



Administrative Package Cover Page

This file contains the following documents:

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



Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

1. Resumen en lenguaje sencillo (PLS, por sus siglas en inglés) de la actividad propuesta
 - Inglés
 - Idioma alternativo (español)
2. Primer aviso (NORI, por sus siglas en inglés)
 - Inglés
 - Idioma alternativo (español)
3. Solicitud original



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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS Enter 'INDUSTRIAL' or 'DOMESTIC' here 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.

Clint Independent School District (CN600794952) operates Red Sands Elementary Wastewater Treatment Plant (RN101521169), an activated sludge process plant. The facility is located at 4250 O'Shea Road, in El Paso, El Paso County, Texas 79938. This application is a renewal to discharge 7,050 gallons per day of treated domestic wastewater via subsurface drip irrigation on 1.62 acres of land. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain CBOD5, Total Suspended Solids, Ammonia Nitrogen, Nitrate Nitrogen, Total Kjeldahl Nitrogen, Sulfate, Chloride, Total Phosphorus, pH, Dissolved Oxygen, Chlorine Residual, E.coli, Total Dissolved Solids, Electrical Conductivity, Oil & Grease, Alkalinity (CaCO₃). Domestic wastewater is treated by an influent lift station with grinder pumps, an activated sludge process plant with 4Q clarifier, and an effluent to a pump tank with the effluent pumped through disc filters to a subsurface drip irrigation system.

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

AGUAS RESIDUALES DOMESTICAS /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.

El Distrito Escolar Independiente de Clint (CN600794452) opera la Planta de Tratamiento de Aguas Residuales de la Escuela Primaria Red Sands (RN101521169), una planta de procesamiento de lodos activados. La instalación está ubicada en 4250 O'She Road, en El Paso, Condado de El Paso, Texas 79938. Esta solicitud renueva el permiso para descargar 7,050 galones diarios de aguas residuales domesticas tratadas mediante Riego por goteo subterráneo en un terreno de 1.62 acres. Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (CBOD), solidos suspendidos totales (TSS), nitrógeno amoniacal, nitrógeno nítrico, nitrógeno kjeldahl total (TKN), sulfato, cloruro, fosforo total, pH, oxígeno disuelto, cloro residual, E. coli, solidos disueltos totales, conductividad eléctrica, aceite y grasa, y alcalinidad (CaCO_3). Las aguas residuales domesticas. **están** tratado por una estación elevadora de afluentes con bombas trituradoras, una planta de proceso de lodos activados con un clarificador 4Q y un efluente a un tanque de bombeo con efluente bombeado a través de filtros de disco hasta un Sistema de Riego por goteo subterráneo.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0014005001

APPLICATION. Clint Independent School District, 300 North Kenazo Avenue, Horizon City, Texas 79928, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Land Application Permit (TLAP) No. WQ0014005001 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 7,050 gallons per day via subsurface drip irrigation of 1.62 acres of non-public access land. The domestic wastewater treatment facility and disposal area are located at 4250 O'shea Street, in the city of El Paso, in El Paso County, Texas 79938. TCEQ received this application on August 29, 2025. The permit application will be available for viewing and copying at Clint Independent School District Administrative Offices, Front Desk, 14521 Horizon Boulevard, El Paso, in El Paso 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=-106.156111,31.823333&level=18>

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications>. El aviso de idioma alternativo en español está disponible en <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications>.

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 Clint Independent School District at the address stated above or by calling Mr. Benjamin Natera, Facilities and Construction Coordinator, at 915-926-3221.

Issuance Date: September 18, 2025

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ0014005001

SOLICITUD. El Distrito Escolar Independiente de Clint, ubicado en 300 North Kenazo Avenue, Horizon City, Texas 79928, ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) para renovar el Permiso No. WQ0014005001 de disposición de aguas residuales para autorizar la disposición de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 7,050 galones por día a través del riego por goteo subterráneo de 1.62 acres de tierras de acceso no público. La planta de tratamiento de aguas domésticas y el área de disposición están ubicados en 4250 O'Shea Street en el Condado de El Paso, Texas 79938. La TCEQ recibió esta solicitud el 29 de Agosto, del 2025. La solicitud para el permiso estará disponible para leerla y copiarla en la recepción de las oficinas administrativas de el Distrito Escolar Independiente de Clint, ubicadas en 14521 Horizon Boulevard, El Paso, en el condado de El Paso, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications>.

Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-106.156111,31.823333&level=18>

AVISO DE IDIOMA ALTERNATIVO. El aviso de idioma alternativo en español está disponible en <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications>.

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ

realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

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

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

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión.

La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. **Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios. Si ciertos criterios se cumplen, la TCEQ puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.**

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo,

la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos del solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

INFORMACIÓN DISPONIBLE EN LÍNEA. Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en www.tceq.texas.gov/goto/cid. Para buscar en la base de datos, utilizar el número de permiso para esta solicitud que aparece en la parte superior de este aviso.

CONTACTOS E INFORMACIÓN A LA AGENCIA. Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía <http://www14.tceq.texas.gov/epic/eComment/> o por escrito dirigidos a la Comisión de Texas de Calidad Ambiental, Oficial de la Secretaría (Office of Chief Clerk), MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en Español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del Distrito Escolar Independiente de Clint, a la dirección indicada arriba o llamando al Sr. Benjamin Natera, Coordinador de Instalaciones y Construcción al 915-926-3221.

Fecha de emisión 18 de septiembre de 2025

Brooke T. Paup, *Chairwoman*
Bobby Janecka, *Commissioner*
Catarina R. Gonzales, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

August 29, 2025

Re: Confirmation of Submission of the Renewal without changes for Public Domestic Wastewater Authorization.

Dear Applicant:

This is an acknowledgement that you have successfully completed Renewal without changes for the Public Domestic Wastewater authorization.

ER Account Number: ER088122

Application Reference Number: 810763

Authorization Number: WQ0014005001

Site Name: Red Sand Elementary School WWTP

Regulated Entity: RN101521169 - Red Sand Elementary School WWTP

Customer(s): CN600794952 - Clint Independent School District

Please be aware that TCEQ staff may contact your designated contact for any additional information.

If you have any questions, you may contact the Applications Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by telephone at (512) 239-4671.

Sincerely,
Applications Review and Processing Team
Water Quality Division

Texas Commission on Environmental Quality

Update Domestic or Industrial Individual Permit

WQ0014005001

Site Information (Regulated Entity)

What is the name of the site to be authorized?	RED SAND ELEMENTARY SCHOOL WWTP
Does the site have a physical address?	Yes
Physical Address	
Number and Street	4250 OSHEA ST
City	EL PASO
State	TX
ZIP	79938
County	EL PASO
Latitude (N) (##.#####)	31.823333
Longitude (W) (-###.#####)	-106.156111
Primary SIC Code	8211
Secondary SIC Code	
Primary NAICS Code	611110
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN101521169
What is the name of the Regulated Entity (RE)?	RED SAND ELEMENTARY SCHOOL WWTP
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	4250 OSHEA ST
City	EL PASO
State	TX
ZIP	79938
County	EL PASO
Latitude (N) (##.#####)	31.825577
Longitude (W) (-###.#####)	-106.156558
Facility NAICS Code	
What is the primary business of this entity?	DOMESTIC N D

Clint I-Customer (Applicant) Information (Owner)

How is this applicant associated with this site?	Owner
What is the applicant's Customer Number (CN)?	CN600794952
Type of Customer	Other Government
Full legal name of the applicant:	
Legal Name	Clint Independent School District
Texas SOS Filing Number	
Federal Tax ID	
State Franchise Tax ID	
State Sales Tax ID	

Local Tax ID	
DUNS Number	
Number of Employees	
Independently Owned and Operated?	
I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.	Yes
Responsible Authority Contact	
Organization Name	Clint Independent School District
Prefix	
First	Anthony
Middle	
Last	Prado
Suffix	
Credentials	
Title	Chief Operations Officer
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	300 N KENAZO AVE
Routing (such as Mail Code, Dept., or Attn:)	
City	HORIZON CITY
State	TX
ZIP	79928
Phone (###-###-####)	9159263221
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	anthony.prado@clint.net

