61	mg/Kg	1.00	1.01		H3	02/24/25 16:06	KPE
	Nitrite-N*	BRL	mg/Kg	1.00	1.01		H3	02/24/25 16:06	KPE
EPA 351.2	Total Kjeldahl Nitrogen								
	TKN²*	508	mg/Kg	19.76	80.1			02/24/25 21:59	SKC
EPA351.2/EPA351.4/EPA353.2/EPA300.0									
	Total Nitrogen¹*	511.61	mg/Kg	1	1.01			02/25/25 16:00	SKC
ASTM D4940	Electrical Conductivity								
	Conductance²*	803	umho/cm @ 25°C	1	5.07			02/25/25 08:30	SS
SW-846 9045D									
	pH	8.80	s.u.				H	02/26/25 09:30	BR
	Temperature when read, °C²	21.2	s.u.				H	02/26/25 09:30	BR
SW-846 6010D	Total Metals								
	Arsenic*	4.45	mg/Kg	1	0.507			02/24/25 11:36	RT
	Cadmium*	BRL	mg/Kg	1	0.507			02/24/25 11:36	RT
	Chromium*	8.88	mg/Kg	1	0.507			02/24/25 11:36	RT
	Copper*	9.79	mg/Kg	1	0.507			02/24/25 11:36	RT
	Lead*	7.70	mg/Kg	1	0.507			02/24/25 11:36	RT
	Molybdenum*	0.666	mg/Kg	1	0.507			02/24/25 11:36	RT
	Nickel*	10.2	mg/Kg	1	0.507			02/24/25 11:36	RT
	Selenium*	BRL	mg/Kg	1	0.507			02/24/25 11:36	RT
	Zinc*	66.7	mg/Kg	20	10.1			02/24/25 11:40	RT
SW-846 6010D	Available Metals - Mehlich 3 Extraction								
	Phosphorus*	BRL	mg/Kg	1	1.014			02/26/25 12:42	RT
	Sulfur²*	103.21	mg/Kg	20	20.271639975674			02/26/25 12:46	RT
SW-846 6010D	Available Metals - Mehlich 3 Extraction								
	Calcium*	6770	mg/Kg	200	20.3			02/26/25 14:04	RT
	Magnesium*	283	mg/Kg	20	2.03			02/26/25 12:46	RT
	Potassium*	216	mg/Kg	1	2.03			02/26/25 12:42	RT
	Sodium*	192	mg/Kg	20	2.03			02/26/25 12:46	RT

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Soil results reported on dry weight basis

LABORATORY TEST RESULTS

Job ID : 25021947

Date 2/26/2025

Client Name:	EEC Environmental	Attn: Scott Perry	
Project Name:	Big Bend Station WWTP Permit Renewal		

Client Sample ID:	#1 B PCB's Metals, Mercury, %Moisture @0"-6"	Job Sample ID:	25021947.02
Date Collected:	02/18/25	Sample Matrix	Solid
Time Collected:	06:56	% Moisture	1.13
Other Information:			

Test Method	Parameter/Test Description	Result	Units	DF	Rpt Limit	Reg Limit	Q	Date Time	Analyst
SM 2540G	% Moisture								
	% Moisture	1.13	%	1	0.100			02/20/25 11:40	BR
EPA 300.0	Water Soluble Anions								
	Nitrate/Nitrite as N*	3.62	mg/Kg	1.00	1.01			02/24/25 14:20	KPE
	Nitrate-N*	3.62	mg/Kg	1.00	1.01		H3	02/24/25 14:20	KPE
	Nitrite-N*	BRL	mg/Kg	1.00	1.01		H3	02/24/25 14:20	KPE
EPA 351.2	Total Kjeldahl Nitrogen								
	TKN²*	495	mg/Kg	19.90	80.5			02/24/25 22:01	SKC
EPA351.2/EPA351.4/EPA353.2/EPA300.0									
	Total Nitrogen¹*	498.62	mg/Kg	1	1.01			02/25/25 16:00	SKC
ASTM D4940	Electrical Conductivity								
	Conductance²*	828	umho/cm @ 25°C	1	5.06			02/25/25 08:30	SS
SW-846 9045D									
	pH	8.20	s.u.				H	02/26/25 09:30	BR
	Temperature when read, °C²	21.3	s.u.				H	02/26/25 09:30	BR
SW-846 6010D	Available Metals - Mehlich 3 Extraction								
	Phosphorus*	BRL	mg/Kg	1	1.011			02/26/25 12:57	RT
	Sulfur²*	83.17	mg/Kg	20	20.2285829877617			02/26/25 13:01	RT
SW-846 6010D	Available Metals - Mehlich 3 Extraction								
	Calcium*	6540	mg/Kg	200	20.2			02/26/25 14:07	RT
	Magnesium*	320	mg/Kg	20	2.02			02/26/25 13:01	RT
	Potassium*	219	mg/Kg	1	2.02			02/26/25 12:57	RT
	Sodium*	225	mg/Kg	20	2.02			02/26/25 13:01	RT

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Soil results reported on dry weight basis

LABORATORY TEST RESULTS

Job ID : 25021947

Date 2/26/2025

Client Name:	EEC Environmental
Attn:	Scott Perry
Project Name:	Big Bend Station WWTP Permit Renewal

Client Sample ID:	#2 A TCLP @6"-12"	Job Sample ID:	25021947.03
Date Collected:	02/18/25	Sample Matrix	Solid
Time Collected:	07:03	% Moisture	1.93
Other Information:			

Test Method	Parameter/Test Description	Result	Units	DF	Rpt Limit	Reg Limit	Q	Date Time	Analyst
SM 2540G	% Moisture								
	% Moisture	1.93	%	1	0.100			02/20/25 11:40	BR
EPA 300.0	Water Soluble Anions								
	Nitrate/Nitrite as N*	15.2	mg/Kg	1.00	1.02			02/24/25 16:59	KPE
	Nitrate-N*	15.2	mg/Kg	1.00	1.02		H3	02/24/25 16:59	KPE
	Nitrite-N*	BRL	mg/Kg	1.00	1.02		H3	02/24/25 16:59	KPE
EPA 351.2	Total Kjeldahl Nitrogen								
	TKN²*	307	mg/Kg	19.57	79.8			02/24/25 22:03	SKC
EPA351.2/EPA351.4/EPA353.2/EPA300.0									
	Total Nitrogen¹*	322.2	mg/Kg	1	1.02			02/25/25 16:00	SKC
ASTM D4940	Electrical Conductivity								
	Conductance²*	2650	umho/cm @ 25°C	1	5.10			02/25/25 08:30	SS
SW-846 9045D									
	pH	7.60	s.u.				H	02/26/25 09:30	BR
	Temperature when read, °C²	21.5	s.u.				H	02/26/25 09:30	BR
SW-846 6010D	Available Metals - Mehlich 3 Extraction								
	Phosphorus*	BRL	mg/Kg	1	1.020			02/26/25 13:05	RT
	Sulfur²*	1256.59	mg/Kg	200	203.935964107727			02/26/25 14:11	RT
SW-846 6010D	Available Metals - Mehlich 3 Extraction								
	Calcium*	8740	mg/Kg	200	20.4			02/26/25 14:11	RT
	Magnesium*	300	mg/Kg	20	2.04			02/26/25 13:08	RT
	Potassium*	162	mg/Kg	1	2.04			02/26/25 13:05	RT
	Sodium*	260	mg/Kg	20	2.04			02/26/25 13:08	RT

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Soil results reported on dry weight basis

LABORATORY TEST RESULTS

Job ID : 25021947

Date 2/26/2025

Client Name:	EEC Environmental		Attn: Scott Perry
Project Name:	Big Bend Station WWTP Permit Renewal		

Client Sample ID:	#2 B PCB's Metals, Mercury, %Moisture @6"-12"	Job Sample ID:	25021947.04
Date Collected:	02/18/25	Sample Matrix	Solid
Time Collected:	07:08	% Moisture	1.64
Other Information:			

Test Method	Parameter/Test Description	Result	Units	DF	Rpt Limit	Reg Limit	Q	Date Time	Analyst
SM 2540G	% Moisture								
	% Moisture	1.64	%	1	0.100			02/20/25 11:40	BR
EPA 300.0	Water Soluble Anions								
	Nitrate/Nitrite as N*	17.7	mg/Kg	1.00	1.02			02/24/25 14:47	KPE
	Nitrate-N*	17.7	mg/Kg	1.00	1.02		H3	02/24/25 14:47	KPE
	Nitrite-N*	BRL	mg/Kg	1.00	1.02		H3	02/24/25 14:47	KPE
EPA 351.2	Total Kjeldahl Nitrogen								
	TKN²*	309	mg/Kg	48.83	199			02/24/25 20:25	SKC
EPA351.2/EPA351.4/EPA353.2/EPA300.0									
	Total Nitrogen¹*	326.7	mg/Kg	1	1.02			02/25/25 16:00	SKC
ASTM D4940	Electrical Conductivity								
	Conductance²*	2340	umho/cm @ 25°C	1	5.08			02/25/25 08:30	SS
SW-846 9045D									
	pH	7.70	s.u.				H	02/26/25 09:30	BR
	Temperature when read, °C²	21.4	s.u.				H	02/26/25 09:30	BR
SW-846 6010D	Available Metals - Mehlich 3 Extraction								
	Phosphorus*	BRL	mg/Kg	1	1.017			02/26/25 13:12	RT
	Sulfur²*	791.47	mg/Kg	20	20.3334688897926			02/26/25 13:16	RT
SW-846 6010D	Available Metals - Mehlich 3 Extraction								
	Calcium*	7600	mg/Kg	200	20.3			02/26/25 14:15	RT
	Magnesium*	247	mg/Kg	20	2.03			02/26/25 13:16	RT
	Potassium*	159	mg/Kg	1	2.03			02/26/25 13:12	RT
	Sodium*	228	mg/Kg	20	2.03			02/26/25 13:16	RT

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Soil results reported on dry weight basis

LABORATORY TEST RESULTS

Job ID : 25021947

Date 2/26/2025

Client Name: EEC Environmental Attn: Scott Perry

Project Name: Big Bend Station WWTP Permit Renewal

Client Sample ID: #3 A TCLP @12"-18"
Date Collected: 02/18/25
Time Collected: 07:13
Other Information:

Job Sample ID: 25021947.05
Sample Matrix Solid
% Moisture 1.85

Test Method	Parameter/Test Description	Result	Units	DF	Rpt Limit	Reg Limit	Q	Date Time	Analyst
SM 2540G	% Moisture								
	% Moisture	1.85	%	1	0.100			02/20/25 11:40	BR
EPA 300.0	Water Soluble Anions								
	Nitrate/Nitrite as N*	20.9	mg/Kg	1.00	1.02			02/24/25 15:13	KPE
	Nitrate-N*	20.9	mg/Kg	1.00	1.02		H3	02/24/25 15:13	KPE
	Nitrite-N*	BRL	mg/Kg	1.00	1.02		H3	02/24/25 15:13	KPE
EPA 351.2	Total Kjeldahl Nitrogen								
	TKN²*	293	mg/Kg	49.46	202			02/24/25 20:27	SKC
EPA351.2/EPA351.4/EPA353.2/EPA300.0									
	Total Nitrogen¹*	313.9	mg/Kg	1	1.02			02/25/25 16:00	SKC
ASTM D4940	Electrical Conductivity								
	Conductance²*	2590	umho/cm @ 25°C	1	5.09			02/25/25 08:30	SS
SW-846 9045D									
	pH	7.90	s.u.				H	02/26/25 09:30	BR
	Temperature when read, °C²	21.4	s.u.				H	02/26/25 09:30	BR
SW-846 6010D	Available Metals - Mehlich 3 Extraction								
	Phosphorus*	BRL	mg/Kg	1	1.019			02/26/25 13:20	RT
	Sulfur²*	867.60	mg/Kg	20	20.3769740193581			02/26/25 13:23	RT
SW-846 6010D	Available Metals - Mehlich 3 Extraction								
	Calcium*	8280	mg/Kg	200	20.4			02/26/25 14:19	RT
	Magnesium*	263	mg/Kg	20	2.04			02/26/25 13:23	RT
	Potassium*	163	mg/Kg	1	2.04			02/26/25 13:20	RT
	Sodium*	244	mg/Kg	20	2.04			02/26/25 13:23	RT