Billing Contact

Responsible contact for receiving billing statements:

Select the permittee that is responsible for payment of the annual fee.	CN600794952, Clint Independent School District
Organization Name	Clint Independent School District
Prefix	
First	Anthony
Middle	
Last	Prado
Suffix	
Credentials	
Title	Chief Operations Officer
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	300 N KENAZO AVE
Routing (such as Mail Code, Dept., or Attn:)	
City	HORIZON CITY
State	TX

ZIP	79928
Phone (###-###-####)	9159263221
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	anthony.prado@clint.net

Application Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	Billing Contact
Organization Name	Clint Independent School District
Prefix	
First	Anthony
Middle	
Last	Prado
Suffix	
Credentials	
Title	Chief Operations Officer

Enter new address or copy one from list:

Mailing Address

Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	300 N KENAZO AVE
Routing (such as Mail Code, Dept., or Attn:)	
City	HORIZON CITY
State	TX
ZIP	79928
Phone (###-###-####)	9159263221
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	anthony.prado@clint.net

Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	
Organization Name	WSP USA Inc
Prefix	MS
First	Yvette
Middle	
Last	Pereyra
Suffix	
Credentials	PG
Title	Experienced Professional, Geology

Enter new address or copy one from list:

Mailing Address

Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	125 MONTOYA RD

Routing (such as Mail Code, Dept., or Attn:)	
City	EL PASO
State	TX
ZIP	79932
Phone (###-###-####)	9152163337
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	yvette.pereyra@wsp.com

DMR Contact

Person responsible for submitting Discharge Monitoring Report Forms:

Same as another contact?	
Organization Name	Clint Independent School District
Prefix	
First	Bernardo
Middle	
Last	Lucero
Suffix	
Credentials	PE
Title	Maintenance Manager

Enter new address or copy one from list:

Mailing Address:

Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	311 S DARRINGTON RD
Routing (such as Mail Code, Dept., or Attn:)	
City	HORIZON CITY
State	TX
ZIP	79928
Phone (###-###-####)	9159264951
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	bernardo.lucero@clint.net

Section 1# Permit Contact

Permit Contact#: 1

Person TCEQ should contact throughout the permit term.

1) Same as another contact?	Application Contact
2) Organization Name	Clint Independent School District
3) Prefix	
4) First	Anthony
5) Middle	
6) Last	Prado
7) Suffix	
8) Credentials	

9) Title	Chief Operations Officer
Mailing Address	
10) Enter new address or copy one from list	
11) Address Type	Domestic
11.1) Mailing Address (include Suite or Bldg. here, if applicable)	300 N KENAZO AVE
11.2) Routing (such as Mail Code, Dept., or Attn:)	
11.3) City	HORIZON CITY
11.4) State	TX
11.5) ZIP	79928
12) Phone (###-###-####)	9159263221
13) Extension	
14) Alternate Phone (###-###-####)	
15) Fax (###-###-####)	
16) E-mail	anthony.prado@clint.net

Owner Information

Owner of Treatment Facility

1) Prefix	
2) First and Last Name	
3) Organization Name	Clint Independent School District
4) Mailing Address	300 N Kenazo Ave
5) City	Horizon City
6) State	TX
7) Zip Code	79928
8) Phone (###-###-####)	9159263221
9) Extension	
10) Email	anthony.prado@clint.net
11) What is ownership of the treatment facility?	Public

Owner of Land (where treatment facility is or will be)

12) Prefix	
13) First and Last Name	
14) Organization Name	Clint Independent School District
15) Mailing Address	4250 OShea Road
16) City	El Paso
17) State	TX
18) Zip Code	79938
19) Phone (###-###-####)	9159263221
20) Extension	
21) Email	anthony.prado@clint.net
22) Is the landowner the same person as the facility owner or co-applicant?	Yes

General Information Renewal-Amendment

1) Current authorization expiration date:	09/01/2025
2) Current Facility operational status:	Active
3) Is the facility located on or does the treated effluent cross American Indian Land?	No

4) What is the application type that you are seeking?	Renewal without changes
5) Current Authorization type:	Public Domestic Wastewater
5.1) What is the proposed total flow in MGD discharged at the facility?	.007
5.2) Select the applicable fee	< .05 MGD - Renewal - \$315
6) What is the classification for your authorization?	TLAP
6.1) Is the location of the effluent disposal site in the existing permit accurate?	Yes
6.2) City nearest the disposal site:	El Paso
6.3) County in which the disposal site is located:	EL PASO
6.4) Describe the routing of effluent from the treatment facility to the disposal site:	Effluent gravity flows from the chlorine basin to a pump tank before being pumped to the disposal field through subsurface drip line.
6.5) Identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained:	Rio Grande
6.6) 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
Owner of Sewage Sludge Disposal Site	
6.6.1) Prefix	
6.6.2) First and Last Name	
6.6.3) Organization Name	Lower Valley Water District
6.6.4) Mailing Address	1110 Clint/San Elizario Rd
6.6.5) City	El Paso
6.6.6) State	TX
6.6.7) Zip Code	79927
6.6.8) Phone (###-###-####)	9157914480
6.6.9) Extension	
6.6.10) Email	anthony.prado@clint.net
6.6.11) Is the landowner the same person as the facility owner or co-applicant?	No
Owner of Effluent TLAP Disposal Site	
6.7) Prefix	
6.8) First and Last Name	
6.9) Organization Name	Clint Independent School District
6.10) Mailing Address	300 N Kenazo Ave
6.11) City	Horizon City
6.12) State	TX
6.13) Zip Code	79928
6.14) Phone (###-###-####)	9159263221
6.15) Extension	
6.16) Email	anthony.prado@clint.net
6.17) Is the landowner the same person as the facility owner or co-applicant?	Yes
7) Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?	No

Public Notice Information

Individual Publishing the Notices

1) Prefix	
2) First and Last Name	Anthony Prado

3) Credential	
4) Title	Chief Operations Officer
5) Organization Name	
6) Mailing Address	300 N KENAZO AVE
7) Address Line 2	
8) City	HORIZON CITY
9) State	TX
10) Zip Code	79928
11) Phone (###-###-####)	9159263221
12) Extension	
13) Fax (###-###-####)	
14) Email	anthony.prado@clint.net
Contact person to be listed in the Notices	
15) Prefix	
16) First and Last Name	Benjamin Natera
17) Credential	
18) Title	Facilities and Construction Coordinator
19) Organization Name	
20) Phone (###-###-####)	9159263221
21) Fax (###-###-####)	
22) Email	benjamin.natera@clint.net
Bilingual Notice Requirements	
23) 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
23.1) Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?	Yes
23.2) Do the students at these schools attend a bilingual education program at another location?	Yes
23.3) 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
23.4) Which language is required by the bilingual program?	Spanish

Section 1# Public Viewing Information

County#: 1

1) County	EL PASO
2) Public building name	Clint ISD Administrative Offices
3) Location within the building	Front Desk
4) Physical Address of Building	14521 Horizon Blvd
5) City	El Paso
6) Contact Name	Anthony Prado
7) Phone (###-###-####)	9159263221
8) Extension	
9) Is the location open to the public?	Yes

Lease Agreement or Deed Attachment

1) Attach a lease agreement or deed recorded easement

[File Properties]

File Name	LEASE_Manifest.pdf
Hash	3CD0ABAB39767236AFAA016E97C06D374C3C95383E5F9999C2618B9A3DD054CA
MIME-Type	application/pdf

Plain Language

1) Plain Language

[File Properties]

File Name	LANG_Plain Language Summary - Red Sands Elementary WWTP.pdf
Hash	37490341437CAFFF648CA919C2EC9DEB76FD76A318E27631A0A5154EFCB26751
MIME-Type	application/pdf

Domestic Attachments

1) Attach an 8.5"x11", reproduced portion of the most current and original USGS Topographic Quadrangle Map(s) that meets the 1:24,000 scale.

[File Properties]

File Name	MAP_TX_Nations_South_Well_20250818_203909712479_TM_geo.pdf
Hash	66D643157A7FD40E8944E573644FB83C890E8EA4CA8ABF1FC7463F76C15200B3
MIME-Type	application/pdf

2) I confirm that all required sections of Technical Report 1.0 are complete and will be included in the Technical Attachment.	Yes
--	-----

2.1) Are you planning to include Worksheet 2.1 (Stream Physical Characteristics) in the Technical Attachment?	No
---	----

2.2) I confirm that Worksheet 3.0 (Land Disposal of Effluent) is complete and included in the Technical Attachment.	Yes
---	-----

2.3) Are you planning to include Worksheet 4.0 (Pollutant Analyses Requirements) in the Technical Attachment?	No
---	----

2.4) Are you planning to include Worksheet 5.0 (Toxicity Testing Requirements) in the Technical Attachment?	No
---	----

2.5) I confirm that Worksheet 6.0 (Industrial Waste Contribution) is complete and included in the Technical Attachment.	Yes
---	-----

2.6) Are you planning to include Worksheet 7.0 (Class V Injection Well Inventory/Authorization Form) in the Technical Attachment?	No
---	----

2.7) Technical Attachment

[File Properties]

File Name	TECH_10054_MUNI_2024_Red Sand Elementary.docx
Hash	18DB81500F7BCF0FBC485A05FF7649467FF82008E80D3E7DB56815633612E015
MIME-Type	application/vnd.openxmlformats-officedocument.wordprocessingml.document

3) Buffer Zone Map

[File Properties]

File Name	BUFF_ZM_Attachment 3. Buffer Zones.pdf
Hash	AF97FE7DEB825D650C45D3B62F78DB33A211A95FC917EA272E62BDB80A908A54
MIME-Type	application/pdf

4) Flow Diagram

[File Properties]

File Name

FLDIA_Attachment 4. Flow Diagram.pdf

Hash

373EE35F708A612ED4BACCA6DEE866C45E08457F81D5CD362D62C9EB6E814686

MIME-Type

application/pdf

5) Site Drawing

[File Properties]

File Name

SITEDR_Attachment 5. Site Drawing.pdf

Hash

E3C71096C0C78C3479D02BEC7C6997052431C12AA161E1C81ECBC945B3A803DF

MIME-Type

application/pdf

6) Design Calculations

[File Properties]

File Name

DES_CAL_CISD-RED SANDS ELEM WWTP(3-24-2009).pdf

Hash

E3C71096C0C78C3479D02BEC7C6997052431C12AA161E1C81ECBC945B3A803DF

MIME-Type

application/pdf

7) Solids Management Plan

8) Water Balance

9) Other Attachments

[File Properties]

File Name

OTHER_Annual Cropping Plan.pdf

Hash

65BE54FC223181F28749FFB142726DD52AECAA4B053130FAFD6BC7B4B781318D

MIME-Type

application/pdf

[File Properties]

File Name

OTHER_Soil_Map.pdf

Hash

7DC87CCFEEC3BCC7BF2BDBB1C939AA790F7B7EA38FA83A4AFCDE739B1D549A71

MIME-Type

application/pdf

[File Properties]

File Name

OTHER_Well Map - NA.pdf

Hash

24621B81FC1FA51981889142BD4F96DCE3EE56571BD6386572383A2EC3EFA8A9

MIME-Type

application/pdf

[File Properties]

File Name

OTHER_Soil Analyses.pdf

Hash

DCA8EE1964DC367074B7ADB04ACE820051D70430B03E9748B8724A0822512081

MIME-Type

application/pdf

Certification

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

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.

- 1. I am Anthony L Prado, the owner of the STEERS account ER088122.
- 2. I have the authority to sign this data on behalf of the applicant named above.
- 3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
- 4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
- 5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
- 6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
- 7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
- 8. I am knowingly and intentionally signing Update Domestic or Industrial Individual Permit WQ0014005001.
- 9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER Signature: Anthony L Prado OWNER

Customer Number:	CN600794952
Legal Name:	Clint Independent School District
Account Number:	ER088122
Signature IP Address:	139.180.39.2
Signature Date:	2025-08-29
Signature Hash:	A115DB776C09A45CD0CD973161D91C2A4580716229D2C9E5F306441D6522D6
Form Hash Code at time of Signature:	0A194DD2E8029B8AABD4C4AD8278D274D5A557D4B91CCEF3938C0BFC231BBA92

Fee Payment

Transaction by:	The application fee payment transaction was made by ER088122/Anthony L Prado
Paid by:	The application fee was paid by ANTHONY PRADO
Fee Amount:	\$300.00
Paid Date:	The application fee was paid on 2025-08-29
Transaction/Voucher number:	The transaction number is 582EA000683246 and the voucher number is 781584

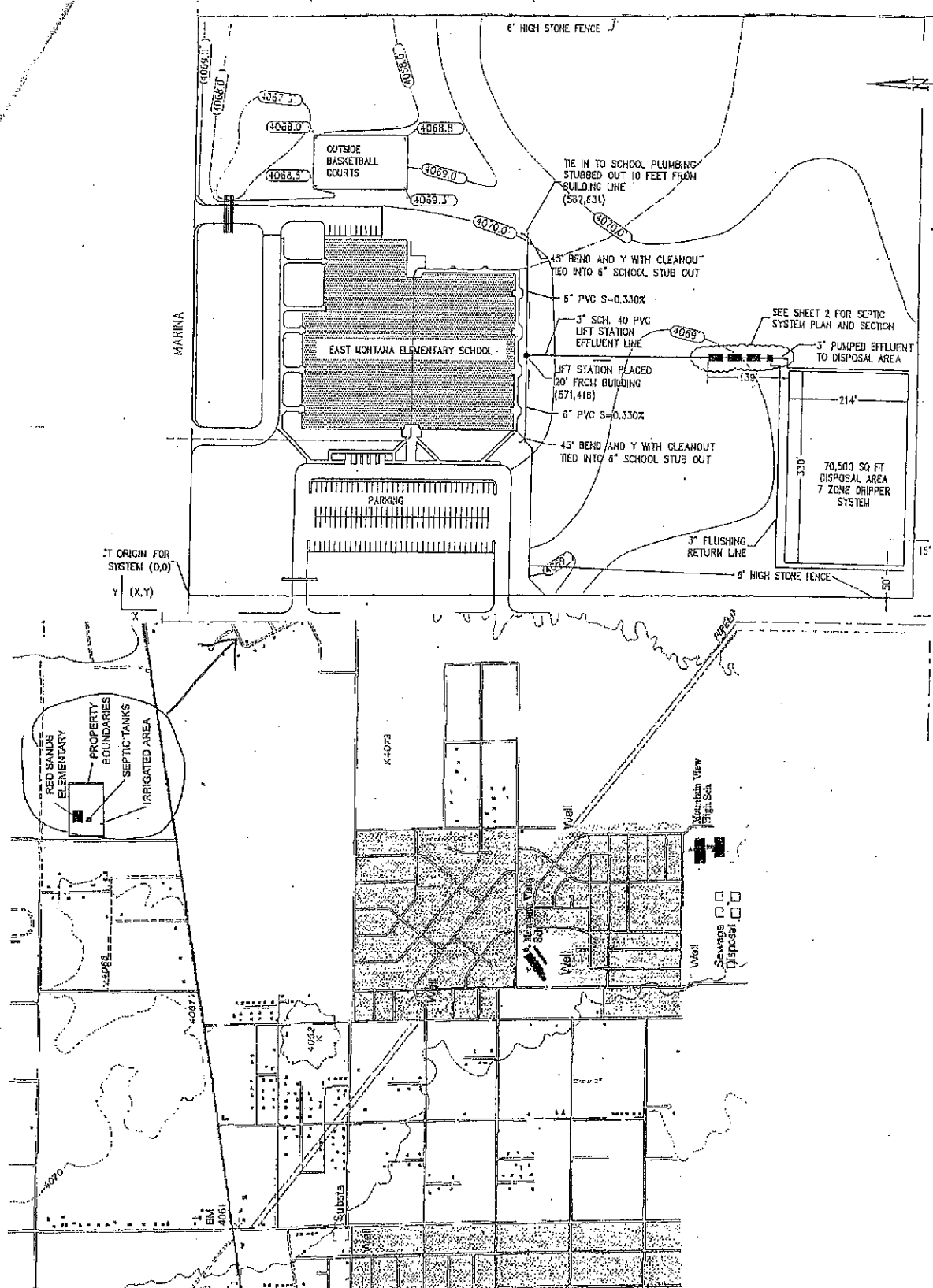
Submission

Reference Number:	The application reference number is 810763
Submitted by:	The application was submitted by ER088122/Anthony L Prado
Submitted Timestamp:	The application was submitted on 2025-08-29 at 17:22:45 CDT
Submitted From:	The application was submitted from IP address 139.180.39.2
Confirmation Number:	The confirmation number is 674957
Steers Version:	The STEERS version is 6.92
Permit Number:	The permit number is WQ0014005001

Additional Information

Application Creator: This account was created by Yvette Pereyra

Clint ISD
Red Sands Elementary WWTP
WQ0014005001
Attachment A





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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS Enter 'INDUSTRIAL' or 'DOMESTIC' here 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.