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Soil results reported on dry weight basis

LABORATORY TEST RESULTS

Job ID : 25021947

Date 2/26/2025

Client Name:	EEC Environmental
Attn:	Scott Perry
Project Name:	Big Bend Station WWTP Permit Renewal

Client Sample ID:	#3 B PCB's Metals, Mercury, %Moisture @12"-18"	Job Sample ID:	25021947.06
Date Collected:	02/18/25	Sample Matrix	Solid
Time Collected:	07:16	% Moisture	1.22
Other Information:			

Test Method	Parameter/Test Description	Result	Units	DF	Rpt Limit	Reg Limit	Q	Date Time	Analyst
SM 2540G	% Moisture								
	% Moisture	1.22	%	1	0.100			02/20/25 11:40	BR
EPA 300.0	Water Soluble Anions								
	Nitrate/Nitrite as N*	25.7	mg/Kg	1.00	1.01			02/24/25 15:40	KPE
	Nitrate-N*	25.7	mg/Kg	1.00	1.01		H3	02/24/25 15:40	KPE
	Nitrite-N*	BRL	mg/Kg	1.00	1.01		H3	02/24/25 15:40	KPE
EPA 351.2	Total Kjeldahl Nitrogen								
	TKN²*	324	mg/Kg	49.31	200			02/24/25 20:29	SKC
EPA351.2/EPA351.4/EPA353.2/EPA300.0									
	Total Nitrogen¹*	349.7	mg/Kg	1	1.01			02/25/25 16:00	SKC
ASTM D4940	Electrical Conductivity								
	Conductance²*	2700	umho/cm @ 25°C	1	5.06			02/25/25 08:30	SS
SW-846 9045D									
	pH	7.30	s.u.				H	02/26/25 09:30	BR
	Temperature when read, °C²	21.5	s.u.				H	02/26/25 09:30	BR
SW-846 6010D	Available Metals - Mehlich 3 Extraction								
	Phosphorus*	BRL	mg/Kg	1	1.012			02/26/25 13:27	RT
	Sulfur²*	807.05	mg/Kg	20	20.2470135654991			02/26/25 13:31	RT
SW-846 6010D	Available Metals - Mehlich 3 Extraction								
	Calcium*	7090	mg/Kg	200	20.2			02/26/25 14:31	RT
	Magnesium*	262	mg/Kg	20	2.02			02/26/25 13:31	RT
	Potassium*	147	mg/Kg	1	2.02			02/26/25 13:27	RT
	Sodium*	291	mg/Kg	20	2.02			02/26/25 13:31	RT

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Soil results reported on dry weight basis

¹-Parameter is not accredited.

²-Parameter not available for accreditation.

*-Moisture Attached

QUALITY CONTROL CERTIFICATE

Job ID : 25021947 **Date :** 2/26/2025

Analysis : % Moisture **Method :** SM 2540G **Reporting Units :** %

QC Batch ID : Qb25022052 **Created Date :** 02/20/25 **Created By :** BRose

Samples in This QC Batch : 25021947.01,02,03,04,05,06

Sample Preparation : PB25022017 **Prep Method :** SM 2540G **Prep Date :** 02/20/25 11:00 **Prep By :** BRose

QC Type: Blank Result

QCType	Parameter	CAS #	Result	Units	D.F.	RptLimit		Qual
Method Blank	% Moisture		BRL	%	1	0.1		

QC Type: Duplicate

QC Sample ID: 25021941.09

Parameter	QCSample Result	Sample Result	Units	RPD	RPD CtrlLimit		Qual
% Moisture	12.3	11.4	%	7.6	20		

QUALITY CONTROL CERTIFICATE

Job ID : 25021947 **Date :** 2/26/2025

Analysis : Total Recoverable Metals **Method :** SW-846 6010D **Reporting Units :** mg/Kg

QC Batch ID : Qb250224112 **Created Date :** 02/24/25 **Created By :** Rajeev

Samples in This QC Batch : 25021947.01

Digestion : PB25022144 **Prep Method :** SW-846 3050B **Prep Date :** 02/21/25 11:30 **Prep By :** M_Gonzalez

QC Type: Blank Result

QCType	Parameter	CAS #	Result	Units	D.F.	RptLimit		Qual
Method Blank	Arsenic	7440-38-2T	BRL	mg/Kg	1	0.5		
Method Blank	Cadmium	7440-43-9	BRL	mg/Kg	1	0.5		
Method Blank	Calcium	7440-70-2T	BRL	mg/Kg	1	0.5		
Method Blank	Chromium	7440-47-3T	BRL	mg/Kg	1	0.5		
Method Blank	Copper	7440-50-8	BRL	mg/Kg	1	0.5		
Method Blank	Lead	7439-92-1T	BRL	mg/Kg	1	0.5		
Method Blank	Molybdenum	7439-98-7	BRL	mg/Kg	1	0.5		
Method Blank	Nickel	7440-02-0	BRL	mg/Kg	1	0.5		
Method Blank	Potassium	7440-09-7	BRL	mg/Kg	1	5		
Method Blank	Selenium	7782-49-2	BRL	mg/Kg	1	0.5		
Method Blank	Sodium	7440-23-5T	BRL	mg/Kg	1	5		
Method Blank	Zinc	7440-66-6T	BRL	mg/Kg	1	0.5		

QC Type: Duplicate

QC Sample ID: 25021947.01

Parameter	QCSample Result	Sample Result	Units	RPD	RPD CtrlLimit		Qual
Arsenic	4.33	4.39	mg/Kg	1.4	20		
Cadmium	BRL	BRL	mg/Kg	0	20		
Calcium	136000	132000	mg/Kg	3	20		
Chromium	8.76	8.76	mg/Kg	0.0	20		
Copper	9.63	9.65	mg/Kg	0.2	20		
Lead	7.62	7.60	mg/Kg	0.3	20		
Molybdenum	0.652	0.657	mg/Kg	0.8	20		
Nickel	10.1	10.1	mg/Kg	0.0	20		
Potassium	1870	1780	mg/Kg	4.9	20		
Selenium	BRL	BRL	mg/Kg	0	20		
Sodium	1170	1180	mg/Kg	0.9	20		
Zinc	61.6	65.8	mg/Kg	6.6	20		

QC Type: LCS and LCSD

Parameter	LCS Spk Added	LCS Result	LCS % Rec	LCSD Spk Added	LCSD Result	LCSD % Rec	RPD	RPD CtrlLimit	%Recovery CtrlLimit	Qual
Arsenic	25	26.6	106	25	26.8	107	0.7	20	80-120	
Cadmium	25	26.0	104	25	26.1	105	0.3	20	80-113	
Calcium	25	25.7	103	25	25.8	103	0.2	20	80-120	
Chromium	25	26.0	104	25	26.1	105	0.2	20	80-120	

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Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25021947 **Date :** 2/26/2025

Analysis : **Total Recoverable Metals** **Method :** **SW-846 6010D** **Reporting Units :** **mg/Kg**

QC Batch ID : Qb250224112 **Created Date :** 02/24/25 **Created By :** Rajeev

Samples in This QC Batch : 25021947.01

QC Type: LCS and LCSD

Parameter	LCS Spk Added	LCS Result	LCS % Rec	LCSD Spk Added	LCSD Result	LCSD % Rec	RPD	RPD CtrlLimit	%Recovery CtrlLimit	Qual
Copper	25	27.0	108	25	27.0	108	0.1	20	80-120	
Lead	25	26.0	104	25	26.2	105	0.6	20	80-112	
Molybdenum	25	26.0	104	25	26.0	104	0.0	20	80-116	
Nickel	25	26.1	105	25	26.3	105	0.6	20	80-115	
Potassium	250	263	105	250	264	106	0.3	20	80-116	
Selenium	25	26.3	105	25	26.7	107	1.4	20	80-120	
Sodium	25	26.1	104	25	26.1	104	0.0	20	80-120	
Zinc	25	26.1	104	25	26.1	105	0.0	20	80-113	

QC Type: MS and MSD
QC Sample ID: 25021947.01

Parameter	Sample Result	MS Spk Added	MS Result	MS % Rec	MSD Spk Added	MSD Result	MSD % Rec	RPD	RPD CtrlLimit	%Rec CtrlLimit	Qual
Arsenic	4.39	25	29.8	101						75-125	
Cadmium	BRL	25	24.2	96.8						75-125	
Calcium	132000	25	132000	-680.8960						75-125	M6
Chromium	8.76	25	36.7	112						75-125	
Copper	9.65	25	36.5	107						75-125	
Lead	7.60	25	33.7	105						75-125	
Molybdenum	0.657	25	22.1	85.8						75-125	
Nickel	10.1	25	39.4	117						75-125	
Potassium	1780	250	2130	141.7						75-125	M1
Selenium	BRL	25	23.2	92.8						75-125	
Sodium	1180	25	1110	-248.3720						75-125	M6
Zinc	65.8	25	93.4	110						75-125	

QUALITY CONTROL CERTIFICATE

Job ID : 25021947 **Date :** 2/26/2025

Analysis : **Total Kjeldahl Nitrogen** **Method :** **EPA 351.2** **Reporting Units :** **mg/Kg**

QC Batch ID : Qb250225140 **Created Date :** 02/24/25 **Created By :** Srijan

Samples in This QC Batch : 25021947.01,02,03,04,05,06

Sample Preparation : PB25022550 **Prep Method :** EPA 351.2_ **Prep Date :** 02/24/25 14:00 **Prep By :** Srijan

QC Type: Blank Result

QCType	Parameter	CAS #	Result	Units	D.F.	RptLimit		Qual
Method Blank	TKN		BRL	mg/Kg	1.00	4		

QC Type: LCS and LCSD

Parameter	LCS Spk Added	LCS Result	LCS % Rec	LCSD Spk Added	LCSD Result	LCSD % Rec	RPD	RPD CtrlLimit	%Recovery CtrlLimit	Qual
TKN	19.6	20.6	105	19.8	20.8	105	1.1	20	90-110	

QC Type: MS and MSD
QC Sample ID: 25022402.01

Parameter	Sample Result	MS Spk Added	MS Result	MS % Rec	MSD Spk Added	MSD Result	MSD % Rec	RPD	RPD CtrlLimit	%Rec CtrlLimit	Qual
TKN	2430	19.9	2080	-1773.656	19.8	1990	-2247.708	4.5	10	90-110	M6

QUALITY CONTROL CERTIFICATE

Job ID : 25021947 **Date :** 2/26/2025

Analysis : Anions **Method :** EPA 300.0 **Reporting Units :** mg/Kg

QC Batch ID : Qb25022530 **Created Date :** 02/24/25 **Created By :** KPerera

Samples in This QC Batch : 25021947.01,02,03,04,05,06

Sample Preparation : PB25022421 **Prep Method :** EPA 300.0 **Prep Date :** 02/24/25 13:00 **Prep By :** KPerera

QC Type: Blank Result

QCType	Parameter	CAS #	Result	Units	D.F.	RptLimit		Qual
Method Blank	Nitrate/Nitrite as N		BRL	mg/Kg	1.00	1		
Method Blank	Nitrate-N	14797-55-8	BRL	mg/Kg	1.00	1		
Method Blank	Nitrite-N	14797-65-0	BRL	mg/Kg	1.00	1		

QC Type: LCS and LCSD

Parameter	LCS Spk Added	LCS Result	LCS % Rec	LCSD Spk Added	LCSD Result	LCSD % Rec	RPD	RPD CtrlLimit	%Recovery CtrlLimit	Qual
Nitrate/Nitrite as N	20	18.636306	93.2	20	18.752211	93.8	0.6	20	90-110	
Nitrate-N	10	9.46	94.6	10	9.43	94.3	0.4	20	90-110	
Nitrite-N	10	9.17	91.7	10	9.32	93.2	1.6	20	90-110	