Clint Independent School District (CN600794952) operates Red Sands Elementary Wastewater Treatment Plant (RN101521169), an activated sludge process plant. The facility is located at 4250 O'Shea Road, in El Paso, El Paso County, Texas 79938. This application is a renewal to discharge 7,050 gallons per day of treated domestic wastewater via subsurface drip irrigation on 1.62 acres of land. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain CBOD5, Total Suspended Solids, Ammonia Nitrogen, Nitrate Nitrogen, Total Kjeldahl Nitrogen, Sulfate, Chloride, Total Phosphorus, pH, Dissolved Oxygen, Chlorine Residual, E.coli, Total Dissolved Solids, Electrical Conductivity, Oil & Grease, Alkalinity (CaCO₃). Domestic wastewater is treated by an influent lift station with grinder pumps, an activated sludge process plant with 4Q clarifier, and an effluent to a pump tank with the effluent pumped through disc filters to a subsurface drip irrigation system.

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

AGUAS RESIDUALES DOMESTICAS /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.

El Distrito Escolar Independiente de Clint (CN600794452) opera la Planta de Tratamiento de Aguas Residuales de la Escuela Primaria Red Sands (RN101521169), una planta de procesamiento de lodos activados. La instalación está ubicada en 4250 O'She Road, en El Paso, Condado de El Paso, Texas 79938. Esta solicitud renueva el permiso para descargar 7,050 galones diarios de aguas residuales domesticas tratadas mediante Riego por goteo subterráneo en un terreno de 1.62 acres. Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (CBOD), solidos suspendidos totales (TSS), nitrógeno amoniacal, nitrógeno nítrico, nitrógeno kjeldahl total (TKN), sulfato, cloruro, fosforo total, pH, oxígeno disuelto, cloro residual, E. coli, solidos disueltos totales, conductividad eléctrica, aceite y grasa, y alcalinidad (CaCO_3). Las aguas residuales domesticas. **están** tratado por una estación elevadora de afluentes con bombas trituradoras, una planta de proceso de lodos activados con un clarificador 4Q y un efluente a un tanque de bombeo con efluente bombeado a través de filtros de disco hasta un Sistema de Riego por goteo subterráneo.



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

Section 1. Permitted or Proposed Flows (Instructions Page 42)

A. Existing/Interim I Phase

Design Flow (MGD): 0.00705

2-Hr Peak Flow (MGD): 0.01763

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): 0.00705

2-Hr Peak Flow (MGD): 0.01763

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: 2009

Section 2. Treatment Process (Instructions Page 42)

A. Current Operating Phase

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

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

Influent lift station with grinder pumps, an activated sludge plant with 4Q clarifier, with effluent to pump tank with effluent pumped through disc filters to subsurface drip irrigation system.

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Aeration tank	1	11x10x13.5 (1140 cuft)
Aerobic Digester Tank	1	11x10x10.5 (998 cuft)
Clarifier	1	8 ft diameter by 11 ft deep (116 cuft)
Chlorine Contact Basin	1	6x6x6 (216 cuft)
Pump Tank	1	10,000 gallon septic tank

C. Process Flow Diagram

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

Attachment: 1. Process Flow Diagram

Section 3. Site Information and Drawing (Instructions Page 43)

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

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

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

- Latitude: 31.825728
- Longitude: -106.156435

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: 2. Site Drawing

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

Red Sands Elementary School serving same school.

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

Collection System Information

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

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 44)

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: 2009

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

N/A

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

N/A

C. Other actions required by the current permit

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

☒ Yes ☐ No

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

Soil Monitoring Data

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

Click to enter text.

3. Grit disposal

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

☒ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

4. Grease and decanted liquid disposal

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

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

Click to enter text.

E. Stormwater management

1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. MSGP coverage

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

3. Conditional exclusion

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

☐ Yes ☐ No

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

Click to enter text.

4. Existing coverage in individual permit

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

☐ Yes ☐ No

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

Click to enter text.

5. Zero stormwater discharge

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

☐ Yes ☐ No

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

Click to enter text.

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

6. Request for coverage in individual permit

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

☐ Yes ☐ No

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

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

[Click to enter text.](#)

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

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

[Click to enter text.](#)

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 49)

Is the facility in operation?

☐ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	<2.00		1	Grab	08/19/25 @ 1120
Total Suspended Solids, mg/l	32.6		1	Grab	08/19/25 @ 1120
Ammonia Nitrogen, mg/l	13.2		1	Grab	08/19/25 @ 1120
Nitrate Nitrogen, mg/l	74.3		1	Grab	08/19/25 @ 1120
Total Kjeldahl Nitrogen, mg/l	4.74		1	Grab	08/19/25 @ 1120
Sulfate, mg/l	143		1	Grab	08/19/25 @ 1120
Chloride, mg/l	225		1	Grab	08/19/25 @ 1120
Total Phosphorus, mg/l	12.0		1	Grab	08/19/25 @ 1120
pH, standard units	3.5		1	Grab	08/19/25 @ 1120
Dissolved Oxygen*, mg/l	9.11		1	Grab	08/19/25 @ 1120
Chlorine Residual, mg/l	3.65		1	Grab	08/19/25 @ 1120
<i>E.coli</i> (CFU/100ml) freshwater	<1.0 MPN/100 mL		1	Grab	08/19/25 @ 1120
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l	1180		1	Grab	08/19/25 @ 1120
Electrical Conductivity, µmohs/cm, †	2190		1	Grab	08/19/25 @ 1120
Oil & Grease, mg/l	<1.96		1	Grab	08/19/25 @ 1120
Alkalinity (CaCO ₃)*, mg/l	<4.00		1	Grab	08/19/25 @ 1120

*TPDES permits only

†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
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 49)

Facility Operator Name: Hector DominguezFacility Operator's License Classification and Level: WASTEWATER TREATMENT OPERATOR CFacility Operator's License Number: WW0012614

Section 9. Sludge and Biosolids Management and Disposal (Instructions Page 50)

A. WWTP's Sewage Sludge or Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Sewage Sludge or Biosolids Management

Provide information on the *intended* sewage sludge or biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the

permit will authorize all sewage sludge or biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Other	Off-site Third-Party Handler or Preparer	Not Applicable	N/A	N/A: Transported to another facility for further processing	N/A: Transported to another facility for further processing
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

D. Disposal site

Disposal site name: Lower Valley Water District

TCEQ permit or registration number: RN111274445

County where disposal site is located: El Paso

E. Transportation method

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

Name of the hauler: Lower Valley Water District

Hauler registration number: 234361

Sludge is transported as a:

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

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 52)

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

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

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

- ☐ Overlap a designated 100-year frequency flood plain
- ☐ Soils with flooding classification
- ☐ Overlap an unstable area
- ☐ Wetlands

- ☐ Located less than 60 meters from a fault
- ☐ None of the above

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 54)

A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

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

Section 14. Laboratory Accreditation (Instructions Page 55)

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: Anthony Prado

Title: Chief Operations Officer

Signature: _____

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION

TECHNICAL REPORT 1.1

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

Section 1. Justification for Permit (Instructions Page 56)

A. Justification of permit need

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

[Click to enter text.](#)

B. Regionalization of facilities

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

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

1. *Municipally incorporated areas*

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

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

☐ Yes ☐ No ☐ Not Applicable

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

If yes, attach correspondence from the city.

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

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

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

2. *Utility CCN areas*

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

☐ Yes ☐ No

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

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

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

3. *Nearby WWTPs or collection systems*

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

☐ Yes ☐ No

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

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

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

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

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

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

Section 2. Proposed Organic Loading (Instructions Page 58)

Is this facility in operation?

☐ Yes ☐ No

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

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

A. Current organic loading

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

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

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

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

[Click to enter text.](#)

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

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

Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 58)

A. Existing/Interim I Phase Design Effluent Quality

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

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

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

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

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

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

B. Interim II Phase Design Effluent Quality

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

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

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

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

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

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

C. Final Phase Design Effluent Quality

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

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

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

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

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

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

D. Disinfection Method

Identify the proposed method of disinfection.

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

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

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

Section 4. Design Calculations (Instructions Page 58)

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

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

Section 5. Facility Site (Instructions Page 59)

A. 100-year floodplain

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

- ☐ Yes ☐ No

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

[Click to enter text.](#)

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

[Click to enter text.](#)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

B. Wind rose

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

Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 59)

A. Beneficial use authorization

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

☐ Yes ☐ No

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

B. Sludge processing authorization

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

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

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

Section 7. Sewage Sludge Solids Management Plan (Instructions Page 60)

Attach a solids management plan to the application.

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

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

- Treatment units and processes dimensions and capacities

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

Section 1. Domestic Drinking Water Supply (Instructions Page 63)

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

☐ Yes ☐ No

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

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

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

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

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

Section 2. Discharge into Tidally Affected Waters (Instructions Page 63)

Does the facility discharge into tidally affected waters?

☐ Yes ☐ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 3. Classified Segments (Instructions Page 63)

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 63)

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

A. Receiving water type

Identify the appropriate description of the receiving waters.

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

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

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

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

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

B. Flow characteristics

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

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

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

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

C. Downstream perennial confluences

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

[Click to enter text.](#)

D. Downstream characteristics

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

☐ Yes ☐ No

If yes, discuss how.

[Click to enter text.](#)

E. Normal dry weather characteristics

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

[Click to enter text.](#)

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

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☐ No

Section 5. General Characteristics of the Waterbody (Instructions Page 65)

A. Upstream influences

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

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☐ Agricultural runoff

☐ Septic tanks

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

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 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 65)

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

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

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

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

☐ Perennial ☐ Intermittent with perennial pools

Section 2. Data Collection (Instructions Page 65)

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

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

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

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

Evidence of flow fluctuations (check one):

☐ Minor ☐ moderate ☐ severe

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

[Click to enter text.](#)

Stream transects

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

Table 2.1(1) - Stream Transect Records

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

Section 3. Summarize Measurements (Instructions Page 65)

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

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

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

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

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

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

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

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

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

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

Section 1. Type of Disposal System (Instructions Page 67)

Identify the method of land disposal:

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

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

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

Section 2. Land Application Site(s) (Instructions Page 67)

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
Native Vegetation	1.62	0.00705	N

Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 67)

Table 3.0(2) – Storage and Evaporation Ponds

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type

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

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

Section 4. Flood and Runoff Protection (Instructions Page 67)

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

☐ Yes ☒ No

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

[Click to enter text.](#)

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

[FEMA Maps](#)

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

[Click to enter text.](#)

Section 5. Annual Cropping Plan (Instructions Page 67)

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:** 9. Other Attachments – Annual 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 68)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** 9. Other Attachments – Well Map - NA

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

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

Table 3.0(3) – Water Well Data

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

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

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

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

Section 7. Groundwater Quality (Instructions Page 68)

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

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

Are groundwater monitoring wells available onsite? ☐ Yes ☒ No

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

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

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

Section 8. Soil Map and Soil Analyses (Instructions Page 69)

A. Soil map

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

Attachment: [9. Other Attachments – 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: [9. Other Attachments – Soil Analyses](#)

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
Hueco	20-40 in	Low	Moderately Low - Moderately High (0.06 to 0.57 in/hr)	66
Wink	More than 80 in	Very Low	High (1.98 to 5.95 in/hr)	46

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Section 9. Effluent Monitoring Data (Instructions Page 70)

Is the facility in operation?

☒ Yes ☐ No

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

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

Table 3.0(5) – Effluent Monitoring Data

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
06/2025	0.0005	59.4	-	4.6	-	1.62
05/2025	0.002	47.8	-	6.1	-	1.62
04/2025	0.002	41.6	-	7.32	-	1.62
03/2025	0.0004	52.2	-	6.9	-	1.62
02/2025	0.0004	49.6	-	6.6	-	1.62
01/2025	0.00009	58.2	-	7.8	-	1.62
12/2024	0.0003	23.8	-	6.6	-	1.62
11/2024	0.001	39.8	-	6.8	-	1.62
10/2024	0.001	16.6	-	6.8	-	1.62
09/2024	0.002	15.1	-	7.4	-	1.62
08/2024	0.002	12.4	-	6.3	-	1.62
07/2024	0.001	Unavail able	-	Unavail able	-	1.62
06/2024	Unavailable	Unavail able	-	Unavail able	-	1.62
05/2024	0.002	33.2	-	6.9	-	1.62
04/2024	Unavailable	56.3	-	7.04	-	1.62
03/2024	0.002	42.6	-	6.4	-	1.62
02/2024	0.003	30.6	-	4.9	-	1.62

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
01/2024	0.003	63.4	-	6.6	-	1.62
12/2023	0.003	52	-	7.2	-	1.62
11/2023	Unavailable	Unavail able	-	Unavail able	-	1.62
10/2023	0.002	34.2	-	5.8	-	1.62
09/2023	0.003	Unavail able	-	Unavail able	-	1.62
08/2023	0.003	7.8	-	6.6	-	1.62
07/2023	0.003	18.2	-	6.1	-	1.62

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

An estimated 8,740 gallons of treated effluent with a BOD of 204 went into a 1.62 acre field from 1/1/24 to 1/5/24. Airflow was reduced and lime was added. An estimated 13,560 gallons of treated effluent with a BOD of 143 went into a 1.62 acre field from 1/15/24 to 1/19/24. therefore, airflow was readjusted and waste time was increased. From 1/22/24 to 1/26/24 an estimated 17,880 gallons of treated effluent with a BOD of 63 went into a 1.62 acre field. No action was taken, and waste time was increased. From 6/12/25 to 6/12/25 an estimated 6,630 gallons of treated effluent with a BOD of 160 went into a 1.62 acre field. The treatment plant was reseeded and airflow was increased. From 6/23/25 through 6/27/25, an estimated 5,540 gallons of treated effluent with a BOD of 63.2 went into 1.62acre field. Plant was reseeded and air was monitored.