QC Type: MS and MSD
QC Sample ID: 25021755.04

Parameter	Sample Result	MS Spk Added	MS Result	MS % Rec	MSD Spk Added	MSD Result	MSD % Rec	RPD	RPD CtrlLimit	%Rec CtrlLimit	Qual
Nitrate/Nitrite as N	BRL	20	24.820441	124						80-120	M1
Nitrate-N	BRL	10	12.9	129						80-120	M1
Nitrite-N	BRL	10	11.9	119						80-120	

QUALITY CONTROL CERTIFICATE

Job ID : 25021947 **Date :** 2/26/2025

Analysis : **Conductivity** **Method :** **ASTM D4940** **Reporting Units :** **umho/cm @ 2**

QC Batch ID : Qb25022565 **Created Date :** 02/25/25 **Created By :** SShukla

Samples in This QC Batch : 25021947.01,02,03,04,05,06

QC Type: Blank Result

QCType	Parameter	CAS #	Result	Units	D.F.	RptLimit		Qual
Method Blank	Conductance		BRL	umho/cm @ 25°C	1	5		

QC Type: Duplicate

QC Sample ID: 25022402.02

Parameter	QCSample Result	Sample Result	Units	RPD	RPD CtrlLimit		Qual
Conductance	544.2	543.9	umho/cm	0.1	20		

QC Type: LCS and LCSD

Parameter	LCS Spk Added	LCS Result	LCS % Rec	LCSD Spk Added	LCSD Result	LCSD % Rec	RPD	RPD CtrlLimit	%Recovery CtrlLimit	Qual
Conductance	100	103.9	104.0						90-110	

QUALITY CONTROL CERTIFICATE

Job ID : 25021947 **Date :** 2/26/2025

Analysis : **Method :** **SW-846 9045D** **Reporting Units :** **s.u.**

QC Batch ID : Qb25022665 **Created Date :** 02/26/25 **Created By :** BRose

Samples in This QC Batch : 25021947.01,02,03,04,05,06

QC Type: Duplicate

QC Sample ID: 25021947.01

Parameter	QCSample Result	Sample Result	Units	RPD	RPD CtrlLimit		Qual
pH	8.8	8.8	s.u.	0.0	5		

QC Type: LCS and LCSD

Parameter	LCS Assigned	LCS Result		LCSD Assigned	LCSD Result		RPD	RPD CtrlLimit	Tolerance	Qual
pH	4.0	4.00							98.75-101.25	

QUALITY CONTROL CERTIFICATE

Job ID : 25021947 **Date :** 2/26/2025

Analysis : Available Metals - Mehlich 3 Extraction **Method :** SW-846 6010D **Reporting Units :** mg/Kg

QC Batch ID : Qb25022677 **Created Date :** 02/26/25 **Created By :** Rajeev

Samples in This QC Batch : 25021947.01,02,03,04,05,06

Digestion : PB25022615 **Prep Method :** USDA 4D6 **Prep Date :** 02/25/25 14:00 **Prep By :** Mwissman

QC Type: Blank Result

QCType	Parameter	CAS #	Result	Units	D.F.	RptLimit		Qual
Method Blank	Calcium	7440-70-2T	BRL	mg/Kg	1	0.1		
Method Blank	Magnesium	7439-95-4T	BRL	mg/Kg	1	0.1		
Method Blank	Potassium	7440-09-7	BRL	mg/Kg	1	2		
Method Blank	Sodium	7440-23-5T	11.0	mg/Kg	1	0.1		B3

QC Type: Duplicate

QC Sample ID: 25021947.01

Parameter	QCSample Result	Sample Result	Units	RPD	RPD CtrlLimit		Qual
Calcium	6750	6680	mg/Kg	1	20		
Magnesium	273	279	mg/Kg	2.2	20		
Potassium	207	213	mg/Kg	2.9	20		
Sodium	190	190	mg/Kg	0.0	20		

QUALITY CONTROL CERTIFICATE

Job ID : 25021947 **Date :** 2/26/2025

Analysis : **Available Metals - Mehlich 3 Extraction** **Method :** **SW-846 6010D** **Reporting Units :** **mg/Kg**

QC Batch ID : Qb25022679 **Created Date :** 02/26/25 **Created By :** Rajeev

Samples in This QC Batch : 25021947.01,02,03,04,05,06

Digestion : PB25022616 **Prep Method :** USDA 4D6 **Prep Date :** 02/25/25 14:00 **Prep By :** Mwissman

QC Type: Blank Result

QCType	Parameter	CAS #	Result	Units	D.F.	RptLimit		Qual
Method Blank	Phosphorus	7723-14-0	BRL	mg/Kg	1	1		
Method Blank	Sulfur	7704-34-9	BRL	mg/Kg	1	1		

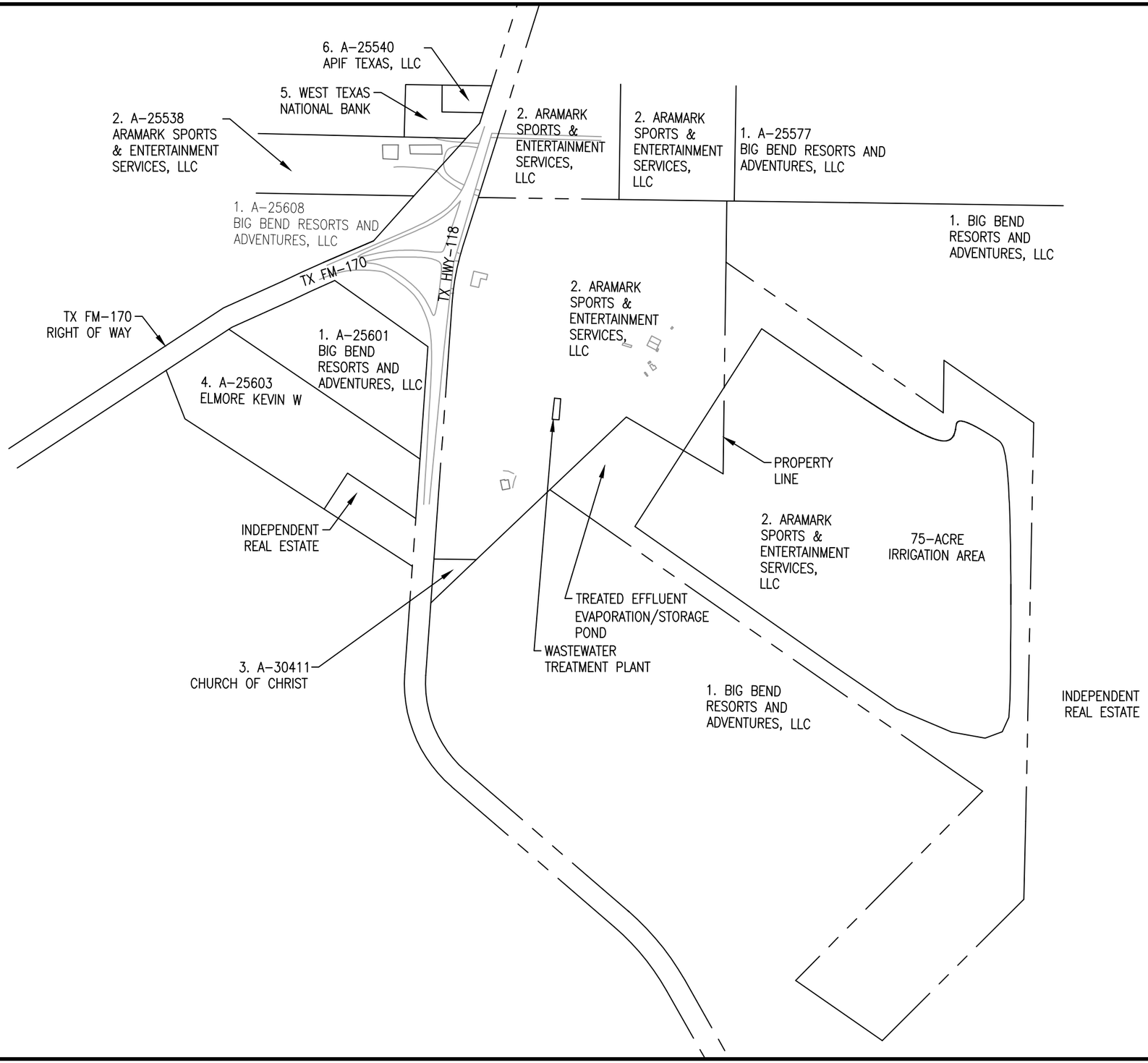
QC Type: Duplicate

QC Sample ID: 25021947.01

Parameter	QCSample Result	Sample Result	Units	RPD	RPD CtrlLimit		Qual
Phosphorus	BRL	BRL	mg/Kg	0	20		
Sulfur	101.338	101.828	mg/Kg	0.5	20		

Attachment 12
Landowner Map
[DIGITAL COPY]

Wastewater Permit Renewal
Application
Permit No. WQ13652001



1. BIG BEND RESORTS AND ADVENTURES, LLC
7501 EAST MCCORMICK PARKWAY
SCOTTSDALE, AZ 85258

2. ARAMARK SPORTS & ENTERTAINMENT SERVICES, LLC
2400 MARKET ST.
PHILADELPHIA, PA 19103

3. CHURCH OF CHRIST
PO BOX 142
TERLINGUA, TX 79852

4. ELMORE KEVIN W
2312 E. ANNA ST
CUSHING, OK 74023

5. WEST TEXAS NATIONAL BANK
101 E Ave East
Alpine, TX 79830

6 APIF TEXAS, LLC
P.O. BOX 727
MOUNT AIRY, MD 21771

LANDOWNER INFORMATION PROVIDED BY
BREWSTER COUNTY APPRAISAL DISTRICT

N

GRAPHIC SCALE
0 400 800
(IN FEET)
1 inch = 400 ft.

EEC ENVIRONMENTAL

Project
BIG BEND STATION
53623 TX-118
TERLINGUA, TX 79852

AFFECTED LANDOWNER INFORMATION

Project Number	File Number
S-3753.03	Big Bend Owner Map
Date: February 26, 2025	Figure
PE/PG: SS	PM: RN
Drafter: VD	

Attachment 13
Mailing Labels
[DIGITAL COPY]

Wastewater Permit Renewal
Application
Permit No. WQ13652001

Big Bend Resorts and Adventures, LLC
7501 East McCormick Pkwy
Scottsdale, AZ 85258

Church of Christ
PO BOX 142
Terlingua, TX 79852

Elmore, Kevin W
2312 E. Anna St
Cushing, OK 74023

West Texas National Bank
101 E Ave East
Alpine, TX 79830

APIF Texas, LLC
PO BOX 727
Mount Airy, MD 21771

Attachment 14
Core Data Form (10400)
[DIGITAL COPY]

Wastewater Permit Renewal
Application
Permit No. WQ13652001

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

☒ Other **OWNERSHIP CHANGE**

2. Customer Reference Number *(if issued)*

CN 606170249

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

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

RN 101250694

SECTION II: Customer Information

4. General Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy) 9/1/2024

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

☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).