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

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

Section 1. Surface Disposal (Instructions Page 71)

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

A. Irrigation

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

Design application frequency:

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

Land grade (slope):

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

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

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

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

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

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

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

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

B. Evaporation ponds

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

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

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

C. Evapotranspiration beds

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

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

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

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

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

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

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

D. Overland flow

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

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

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

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

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

Design application frequency:

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

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

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

Section 2. Edwards Aquifer (Instructions Page 72)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

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

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

Section 1. Subsurface Application (Instructions Page 73)

Identify the type of system:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 2. Edwards Aquifer (Instructions Page 73)

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

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No

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

DOMESTIC WASTEWATER PERMIT APPLICATION

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

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

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

Section 1. Administrative Information (Instructions Page 74)

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

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

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

☐ Yes ☐ No

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

[Click to enter text.](#)

E. Owner of the land where the subsurface area drip dispersal system is located: [Click to enter text.](#)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 2. Subsurface Area Drip Dispersal System (Instructions Page 74)

A. Type of system

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

B. Irrigation operations

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

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

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

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

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

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

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

C. Application rate

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

D. Dosing information

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

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

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

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

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

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

☐ Yes ☐ No

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

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

Section 3. Required Plans (Instructions Page 74)

A. Recharge feature plan

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

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

B. Soil evaluation

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

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

C. Site preparation plan

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

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

D. Soil sampling/testing

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

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

Section 4. Floodway Designation (Instructions Page 75)

A. Site location

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

☐ Yes ☐ No

B. Flood map

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

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

Section 5. Surface Waters in the State (Instructions Page 75)

A. Buffer Map

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

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

B. Buffer variance request

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

☐ Yes ☐ No

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

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

Section 6. Edwards Aquifer (Instructions Page 75)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Toxic Pollutants (Instructions Page 76)

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

Grab ☐ Composite ☐

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

Table 4.0(1) – Toxics Analysis

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

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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Epichlorohydrin				---
Ethylbenzene				10
Ethylene Glycol				---
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
4,4'-Isopropylidenediphenol				1
Lead				0.5
Malathion				0.1
Mercury				0.005
Methoxychlor				2
Methyl Ethyl Ketone				50
Methyl tert-butyl ether				---
Mirex				0.02
Nickel				2
Nitrate-Nitrogen				100
Nitrobenzene				10
N-Nitrosodiethylamine				20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333

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

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

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

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

Section 2. Priority Pollutants

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

Grab ☐ Composite ☐

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

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

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

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

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

Table 4.0(2)B – Volatile Compounds

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

Table 4.0(2)C – Acid Compounds

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

Table 4.0(2)D – Base/Neutral Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine				50
Benzo(a)Anthracene				5
Benzo(a)Pyrene				5
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)Fluoranthene				5
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl)Ether				10
Bis(2-Ethylhexyl)Phthalate				10
4-Bromophenyl Phenyl Ether				10
Butyl benzyl Phthalate				10
2-Chloronaphthalene				10
4-Chlorophenyl phenyl ether				10
Chrysene				5
Dibenzo(a,h)Anthracene				5
1,2-(o)Dichlorobenzene				10
1,3-(m)Dichlorobenzene				10
1,4-(p)Dichlorobenzene				10
3,3-Dichlorobenzidine				5
Diethyl Phthalate				10
Dimethyl Phthalate				10
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10
2,6-Dinitrotoluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenylhydrazine (as Azo- benzene)				20
Fluoranthene				10

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

Table 4.0(2)E - Pesticides

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

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

Section 3. Dioxin/Furan Compounds

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

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

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

[Click to enter text.](#)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

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

Grab ☐ Composite ☐

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

Table 4.0(2)F – Dioxin/Furan Compounds

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

The following **is required** for facilities with a current operating design flow of **1.0 MGD or greater**, with an EPA-approved **pretreatment** program (or those required to have one under 40 CFR Part 403), or are required to perform Whole Effluent Toxicity testing. See Page 86 of the instructions for further details.

This worksheet is not required for minor amendments without renewal.

Section 1. Required Tests

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

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

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

Section 2. Toxicity Reduction Evaluations (TREs)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 3. Summary of WET Tests

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

Table 5.0(1) Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: Click to enter text.

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: Click to enter text.

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: Click to enter text.

B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

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

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87)

A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 88)

A. General information

Company Name: N/A

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

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

N/A

C. Product and service information

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

N/A

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

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

[Click or tap here to enter text.](#) [Click to enter text.](#)

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

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

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

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

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

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

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

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

F. Industrial user interruptions

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

☐ Yes ☒ No

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

[Click to enter text.](#)

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

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

For TCEQ Use Only

Reg. No. _____

Date Received _____

Date Authorized _____

Section 1. General Information (Instructions Page 90)

1. TCEQ Program Area

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

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

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

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

2. Agent/Consultant Contact Information

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

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

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

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

3. Owner/Operator Contact Information

☐ Owner ☐ Operator

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

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

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

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

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

4. Facility Contact Information

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

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

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

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

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

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

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

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

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

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

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

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

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

7. **Purpose**

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

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

8. **Water Well Driller/Installer**

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

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

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

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

Section 2. Proposed Down Hole Design

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

Table 7.0(1) – Down Hole Design Table

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

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

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

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

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

Section 4. Site Hydrogeological and Injection Zone Data

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

Section 5. Site History

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

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

Class V Injection Well Designations

- 5A07 Heat Pump/AC return (IW used for groundwater to heat and/or cool buildings)
- 5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
- 5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
- 5D02 Storm Water Drainage (IW designed for the disposal of rain water)
- 5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
- 5F01 Agricultural Drainage (IW that receive agricultural runoff)
- 5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
- 5S23 Subsidence Control Wells (IW used to control land subsidence caused by ground water withdrawal)
- 5W09 Untreated Sewage
- 5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
- 5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
- 5W12 WTPP 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)

Xrefs: X1B3K-5000
104751
2/11/2009
B
A
Drawing file: R:\Projects\2008\5000.08\CAID\001-SHEET\G-001-5000.dwg (Velez)



VICINITY MAP



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810 E. Yandell • El Paso, Tx. 79902 • (915)533-6811

SHEET INDEX

DRAWING NO.	DESCRIPTION
G-001	PROJECT TITLE, INDEX & VICINITY MAP
G-002	GENERAL NOTES, LEGEND & CONTACT LIST
C-101	PROPOSED SITE PLAN
C-102	INFLUENT PUMP STATION PLAN & SECTION
C-103	TREATMENT PLANT PLAN & SECTION
C-104	DETAILS & SECTIONS
E-101	PROPOSED ELECTRICAL SITE PLAN
E-102	ELECTRICAL ONE LINE DIAGRAM
E-103	ELECTRICAL ONE-LINE DIAGRAM & PANEL SCHEDULE
M-100	EMERGENCY GENERATOR INSTALLATION DETAILS

CLINT I.S.D. RED SANDS TREATMENT PLANT REPLACEMENT

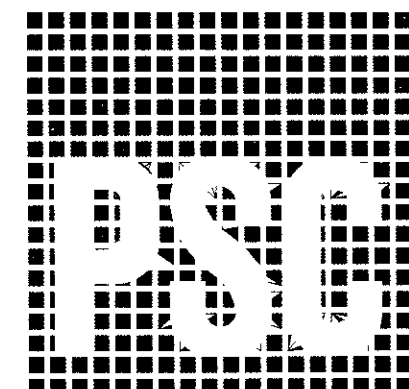
CLINT INDEPENDENT SCHOOL DISTRICT

BOARD OF TRUSTEES

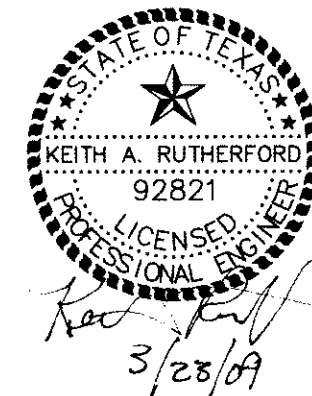
JAMES R. PENDELL	PRESIDENT
MARY MACIAS	1st VICE-PRESIDENT
PATRICIA RANDLEEL	2nd VICE-PRESIDENT
JANICE ARMSTRONG	SECRETARY
ALFRED P. GONZALEZ	MEMBER
FRED MARTINEZ	MEMBER
ROBERT LARA	MEMBER

SUPERINTENDENT

ROBERT MENDOZA	INTERIM SUPERINTENDENT
----------------	------------------------



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RED SANDS TREATMENT PLANT REPLACEMENT