6. Customer Legal Name *(If an individual, print last name first: eg: Doe, John)*

ARAMARK SPORTS & ENTERTAINMENT SERVICES, LLC

If new Customer, enter previous Customer below:

7. TX SOS/CPA Filing Number

8. TX State Tax ID (11 digits)

12316642326

9. Federal Tax ID (9 digits)

231664232

10. DUNS Number *(if applicable)*

11. Type of Customer:

☒ Corporation ☐ Individual Partnership: ☐ General ☐ Limited

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

12. Number of Employees

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

13. Independently Owned and Operated?

☐ **Yes** ☒ **No**

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

☒ Owner ☐ Operator ☐ Owner & Operator ☐ Other:

☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant

15. Mailing Address:

2400 Market St

City	PHILADELPHIA	**State**	PA	**ZIP**	19103	**ZIP + 4**	

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

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

shah-nirav@aramark.com

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(215) 238-1600		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

BIG BEND STATION INN & RV RANCH/ PREVIOUSLY BIG BEND RESORTS & ADVENTURES

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	53623 TX HWY 118							
	City	TERLINGUA	**State**	TX	**ZIP**	79852	**ZIP + 4**	
24. County								

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

25. Description to Physical Location:	

26. Nearest City	**State**	**Nearest ZIP Code**
Alpine	TX	79853

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
29.3300°	9	18	103.5339°	7	40

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)
7011	7033	721110	721214

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

LODGING INN AND RV PARK

34. Mailing Address:	**PO BOX 227**							
	City	**TERLINGUA**	**State**	**TX**	**ZIP**	**79852**	**ZIP + 4**	

35. E-Mail Address:	**GARLAND-TRACY1@ARAMARK.COM**

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(432) 371-3382		( ) -

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

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☒ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0013652001			

SECTION IV: Preparer Information

40. Name:	Rebecca Neuren	**41. Title:**	Engineer

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(310) 666-1904		( ) -	rneuren@eecenvironmental.com

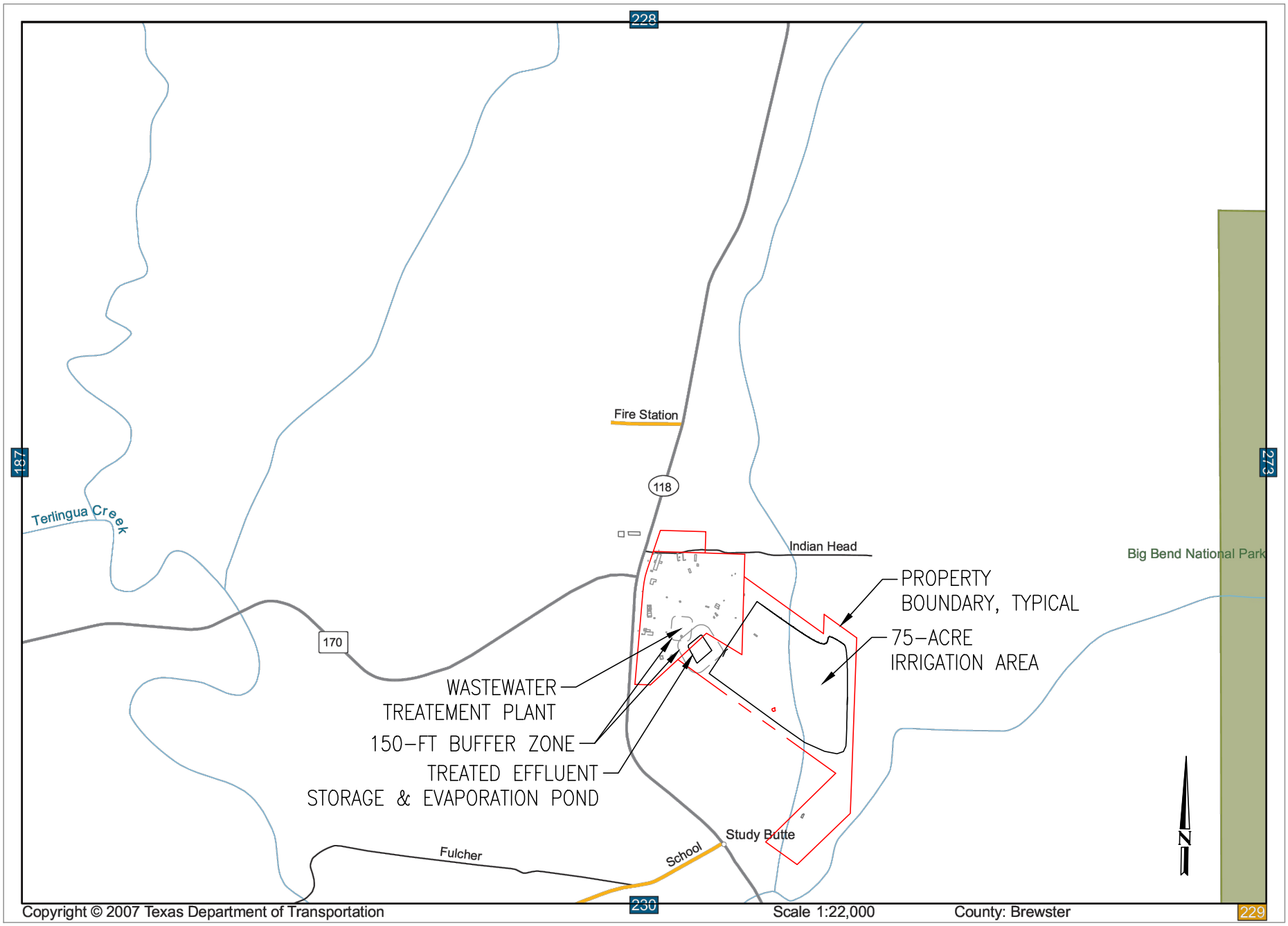
SECTION V: Authorized Signature

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:	ARAMARK SPORTS & ENTERTAINMENT SERVICES, LLC	**Job Title:**	VP FINANCE
Name *(In Print):*	NIRAV SHAH	**Phone:**	(732) 322 0748
Signature:		**Date:**	2/27/25

Attachment 15
Texas Highway Map
[DIGITAL COPY]

Wastewater Permit Renewal
Application
Permit No. WQ13652001


Y:\Jobs_s\S3700s\S-3753.03T - Aramark - Big Bend WWTP\5 CAD - Figures - Drawings\Exhibits\Big Bend HWY Map - 02/26/2025
228
187
273
Fire Station
118
Terlingua Creek
Indian Head
Big Bend National Park
PROPERTY
BOUNDARY, TYPICAL
75-ACRE
IRRIGATION AREA
170
WASTEWATER
TREATEMENT PLANT
150-FT BUFFER ZONE
TREATED EFFLUENT
STORAGE & EVAPORATION POND
Study Butte
School
Fulcher
N
Copyright © 2007 Texas Department of Transportation
230
Scale 1:22,000
County: Brewster
229

Attachment 16
FEMA Flood Map
[DIGITAL COPY]

Wastewater Permit Renewal
Application
Permit No. WQ13652001

PROJECT LOCATION

PROPERTY BOUNDARY, TYPICAL

LAND APPLICATION & IRRIGATION AREA

WASTEWATER TREATEMENT PLANT

150-FT BUFFER ZONE

TREATED EFFLUENT STORAGE & EVAPORATIONBPOND

IRRIGATION AREA

STUDY BUTTE

BIG BEND NATIONAL PARK

Zone Designations*

ZONE C

ZONE A

ZONE C

Base Flood Elevation Line With Elevation In Feet** 513

Base Flood Elevation in Feet Where Uniform Within Zone** (EL 987)

Elevation Reference Mark RM7x

Zone D Boundary

River Mile •M1.5

**Referenced to the National Geodetic Vertical Datum of 1929

*EXPLANATION OF ZONE DESIGNATIONS

A flood insurance map displays the zone designations for a community according to areas of designated flood hazards. The zone designations used by FEMA are:

ZONE	EXPLANATION
A	Areas of 100-year flood; base flood elevations and flood hazard factors not determined.
AO	Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet; average depths of inundation are shown, but no flood hazard factors are determined.
AH	Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet; base flood elevations are shown, but no flood hazard factors are determined.
A1-A30	Areas of 100-year flood; base flood elevations and flood hazard factors determined.
A99	Areas of 100-year flood to be protected by flood protection system under construction; base flood elevations and flood hazard factors not determined.
B	Areas between limits of the 100-year flood and 500-year flood; or certain areas subject to 100-year flooding with average depths less than one (1) foot or where the contributing drainage area is less than one square mile; or areas protected by levees from the base flood. (Medium shading)
C	Areas of minimal flooding. (No shading)
D	Areas of undetermined, but possible, flood hazards.
V	Areas of 100-year coastal flood with velocity (wave action); base flood elevations and flood hazard factors not determined.
V1-V30	Areas of 100-year coastal flood with velocity (wave action); base flood elevations and flood hazard factors determined.

NOTES TO USER

Certain areas not in the special flood hazard areas (zones A and V) may be protected by flood control structures.

This map is for flood insurance purposes only; it does not necessarily show all areas subject to flooding in the community or planimetric features outside special flood hazard areas.

INITIAL IDENTIFICATION:
DECEMBER 27, 1974

FLOOD HAZARD BOUNDARY MAP REVISIONS:
MARCH 28, 1978

FLOOD INSURANCE RATE MAP EFFECTIVE:
OCTOBER 15, 1985

FLOOD INSURANCE RATE MAP REVISIONS:

Refer to the FLOOD INSURANCE RATE MAP EFFECTIVE date shown on this map to determine when actuarial rates apply to structures in the zones where elevations or depths have been established.

To determine if flood insurance is available in this community, contact your insurance agent, or call the National Flood Insurance Program, at (800) 638-6620.

APPROXIMATE SCALE
2000 0 2000 FEET

NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

BREWSTER COUNTY, TEXAS
UNINCORPORATED AREA

PANEL 1300 OF 1625
(SEE MAP INDEX FOR PANELS NOT PRINTED)

COMMUNITY-PANEL NUMBER
480084 1300 B

EFFECTIVE DATE:
OCTOBER 15, 1985

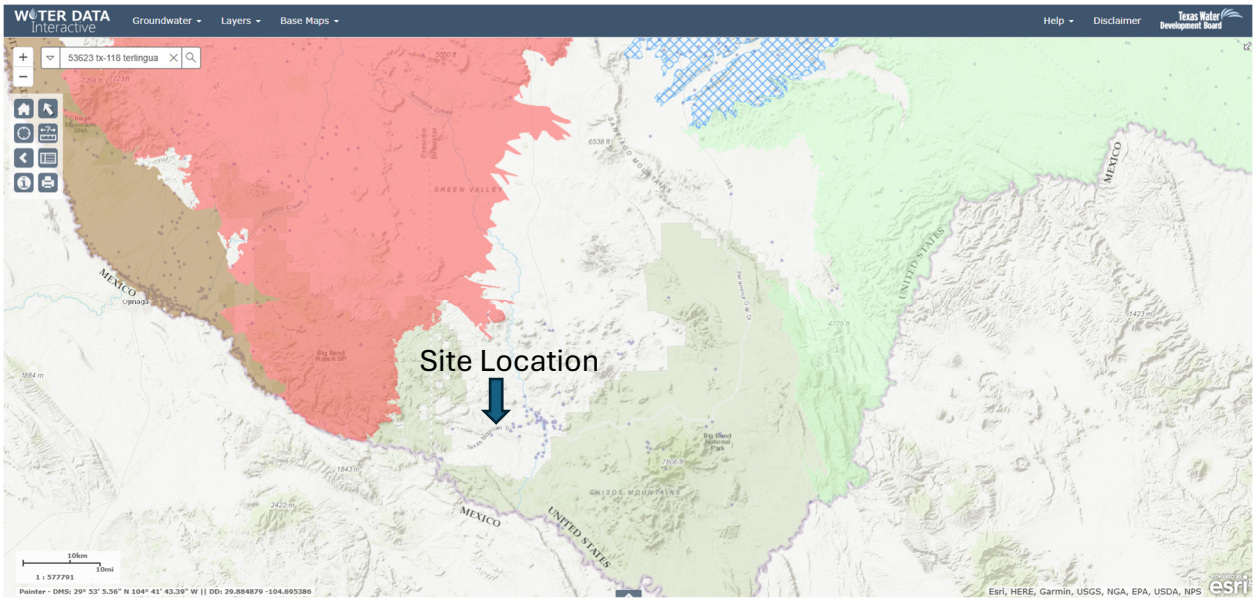
Attachment 18
Hydrological Information
[DIGITAL COPY]

Wastewater Permit Renewal Application
Permit No. WQ13652001

Big Bend Station Hydrologic Characteristics
WQ136852001
Attachment: 10451_Hydro

Big Bend Station Inn and RV Ranch is located in Brewster County. The site is not located within a major or minor aquifer according to the Texas Water Development Board Report 345.