KEY PLAN

NO.	DATE	DESCRIPTION

ISSUING OFFICE: EL PASO PROJECT NO: 5000.08

PROJECT TITLE, INDEX & VICINITY MAP

Xrefs: X-SITE-5000, XTBLK-5000

D

C

9:25:10

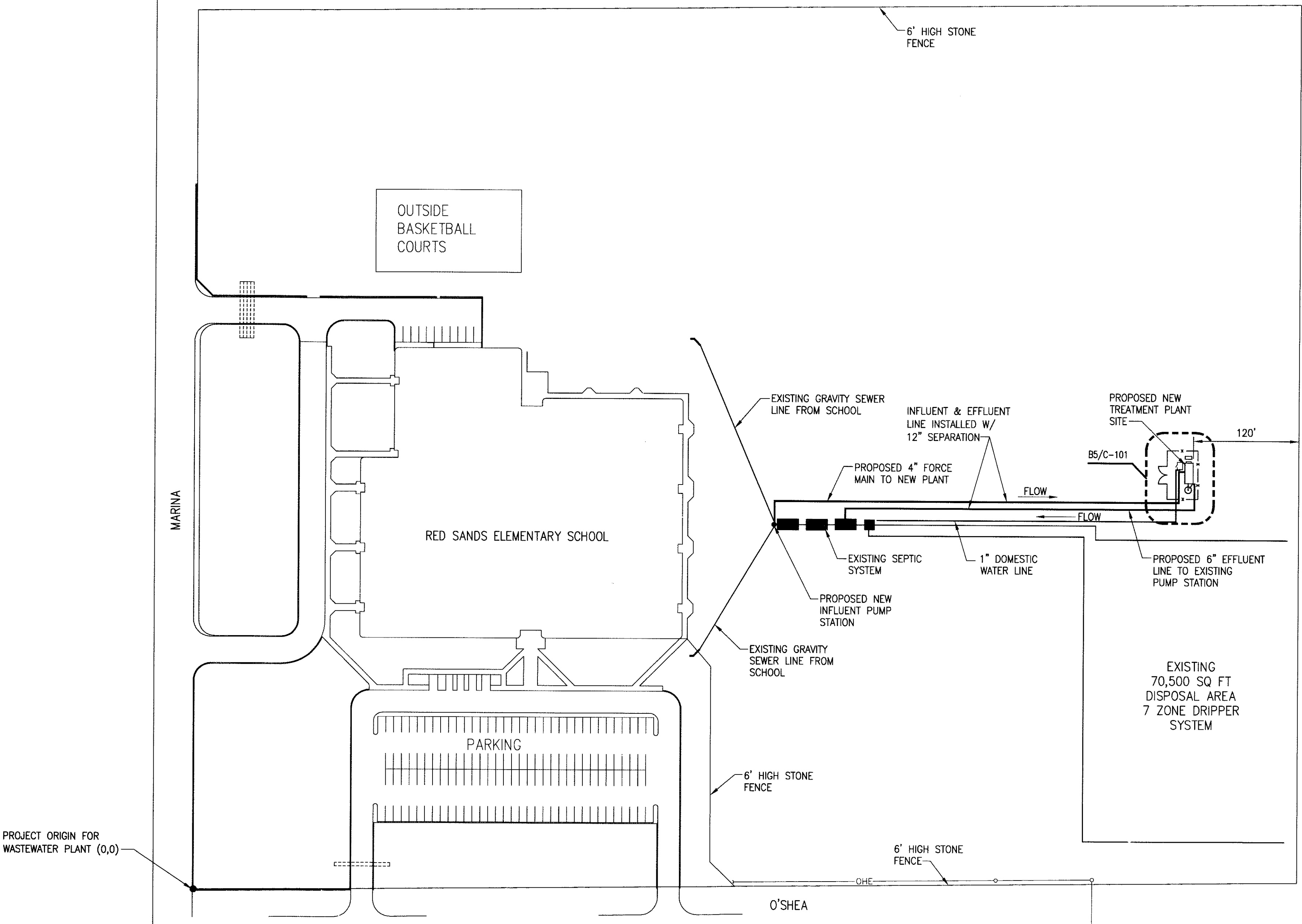
2/10/2009

B

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A

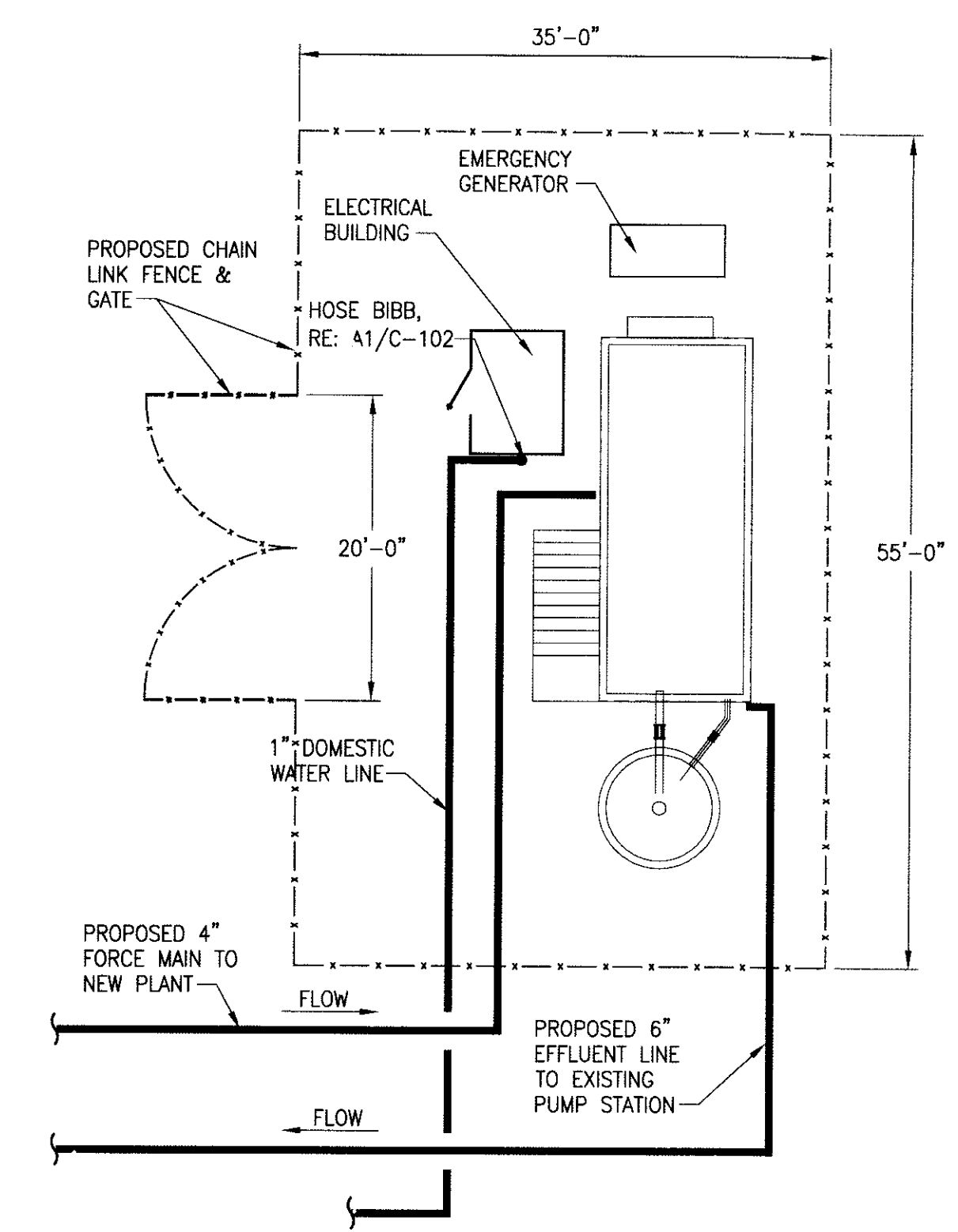
A1 PROPOSED SITE PLAN
1"=80'-0"



GENERAL NOTES

1. ALL UNDERGROUND PIPE SHALL BE INSTALLED WITH A MINIMUM OF 4' COVER.
2. EFFLUENT LINE SHALL BE SLOPED @ -0.33% FROM WWTP TO EXISTING PUMP STATION.