Figure 1. Texas Water Data Interactive Aquifer Map



Per the Geologic Atlas of Texas, the site is located within the Emory Peak region in an area dominated by Holocene Young Quaternary Deposits (Qf) with outcrops of Upper Cretaceous Pen and Boquillas Formations, Austin Chalk, and Boquillas Flags (Kp) and Intrusive Igneous Rocks (Ti). There is no known evidence of features that exhibit a direct hydrologic connection between surface and subsurface water.

There is no evidence of seasonal perched groundwater and/or high water table.

Attachment 19
Sludge Technical Report
[DIGITAL COPY]

Wastewater Permit Renewal Application
Permit No. WQ13652001

Sludge Technical Report
WQ0013652001
Attachment: 10056_Sludge

Treatment and Processing Information

Process Facility Description

The wastewater treatment system consists of two separate activated sludge extended aeration treatment plants. Plant 1 is designed for a flow of 0.056 MGD, while Plant 2 provides both redundancy and additional capacity, it is designed for a flow of 0.024 MGD. Both plants are equipped with dedicated aeration basins, aerobic digesters, clarifiers, and chlorine contact chambers. The treated effluent from each plant is stored in an effluent storage/evaporation pond with a surface area of 1.5 acres and a total capacity of 5.5-acre feet. Sludge from the treatment units is either recycled to the aeration basins or wasted to the digesters and either dried on site in sludge drying beds or hauled offsite for disposal at a TCEQ-approved location.

The treatment process is as follows: wastewater from the collection system is conveyed to a splitter box, which diverts the flow to either of the two treatment plants. The treatment process follows a consistent configuration in both plants. Wastewater flows into the aeration basin. From there, the aerated water moves into the clarifier chamber for sludge separation. The clarified effluent is then decanted into the chlorine contact chamber for disinfection while sludge is conveyed to the sludge digester or recycled back to the aeration basin to balance the F/M ratio. The flow from each of the plants is measured using a hypersonic weir-style flow meter as effluent from both plants leaves the chlorine contact chamber. Flow from both plants flows by gravity to transfer tank. From here, the treated water is either directed to the on-site pond for evaporation and holding or routed to the irrigation pump station for further disposal in the dedicated irrigation area. Effluent undergoes a second round of chlorination prior to irrigation disposal.

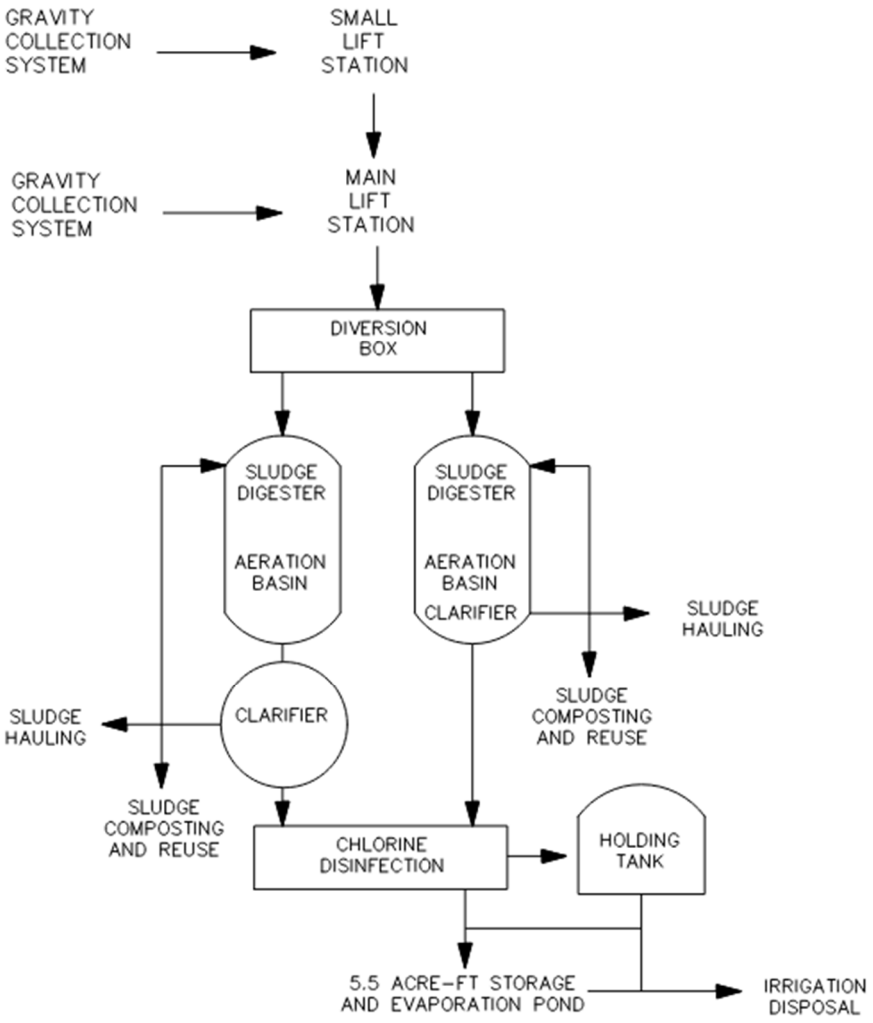
Sludge is periodically removed from the clarifiers as needed. Sludge is either pumped from the clarifiers and hauled by a TCEQ authorized hauler to an approved off-site disposal facility, or it is conveyed to the on-site sludge drying beds for composting on site. The Facility experienced low wastewater flows in recent years which eliminated the need for on-site irrigation disposal of treated effluent. As such, during this period there was no need to compost solids for use as an on-site soil amendment since grass was not cultivated on site. As wastewater flows increase, the facility will return to irrigation disposal and may return to the application of composted solids as a soil amendment in the irrigation area.

Process Flow Diagram

Refer to Figure 1 for a process flow diagram which demonstrates the flow of wastewater through the on-site treatment system and the generation and disposal of sludge.

Sludge Technical Report
WQ0013652001
Attachment: 10056_Sludge

Figure 1. Process Flow Diagram



Design Calculations, Features, Functional Arrangements

Refer to Figure 2. For a summary of the treatment plant's design calculations.

Figure 2. Wastewater Plant Design Calculations

Design Parameters

Volume	20	cu-ft/lb BOD/day	
Min. Retention Time	15	day	

	Existing	Proposed	Units
Design Peak Vol.	0.0	0.1	MGD
Influent BOD	200.0	200.0	mg/L
Daily BOD Loading	60.1	133.4	lbs
Req. Digester Vol.	1,201.0	2,669.0	cu-ft
Sludge Retention Time	14.6	13.1	days
Design Average Volume	0.0	0.0	MGD
Influent BOD	200.0	20.0	mg/L
Daily BOD Loading	11.7	26.7	lbs
Req. Digester Vol.	234.0	534.0	cu-ft
Sludge Retention Time	75.0	65.6	days

Plant 1 Aerobic Digester

	Existing	Proposed	Units
Flow (MGD)	0.0	0.1	MGD
# Units	1.0	2.0	
Length	8.0	8.0	ft
Width	12.0	12.0	ft
Height	11.0	11.0	ft
Freeboard	1.0	1.0	ft
Vol (cu-ft)	960.0	1,920.0	cu-ft
Vol (gal)	7,181.0	#######	gal

Plant 2 Aerobic Digester

	Existing	Proposed	Units
Flow (MGD)	0.0	0.0	MGD
# Unites	1.0	2.0	
Length	8.0	8.0	ft
Width	2.0	2.0	ft
Height	14.0	14.0	ft
Freeboard	1.0	1.0	ft
Volume (cu-ft)	208.0	416.0	cu-ft
Volume (gal)	1,556.0	3,112.0	gal

Total

	Existing	Proposed	Units
Vol (cu-ft)	1,168	2,336	cu-ft
Vol (gal)	8,737	17,474	gal

Dual processing plants provide redundancy such that wastewater treatment can continue while maintenance activities are underway. Manually actuated isolation valves allow the operator to easily divert flow to either of the two plants if needed. Manually actuated valves allow the operator to easily divert sludge from the clarifier

to the sludge drying bed or to remain contained within the clarifier for pumping and hauling for off-site disposal. A dedicated hard-wired generator provides back up power in case of an emergency or outage.

The wastewater treatment plant is designed to process a combined flow of 80,000 gallons per day between the two treatment units. Plant 1 has a total volume of 17,474 gallons and a design flow rate of 0.056 gallons per day (gpd), which results in a residence time of 7.5 hours. Plant 2 has a total volume of 8,737 gallons and a design flow rate of 0.024 gpd, resulting in a residence time of 8.7 hours.

The combined volume of the sludge digester is 4,668 gallons. The plant is expected to generate 19,964 gallons of sludge annually, which equals approximately 54 gallons per day. Based on the estimated annual sludge production and the total digester volume of 4,668 gallons, the estimated residence time in the digester is 86 days. Refer to Figure 3 for Sludge Generation Calculations.

Figure 3. Sludge Generation Calculations

Aeration Basin Volume	**Dimensions**		**Volume**
Plant 1	40 ‘ x 12’ x 11’	=	5,280 ft^2
		=	0.039 MG
Plant 2	10.5 ‘ x 8’ x 12’	=	11,760ft^2
		=	0.088 MG

Solids Generation				
Flow (GPD)	0.08	0.06	0.04	0.02
Influent BOD (mg/L)	200	200	200	200
Effluent BOD (mg/L)	< 20	< 20	< 20	< 20
lbs BOD removed / day	133	100	67	33
lbs dry sludge / lb BOD	0.315	0.315	0.315	0.315
Dry sludge (lbs)	42	32	21	11
Wet Sludge (lbs)	2,802	2,102	1,401	701
Wet Sludge (gal)	19,964	14,973	9,982	4,991

*Wet sludge is 1.5% solids, MLSS operating range is 3,000 – 4,500 mg/L

The wastewater treatment system and sludge management system are operated five days per week by a certified Class C wastewater operator and monitored by facility maintenance staff seven days per week. This daily monitoring schedule allows the Facility to quickly detect equipment malfunctions or errors which require immediate repairs or attention.

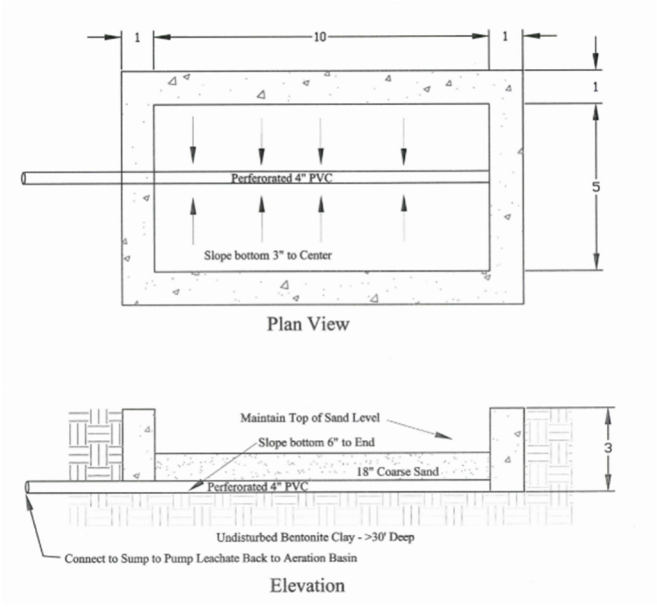
Site Controls

The concrete sludge drying beds, located adjacent to the wastewater treatment plant, are underlain by 18-inches of coarse sand and an impermeable 30-inch-thick layer of bentonite. A sub-drain system collects

leachate and recirculates it through the aeration basin. Refer to Figure 3 for a diagram of the sludge drying bed.

During periods of precipitation or when excess sludge is generated on site, sludge is removed directly from the clarifier and hauled off site for disposal.

Figure 3. Sludge Drying Bed Configuration



Odor, Dust, and Bio-aerosol management

Dried sludge from the sludge drying beds will be transported to an on-site composting facility and mixed with grass clippings and other appropriate materials generated on site. The material will be composted in windrows. The windrows will be raked and turned regularly to introduce oxygen, facilitate mixing, and regulate temperature. Turning the windrows prevents the compost from drying out, minimizing the formation of dust or bio-aerosols. The windrows will be underlain by tarps and covered during precipitation events to prevent runoff and the formation of leachate. The sludge drying beds and compost are above the 100-year flood plain in an area that is not accessible to the public.

Ultimate Product

The resulting Class A compost will be applied on site as a soil amendment in the irrigation disposal area and in landscaped areas. In the event that the finish product is contaminated or not suitable for beneficial use on site, it will be hauled off site for disposal at a TCEQ-approved location. Public access and animal grazing will be restricted for at least 30-day following the land application of composted sludge.

All of the sludge that is processed on site is generated by the Facility, this location does not accept sludge from alternate sources.

Erwin Madrid

From: Erwin Madrid
Sent: Friday, March 21, 2025 1:55 PM
To: 'garland-tracy1@aramark.com'
Cc: Candice Calhoun; Rebecca Neuren
Subject: Application for Permit No. WQ0013652001 – Notice of Deficiency 30-Day Will Return Letter
Attachments: WQ0013652001_Will Return Ltr.pdf

Importance: High

Dear applicant,

The attached Notice of Deficiency 30-Day Will Return Letter was mailed on **March 21, 2025,** requesting additional information needed to declare the application administratively complete. Please mail an original and two copies (with a cover letter) of the complete response by **April 20, 2025.**

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

Candice Calhoun

From: Candice Calhoun
Sent: Thursday, April 3, 2025 3:48 PM
To: Rebecca Neuren; garland-tracy1@aramark.com
Cc: Kugler, Jennifer
Subject: RE: Application to Renew Permit No. WQ0013652001 - Notice of Deficiency

Good afternoon, Rebecca,

My apologies for the delayed response, I have been in and out of meetings the past few days. Thank you for your response and your patience. I have done my administrative review based on the documents you provided and have a few things that are missing or need clarification. Please see below:

1. Core Data Form (CDF) – section V of the CDF wasn't completed or signed, can you please sign and return the CDF to me?

2. Section 4, item B of admin report – I could not verify the mailing address listed in this section. Can you please provide an updated section with a USPS verified mailing address? Please provided additional updated sections of the application as needed.

3. Since the public viewing location is a postal office, I just need confirmation from you that the location has public access to view and make copies of the application. Can you please confirm this for me?

4. The PLS provided is in the previous owner's name. Can you please provide an updated PLS to show "ARAMARK Sports and Entertainment Services, LLC"?

Also, I did see that you called yesterday, I am not too sure if you left a VM or not, I did not hear one from you, but my phone has been acting funky this past week or so. If you do happen to have any additional questions, please feel free to reach out via email or phone and we can discuss. I do leave the office at 4pm but I would be more than happy to give you a call tomorrow at whatever time works best for you.

Regards,

Candice Courville
License & Permit Specialist
ARP Team | Water Quality Division
Texas Commission on Environmental Quality
512-239-4312
candice.calhoun@tceq.texas.gov

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

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From: Rebecca Neuren <rneuren@eecenvironmental.com>
Sent: Wednesday, April 2, 2025 12:48 PM
To: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>; garland-tracy1@aramark.com
Cc: Kugler, Jennifer <Kugler-Jennifer@aramark.com>
Subject: Re: Application to Renew Permit No. WQ0013652001 - Notice of Deficiency

Hi Candice,

This message will serve as our response to the attached notice of deficiency received on March 6, 2025 for the Wastewater Permit Renewal Application for Big Bend Station Inn and RV Ranch (Note that a separate NOD was received for the Permit Transfer Application, and we are responding in line).

1. Please see the attached updated Form 10053. A signed and notarized original (and a copy) were also mailed to the TCEQ this morning.
2. The original sign and notarized permit transfer application was submitted to the TCEQ on March 6, 2025. The original application was submitted electronically and mailed to the TCEQ. A check for the $100 processing fee (Check #5674, see attached) was mailed to the TCEQ on March 6, 2025. We received a separate notice of deficiency for the permit transfer application from the TCEQ on March 13, 2025. We submitted a response to this NOD and were notified that the application will be placed on hold until April 15, 2025.

Rebecca Neuren

Project Engineer

EEC environmental

One City Boulevard West | Suite 1800 | Orange, CA 92868

O (714) 667-2300 | C (310) 666-1904

rneuren@eecenvironmental.com | www.eecenv.com

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Thursday, March 6, 2025 10:15 AM
To: garland-tracy1@aramark.com <garland-tracy1@aramark.com>
Cc: Rebecca Neuren <rneuren@eecenvironmental.com>
Subject: Application to Renew Permit No. WQ0013652001 - Notice of Deficiency

Good afternoon, Ms. Garland,

The attached Notice of Deficiency (NOD) letter dated March 6, 2025, requests additional information needed to declare the application administratively complete. Please send complete response no later than March 20, 2025.

Please let me know if you have any questions

Regards,

Candice Courville
License & Permit Specialist
ARP Team | Water Quality Division
Texas Commission on Environmental Quality
512-239-4312
candice.calhoun@tceq.texas.gov

Candice Calhoun

From: Rebecca Neuren <rneuren@eecenvironmental.com>
Sent: Wednesday, April 9, 2025 11:44 AM
To: Candice Calhoun; garland-tracy1@aramark.com
Cc: Kugler, Jennifer
Subject: Re: Application to Renew Permit No. WQ0013652001 - Notice of Deficiency
Attachments: 10053_MUNI_2024_Contact.pdf; 20972_PLS_2024-11-08.pdf; CORE DATA FORM.pdf

Hi Candice! Thanks for taking my call today. I hope this will take care of anything outstanding on the wastewater permit renewal application. Please let me know if you have any further questions or requests.

1. Core Data Form (CDF) – section V of the CDF wasn't completed or signed, can you please sign and return the CDF to me? Please see attached for the signed CDF. The original signed form was sent to the TCEQ along with the original copies of the updated forms.

2. Section 4, item B of admin report – I could not verify the mailing address listed in this section. Can you please provide an updated section with a USPS verified mailing address? Please provided additional updated sections of the application as needed. As we discussed, I've made a temporary update to change the contact address to the Aramark corporate address and attached the relevant pages of the application. Address verification for Big Bend Station is in progress. We'll submit a revision once we receive word from the 911 coordinator that this is processed.

3. Since the public viewing location is a postal office, I just need confirmation from you that the location has public access to view and make copies of the application. Can you please confirm this for me? This is correct, it is a publicly accessible full-service post-office location.

4. The PLS provided is in the previous owner's name. Can you please provide an updated PLS to show "ARAMARK Sports and Entertainment Services, LLC"? This is updated to reflect Aramark ownership of Big Bend Station Inn and RV Ranch. Please see attached.

Rebecca Neuren
Project Engineer
EEC environmental
One City Boulevard West | Suite 1800 | Orange, CA 92868
O (714) 667-2300 | C (310) 666-1904
rneuren@eecenvironmental.com | www.eecenv.com

Good afternoon, Rebecca,

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Big Bend Station Inn and RV Ranch

PERMIT NUMBER (If new, leave blank): WQ0013652001

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region_____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	$350.00 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☒
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☐
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY Voucher Number: 58Ea000657706

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 Water Treatment

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

☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

e. For amendments or modifications, describe the proposed changes: N/A

f. For existing permits:

Permit Number: WQ00 13652001

EPA I.D. (TPDES only): TX N/A

Expiration Date: September 10, 2025

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

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

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

Aramark Sports and Entertainment Services, LLC

(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: CN606170249

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

Prefix: Mr. Last Name, First Name: Shah, Nirav

Title: Vice President of Finance, Aramark Destinations Credential:

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

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

N/A

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

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

CN: N/A

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

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

Provide a brief description of the need for a co-permittee: N/A

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. 14_400_Core Data Form

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Ms. Last Name, First Name: Neuren, Rebecca

Title: Project Engineer Credential: MSCE, EIT

Organization Name: EEC Environmental

Mailing Address: 1 City Blvd West City, State, Zip Code: Orange, CA 92832

Phone No.: 310-666-1904 E-mail Address: rneuren@eecenvironmental.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

B. Prefix: Ms. Last Name, First Name: Garland, Tracy

Title: General Manager Credential: MED

Organization Name: Big Bend Station Inn and RV Ranch

Mailing Address: 2400 Market St City, State, Zip Code: Philadelphia, PA 19103

Phone No.: 605-516-8115 E-mail Address: garland-tracy1@aramark.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Ms. Last Name, First Name: Garland, Tracy

Title: General Manager Credential: MED

Organization Name: Big Bend Station Inn and RV Ranch

Mailing Address: 2400 Market St City, State, Zip Code: Philadelphia, PA 19103

Phone No.: 844-637-0883 E-mail Address: garland-tracy1@aramark.com

B. Prefix: Ms. Last Name, First Name: Kugler, Jennifer

Title: Director of Environmental Compliance Credential: N/A

Organization Name: Aramark Safety and Risk Solutions

Mailing Address: 2400 Market St. City, State, Zip Code: Philadelphia, PA 19103

Phone No.: 267-593-8183 E-mail Address: kugler-jennifer@aramark.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: Mr. Last Name, First Name: Shah, Nirav

Title: Vice President of Finance Credential:N/A

Organization Name: Aramark Destinations

Mailing Address: 2400 Market St. City, State, Zip Code: Philadelphia, PA 19103

Phone No.: 215-238-7033 E-mail Address: shah-nirav@aramark.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: Mr. Last Name, First Name: Perry, Scott

Title: Contract Wastewater Operator Credential: N/A

Organization Name: Big Bend Station Inn and RV Ranch

Mailing Address: 2400 Market St City, State, Zip Code: Philadelphia, PA 19103

Phone No.: 432-424-5000 E-mail Address: scotchperry@yahoo.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Neuren, Rebecca

Title: Project Engineer Credential: MSCE, EIT

Organization Name: EEC Environmental

Mailing Address: 1 City Blvd West City, State, Zip Code: Orange, CA 92832

Phone No.: 310-666-1904 E-mail Address: rneuren@eecenvironmental.com

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

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

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

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

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

Aramark Sports and Entertainment Services, LLC owns Big Bend Station Inn and RV Ranch which (CN606170249) operates Big Bend Station Wastewater Treatment Plant (RN101250694), a plant which serves a privately owned residential, hospitality, and recreational facility. The design flow of the system is 80,000 gpd. The treatment and disposal system consists of two extended aeration package treatment plants with integrated clarifiers and chlorine contact chambers, transfer and effluent storage tanks, and a 5.5 acre ft holding pond. The facility is located at 53623 Texas-118, in Terlingua, Brewster County, Texas 79852. The facility proposes to renew the existing TLAP permit (WQ0013652001) with a treatment/discharge limit of 80,000 gpd. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain less than 20 mg/L of BOD and TSS. Domestic wastewater is treated by extended aeration activated sludge process via parallel extended aeration package treatment plants. Domestic wastewater is conveyed to the wastewater plant via a lift station equipped with an automated duplex grinder pumping system. Domestic wastewater from the lift station passes through a splitter valve which sends the wastewater to two separate extended aeration plants. Plant 1 has a design flow of 0.56 MGD, while Plant 2 provides redundancy with a design flow of 0.24 MGD. Each of the plants is

equipped with a dedicated aeration basin, aerobic digester, clarifier, and chlorine contact chamber. Treated effluent is chlorinated and then reused to irrigate a variety of turf grasses or stored in a dedicated treated effluent storage and evaporation pond with a surface area of 1.5 acres and total capacity of 5.5 acre ft. Residential effluent from the pond may be re-chlorinated and disposed of on-site via surface irrigation within the dedicated turf grass disposal area. Sludge is dried on-site in the sludge drying beds or hauled off-site for disposal at an approved location.

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

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

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no es una representación ejecutiva fedérale de la solicitud de permiso.

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

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

INSTRUCTIONS

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

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

Example 1: Industrial Wastewater TPDES Application (ENGLISH)

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

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

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

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

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

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

Example 2: Domestic Wastewater TPDES Renewal application

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

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to discharge at an annual average flow of 1,200,000 gallons per day of treated domestic wastewater via Outfalls 001 and 002.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 3: Domestic Wastewater TPDES New Application

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

The City of Texas (CN000000000) proposes to operate the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the extended aeration mode. The facility will be located at 123 Texas Street, in the City of More Texas, Texas County, Texas 71234.

This application is for a new application to discharge at a daily average flow of 200,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 4: Domestic Wastewater TLAP Renewal application

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

of the permit application.

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to dispose a daily average flow not to exceed 76,500 gallons per day of treated domestic wastewater via public access subsurface drip irrigation system with a minimum area of 32 acres. This permit will not authorize a discharge of pollutants into water in the state.

Land application of domestic wastewater from the facility are expected to contain five-day biochemical oxygen demand (BOD_5), total suspended solids (TSS), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, an equalization basin, an aeration basin, a final clarifier, an aerobic sludge digester, tertiary filters, and a chlorine contact chamber. In addition, the facility includes a temporary storage that equals to at least three days of the daily average flow.

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

☒ Other **OWNERSHIP CHANGE**

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	**3. Regulated Entity Reference Number** *(if issued)*
CN 606170249		**RN 101250694**

SECTION II: Customer Information

4. General Customer Information	**5. Effective Date for Customer Information Updates** (mm/dd/yyyy)	9/1/2024

☐ New Customer ☐ Update to Customer Information ☒ Change in Regulated Entity Ownership
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).

6. Customer Legal Name *(If an individual, print last name first: eg: Doe, John)*	*If new Customer, enter previous Customer below:*
ARAMARK SPORTS & ENTERTAINMENT SERVICES, LLC	

7. TX SOS/CPA Filing Number	**8. TX State Tax ID** (11 digits)	**9. Federal Tax ID** (9 digits)	**10. DUNS Number** *(if applicable)*
	12316642326	231664232	

11. Type of Customer:	☒ Corporation	☐ Individual	Partnership: ☐ General ☐ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other		☐ Sole Proprietorship	☐ Other:

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

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

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

15. Mailing Address:							
	2400 Market St						
City	PHILADELPHIA	**State**	PA	**ZIP**	19103	**ZIP + 4**	

16. Country Mailing Information *(if outside USA)*	**17. E-Mail Address** *(if applicable)*
	shah-nirav@aramark.com

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(215) 238-1600		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

BIG BEND STATION INN & RV RANCH/ PREVIOUSLY BIG BEND RESORTS & ADVENTURES

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	53623 TX HWY 118							
	City	TERLINGUA	**State**	TX	**ZIP**	79852	**ZIP + 4**	
24. County								

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

25. Description to Physical Location:	

26. Nearest City	**State**	**Nearest ZIP Code**
Alpine	TX	79853

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
29.3300°	9	18	103.5339°	7	40

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)
7011	7033	721110	721214

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

LODGING INN AND RV PARK

34. Mailing Address:	**PO BOX 227**							
	City	**TERLINGUA**	**State**	**TX**	**ZIP**	**79852**	**ZIP + 4**	
35. E-Mail Address:	**GARLAND-TRACY1@ARAMARK.COM**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(432) 371-3382		( ) -

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

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☒ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0013652001			

SECTION IV: Preparer Information

40. Name:	Rebecca Neuren	**41. Title:**	Engineer

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(310 **)** 666-1904		**( )** -	rneuren@eecenvironmental.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:	ARAMARK SPORTS & ENTERTAINMENT SERVICES, LLC	**Job Title:**	Chief Financial Officer
Name *(In Print):*	Nirav Shah	**Phone:**	**(** 732 **)** 322-0748
Signature:	DocuSigned by: Nirav Shah 5F9B33B04B07445...	**Date:**	April 9, 2025

TCEQ Wastewater Permit Renewal Application

Permit No. WQ136852001

Big Bend Station Inn and RV Ranch

53623 TX-118 Terlingua, TX 79852

March 3, 2025

Revised: March 28, 2025

Enclosed:

Form 10053

Attachments:

1. Copy of Online Payment Voucher
2. 14_400_Core Data Form
3. 20972 PLS 2024-11-08

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Big Bend Station Inn and RV Ranch

PERMIT NUMBER (If new, leave blank): WQ0013652001

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region_____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	$350.00 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☒
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☐
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed — Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY — Voucher Number: 58Ea000657706

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 Water Treatment

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

☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

e. For amendments or modifications, describe the proposed changes: N/A

f. For existing permits:

Permit Number: WQ00 13652001

EPA I.D. (TPDES only): TX N/A

Expiration Date: September 10, 2025

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

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

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

Aramark Sports and Entertainment Services, LLC

(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: CN606170249

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

Prefix: Mr. Last Name, First Name: Shah, Nirav

Title: Vice President of Finance, Aramark Destinations Credential:

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

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

N/A

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

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

CN: N/A

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

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

Provide a brief description of the need for a co-permittee: N/A

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. 14 400 Core Data Form

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Ms. Last Name, First Name: Neuren, Rebecca

Title: Project Engineer Credential: MSCE, EIT

Organization Name: EEC Environmental

Mailing Address: 1 City Blvd West City, State, Zip Code: Orange, CA 92832

Phone No.: 310-666-1904 E-mail Address: rneuren@eecenvironmental.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

B. Prefix: Ms. Last Name, First Name: Garland, Tracy

Title: General Manager Credential: MED

Organization Name: Big Bend Station Inn and RV Ranch

Mailing Address: 53623 TX-118 City, State, Zip Code: Terlingua, TX 79852

Phone No.: 605-516-8115 E-mail Address: garland-tracy1@aramark.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Ms. Last Name, First Name: Garland, Tracy

Title: General Manager Credential: MED

Organization Name: Big Bend Station Inn and RV Ranch

Mailing Address: 53623 TX-118 City, State, Zip Code: Terlingua, TX 79852

Phone No.: 844-637-0883 E-mail Address: garland-tracy1@aramark.com

B. Prefix: Ms. Last Name, First Name: Kugler, Jennifer

Title: Director of Environmental Compliance Credential: N/A

Organization Name: Aramark Safety and Risk Solutions

Mailing Address: 2400 Market St. City, State, Zip Code: Philadelphia, PA 19103

Phone No.: 267-593-8183 E-mail Address: kugler-jennifer@aramark.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: Mr. Last Name, First Name: Shah, Nirav

Title: Vice President of Finance Credential:N/A

Organization Name: Aramark Destinations

Mailing Address: 2400 Market St. City, State, Zip Code: Philadelphia, PA 19103

Phone No.: 215-238-7033 E-mail Address: shah-nirav@aramark.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: Mr. Last Name, First Name: Perry, Scott

Title: Contract Wastewater Operator Credential: N/A

Organization Name: Big Bend Station Inn and RV Ranch

Mailing Address: 53623 TX-118 City, State, Zip Code: Terlingua, TX 79852

Phone No.: 432-424-5000 E-mail Address: scotchperry@yahoo.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Neuren, Rebecca

Title: Project Engineer Credential: MSCE, EIT

Organization Name: EEC Environmental

Mailing Address: 1 City Blvd West City, State, Zip Code: Orange, CA 92832

Phone No.: 310-666-1904 E-mail Address: rneuren@eecenvironmental.com

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

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

☒ E-mail Address

☐ Fax

☒ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Ms. Last Name, First Name: Garland, Tracy

Title: General Manager Credential: MED

Organization Name: Big Bend Station Inn and RV Ranch

Mailing Address: 53623 TX-118 City, State, Zip Code: Terlingua, TX 79852

Phone No.: 606-516-8115 E-mail Address: garland-tracy1@aramark.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: United States Post Office

Location within the building: Public Notice Posting

Physical Address of Building: 53600 TX-118

City: Terlingua County: Brewster

Contact (Last Name, First Name): N/A

Phone No.: 800-275-8777 Ext.:

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. Summary of Application in Plain Language Template

Complete the F. Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS, and include as an attachment.

Attachment: 20972_PLS_2024-11-08

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: N/A

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** 101250694

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):

Big Bend Station Inn and RV Ranch

C. Owner of treatment facility: Aramark Sports and Entertainment Services, LLC

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

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

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

Organization Name: Aramark Sports and Entertainment Services, LLC

Mailing Address: 2400 Market St. City, State, Zip Code: Philadelphia, PA 19103

Phone No.: N/A E-mail Address: N/A

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:

E. Owner of effluent disposal site:

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

Organization Name: Aramark Sports and Entertainment Services, LLC

Mailing Address: 2400 Market St. City, State, Zip Code: Philadelphia, PA 19103

Phone No.:N/A E-mail Address: N/A

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:

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

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

Organization Name: N/A

Mailing Address: N/A City, State, Zip Code: N/A

Phone No.: N/A E-mail Address: N/A

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

Attachment:

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☐ Yes ☐ No

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

N/A

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:

N/A

City nearest the outfall(s): Terlingua

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

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:

D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: N/A

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☒ Yes ☐ No

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

N/A

B. City nearest the disposal site: Terlingua

C. County in which the disposal site is located: Brewster

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

Treated effluent is chlorinated in the chlorine contact chamber prior to storage in an on-site holding pond. A significant volume of effluent is evaporated from the pond, residual effluent is then transferred to dedicated irrigation holding tanks and chlorinated prior to disposal via land application in the designated irrigation disposal zone. Flow is measured prior to discharge to the irrigation zone. The site has designated up to 75 acres for irrigation disposal, development is restricted in this zone.

E. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: The site is located in the drainage basin of the Rio Grande above Amistad Reservoir in Segment no. 2306 of the Rio Grande Basin, although direct discharge of stormwater to the basin is not expected due to the remote location of the site in relation to the River. The nearest watercourse is Ruff Run Creek; a dry creek located on the property.

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.

N/A

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: N/A

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If **yes**, provide the following information:

Account number: N/A

Amount past due: N/A

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If **yes**, please provide the following information:

Enforcement order number: N/A

Amount past due: N/A

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: Click to enter text.

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0013652001

Applicant: Big Bend Station Inn and RV Ranch

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): Nirav Shah

Signatory title: CFO of Aramark Sports & Entertainment Services, LLC

Signature: _____ Date: 4/2/2025

(Use blue ink)

Subscribed and Sworn to before me by the said Nirav Shah

on this 2nd day of April, 2025.

My commission expires on the 14th day of January, 2025.

Alison O'Brien

Notary Public

COMMONWEALTH OF PENNSYLVANIA - NOTARY SEAL
Alison Gail O'Brien Notary Public
Philadelphia County
My Commission Expires 1/14/2026
Commission # 1406631

Alison O'Brien

County, ~~Texas~~ Philadelphia

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 that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).

D. Provide the source of the landowners' names and mailing addresses:
https://gis.bisclient.com/brewstercad/

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):

N/A

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

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

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

☐ Yes ☐ No

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: N/A

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:** Click to enter text.

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: Click to enter text.

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

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

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

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

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

Driver's License or State Identification Number: Click to enter text.

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

Phone Number: Click to enter text. Fax Number: Click to enter text.

E-mail Address: Click to enter text.

CN: Click to enter text.

For Commission Use Only:
Customer Number:
Regulated Entity Number:
Permit Number:

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

Electronic Application Submittal ☒ Yes
(See application submittal requirements on page 23 of the instructions.)

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)

Summary of Application (in Plain Language) ☒ Yes

Attachments

1. Copy of Online Payment Voucher

Outlook

TCEQ ePay Receipt for 582EA000657706

From steers@tceq.texas.gov <steers@tceq.texas.gov>
Date Tue 3/4/2025 11:59 AM
To Rebecca Neuren <rneuren@eecenvironmental.com>

This is an automated message from the TCEQ ePay system. Please do not reply.
Trace Number: 582EA000657706
Date: 03/04/2025 01:59 PM
Payment Method: CC - Authorization 000007633G
TCEQ Amount: $1,615.00
Texas.gov Price: $1,651.59*

* 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: REBECCA NEUREN
Email: rneuren@eecenvironmental.com

Payment Contact: REBECCA NEUREN
Phone: 310-666-1904
Company: EEC ENVIRONMENTAL
Address: 1 CITY BLVD WEST, ORANGE, CA 92868

Fees Paid:
Fee Description AR Number Amount
WW PERMIT - FACILITY WITH FLOW >= .50 & < 1.0 MGD - RENEWAL $1,600.00
30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE $15.00

TCEQ Amount: $1,615.00

==========
==========
Voucher: 755793
Trace Number: 582EA000657706
Date: 03/04/2025 01:59 PM
Payment Method: CC - Authorization 000007633G
Voucher Amount: $1,600.00
Fee Paid: WW PERMIT - FACILITY WITH FLOW >= .50 & < 1.0 MGD - RENEWAL
RN Number: RN101250694
Site Name: BIG BEND STATION INN AND RV RANCH
Site Location: 53623 TX-118
TERLINGUA TX 79852

CN Number: CN606170249
Customer Name: ARAMARK SPORTS & ENTERTAINMENT SERVICES LLC
Customer Address: 2400 MARKET ST, PHILADELPHIA, PA 19103
Program Area ID: 13652001

Voucher: 755794
Trace Number: 582EA000657706
Date: 03/04/2025 01:59 PM
Payment Method: CC - Authorization 000007633G
Voucher Amount: $15.00
Fee Paid: 30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE

==========

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://www3.tceq.texas.gov/epay/index.cfm?fuseaction=cor.search&trace_num_txt=582EA000657706.

2. 14_400_Core Data Form

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

☒ Other **OWNERSHIP CHANGE**

2. Customer Reference Number *(if issued)*

CN 606170249

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

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

RN 101250694

SECTION II: Customer Information

4. General Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy) 9/1/2024

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

☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).

6. Customer Legal Name *(If an individual, print last name first: eg: Doe, John)*

ARAMARK SPORTS & ENTERTAINMENT SERVICES, LLC

If new Customer, enter previous Customer below:

7. TX SOS/CPA Filing Number

8. TX State Tax ID (11 digits)

12316642326

9. Federal Tax ID (9 digits)

231664232

10. DUNS Number *(if applicable)*

11. Type of Customer:

☒ Corporation ☐ Individual Partnership: ☐ General ☐ Limited

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

12. Number of Employees

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

13. Independently Owned and Operated?

☐ **Yes** ☒ **No**

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

☒ Owner ☐ Operator ☐ Owner & Operator ☐ Other:

☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant

15. Mailing Address:

2400 Market St

City	PHILADELPHIA	State	PA	ZIP	19103	ZIP + 4	

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

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

shah-nirav@aramark.com

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(215) 238-1600		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

BIG BEND STATION INN & RV RANCH/ PREVIOUSLY BIG BEND RESORTS & ADVENTURES

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	53623 TX HWY 118							
	City	TERLINGUA	**State**	TX	**ZIP**	79852	**ZIP + 4**	
24. County								

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

25. Description to Physical Location:	

26. Nearest City	**State**	**Nearest ZIP Code**
Alpine	TX	79853

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
29.3300°	9	18	103.5339°	7	40

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)
7011	7033	721110	721214

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

LODGING INN AND RV PARK

34. Mailing Address:	**PO BOX 227**							
	City	**TERLINGUA**	**State**	**TX**	**ZIP**	**79852**	**ZIP + 4**	

35. E-Mail Address:	**GARLAND-TRACY1@ARAMARK.COM**

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(432) 371-3382		( ) -

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

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☒ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0013652001			

SECTION IV: Preparer Information

40. Name:	Rebecca Neuren	**41. Title:**	Engineer

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(310 **)** 666-1904		**( )** -	rneuren@eecenvironmental.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:	ARAMARK SPORTS & ENTERTAINMENT SERVICES, LLC	**Job Title:**	
Name *(In Print):*		**Phone:**	**( )** -
Signature:		**Date:**	

3. 20972 PLS 2024-11-08

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

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

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

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

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

Big Bend Station Inn and RV Ranch (CN606170249) operates Big Bend Station Wastewater Treatment Plant (RN101250694), a plant which serves a privately owned residential, hospitality, and recreational facility. The design flow of the system is 80,000 gpd. The treatment and disposal system consists of two extended aeration package treatment plants with integrated clarifiers and chlorine contact chambers, transfer and effluent storage tanks, and a 5.5 acre ft holding pond. The facility is located at 53623 Texas-118, in Terlingua, Brewster County, Texas 79852. The facility proposes to renew the existing TLAP permit (WQ0013652001) with a treatment/discharge limit of 80,000 gpd. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain less than 20 mg/L of BOD and TSS. Domestic wastewater is treated by extended aeration activated sludge process via parallel extended aeration package treatment plants. Domestic wastewater is conveyed to the wastewater plant via a lift station equipped with an automated duplex grinder pumping system. Domestic wastewater from the lift station passes through a splitter valve which sends the wastewater to two separate extended aeration plants. Plant 1 has a design flow of 0.56 MGD, while Plant 2 provides redundancy with a design flow of 0.24 MGD. Each of the plants is equipped with a dedicated aeration basin, aerobic digester, clarifier, and chlorine contact

chamber. Treated effluent is chlorinated and then reused to irrigate a variety of turf grasses or stored in a dedicated treated effluent storage and evaporation pond with a surface area of 1.5 acres and total capacity of 5.5 acre ft. Residual effluent from the pond may be re-chlorinated and disposed of on-site via surface irrigation within the dedicated turf grass disposal area. Sludge is dried on-site in the sludge drying beds or hauled off-site for disposal at an approved location.

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

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

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no es una representación ejecutiva fedérale de la solicitud de permiso.

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

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

INSTRUCTIONS

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

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

Example 1: Industrial Wastewater TPDES Application (ENGLISH)

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

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

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

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

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

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

Example 2: Domestic Wastewater TPDES Renewal application

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

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to discharge at an annual average flow of 1,200,000 gallons per day of treated domestic wastewater via Outfalls 001 and 002.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli.* Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 3: Domestic Wastewater TPDES New Application

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

The City of Texas (CN000000000) proposes to operate the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the extended aeration mode. The facility will be located at 123 Texas Street, in the City of More Texas, Texas County, Texas 71234.

This application is for a new application to discharge at a daily average flow of 200,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli.* Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 4: Domestic Wastewater TLAP Renewal application

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

of the permit application.

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to dispose a daily average flow not to exceed 76,500 gallons per day of treated domestic wastewater via public access subsurface drip irrigation system with a minimum area of 32 acres. This permit will not authorize a discharge of pollutants into water in the state.

Land application of domestic wastewater from the facility are expected to contain five-day biochemical oxygen demand (BOD_5), total suspended solids (TSS), and *Escherichia coli.* Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, an equalization basin, an aeration basin, a final clarifier, an aerobic sludge digester, tertiary filters, and a chlorine contact chamber. In addition, the facility includes a temporary storage that equals to at least three days of the daily average flow.

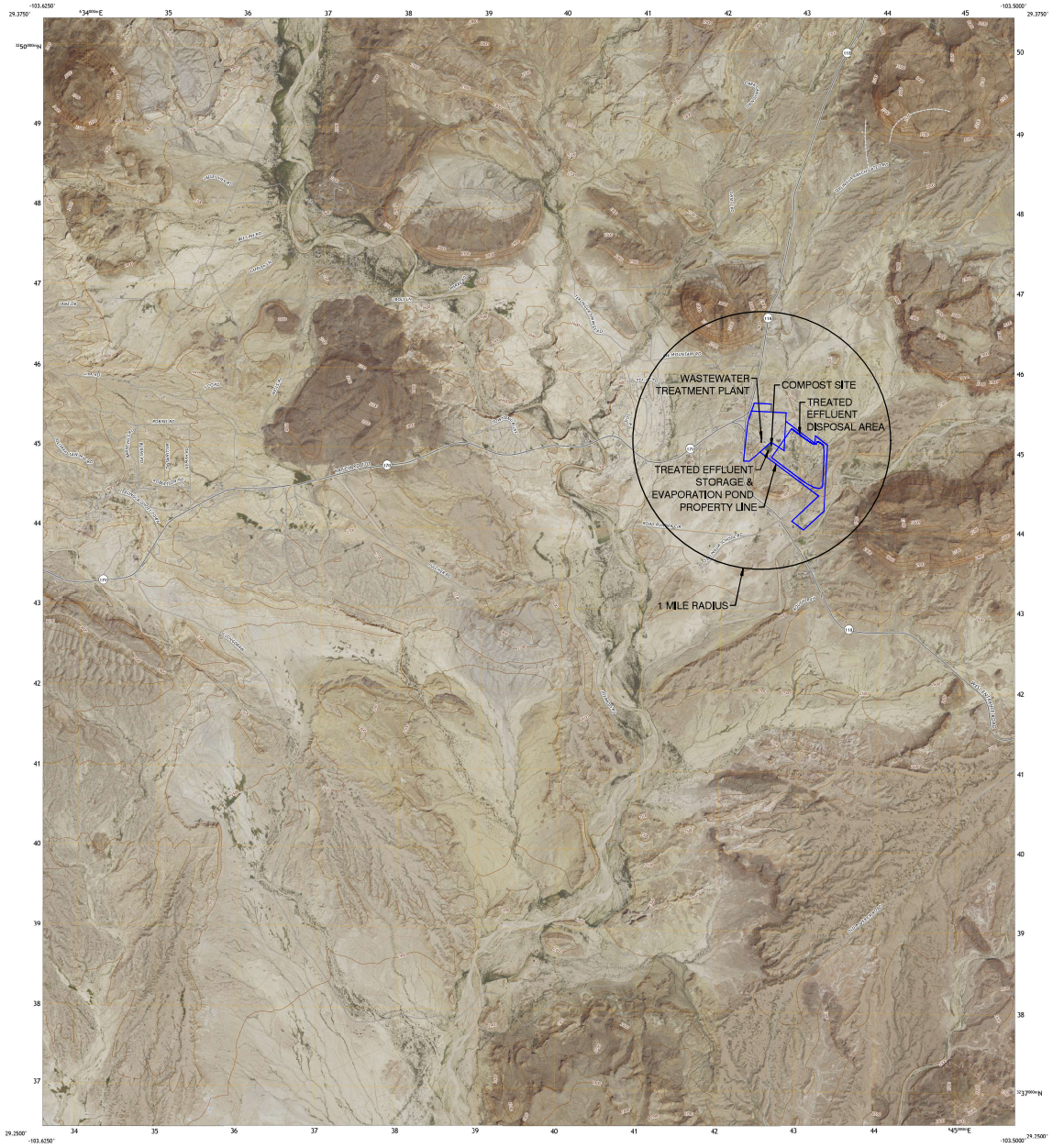
Y:\Jobs_s\S3700's\S-3753.03T - Aramark - Big Bend WWTP\6 CAD - Figures - Drawings\Exhibits\Big Bend USGS Topo.dwg

USGS science for a changing world

U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY

The National Map
OnDemand Topo

TERLINGUA QUADRANGLE
TEXAS - BREWSTER COUNTY
7.5-MINUTE TOPO



Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid Universal Transverse Mercator, Zone 13E

Data is provided by The National Map (TNM). Is the best available at the time of map generation, and includes data content from supporting themes of Elevation, Hydrography, Geographic Names, Boundaries, Transportation, Structures, Land Cover, and Orthoimagery. Refer to associated Federal Geographic Data Committee (FGDC) metadata for additional source data information.

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands. Terrestrial changes may have occurred since these data were collected and some data may no longer represent actual surface conditions.

Learn About The National Map: https://nationalmap.gov

UTM GRID AND 2021 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

SCALE 1:24 000

CONTOUR INTERVAL 20 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988
CONTOUR SMOOTHNESS = High

USER DEFINED CONTENT

QUADRANGLE LOCATION

ADJOINING QUADRANGLES

ROAD CLASSIFICATION

TERLINGUA, TX
2024