B5 ENLARGED PARTIAL SITE PLAN
1"=10'-0"



CLINT INDEPENDENT SCHOOL DISTRICT

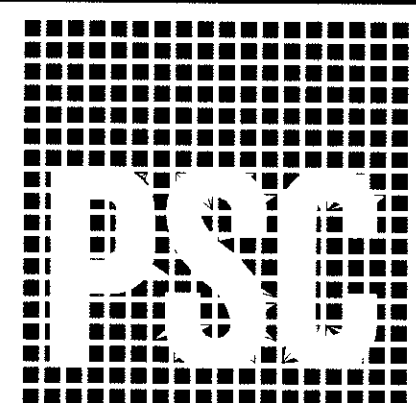
RED SANDS TREATMENT PLANT REPLACEMENT

KEY PLAN

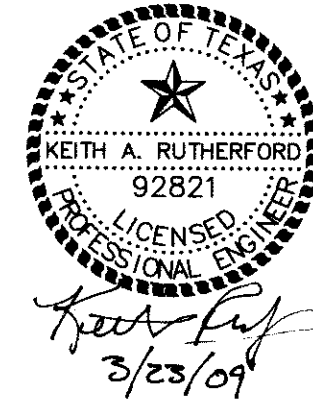
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ISSUING OFFICE: EL PASO PROJECT NO: 5000.08

PROPOSED SITE PLAN

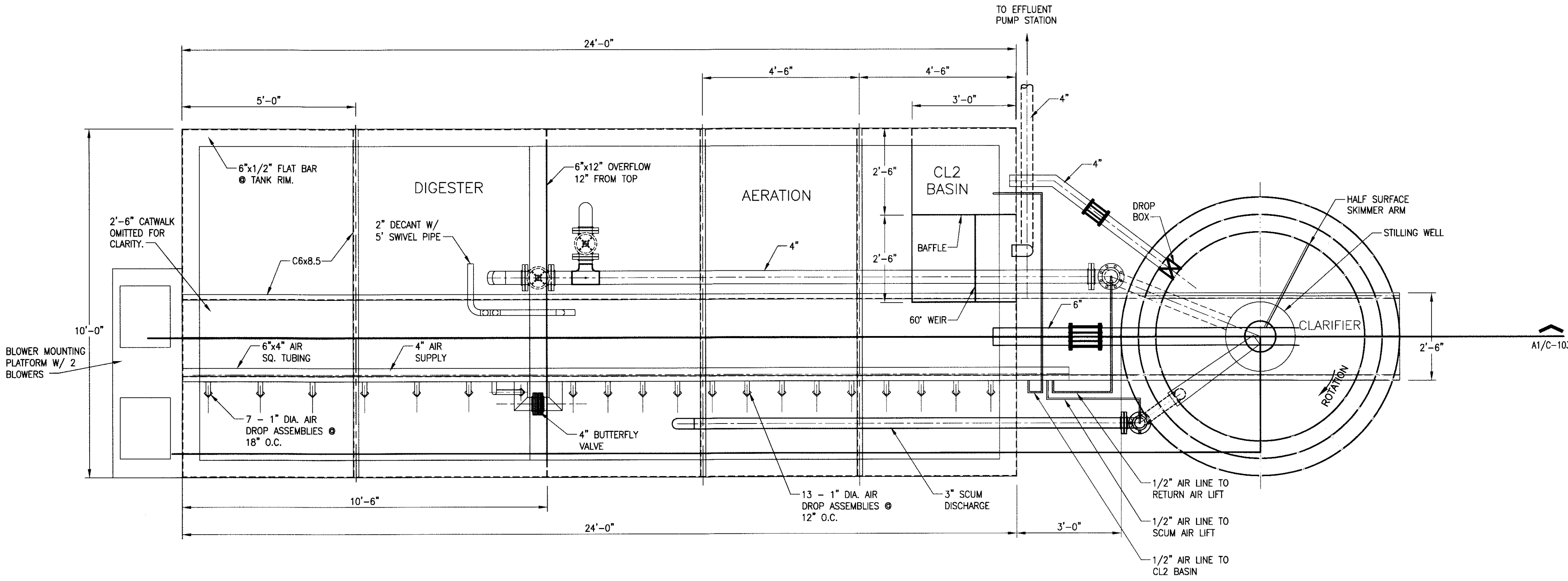


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Keith A. Rutherford
3/23/09

Xrefs: XBLK-5000
9/26/53
2/10/2009
B
A
Drawing File: R:\Projects\2008\5000.08\CADD\00_SHEET\C-103-5000.dwg (Rview)



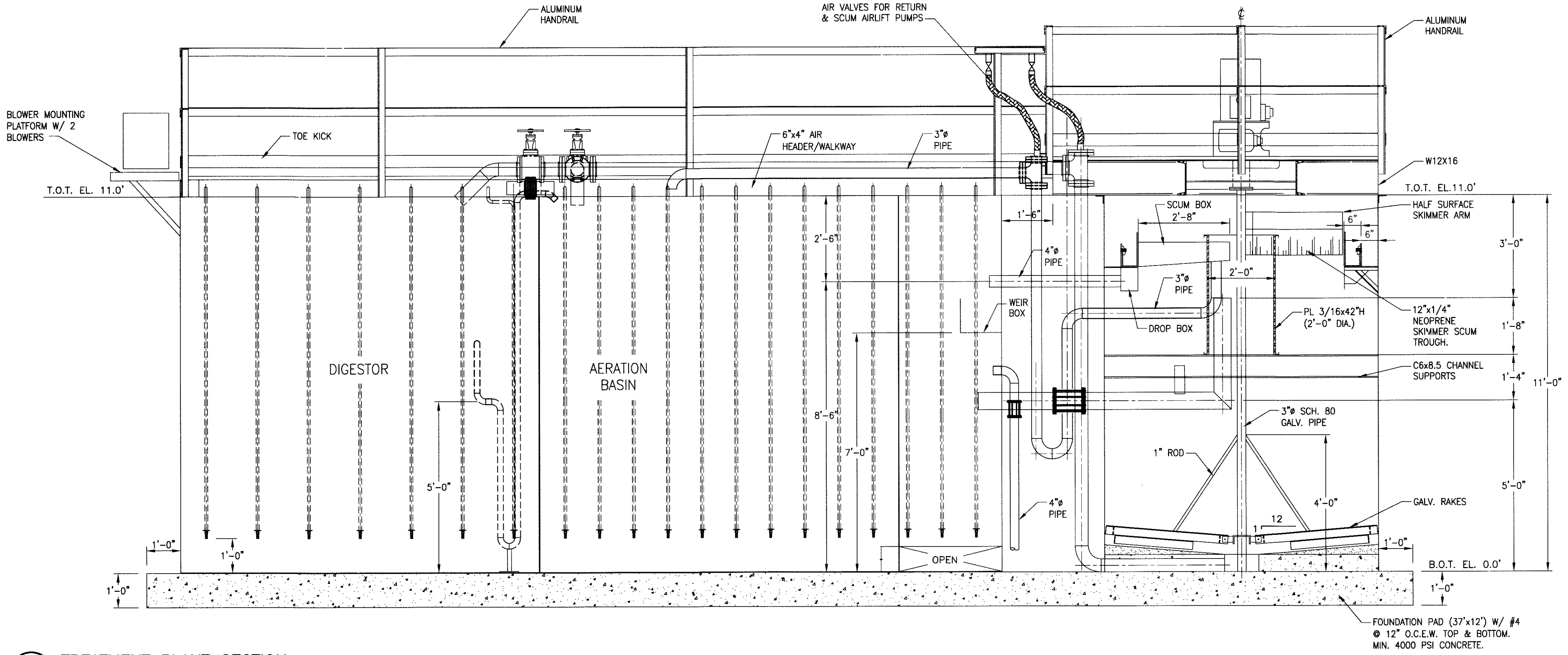
GENERAL NOTES

1. ALL TANK WALLS AND BAFFLES SHALL BE CONSTRUCTED OF MINIMUM 1/4" A-36 STEEL. CROSS BRACING SHALL BE ACCOMPLISHED WITH MINIMUM 6x8.5 CHANNEL IRON.
2. ALL INTERIOR TANK SURFACES SHALL BE PREPARED AND COATED IN ACCORDANCE WITH SSPC SP5-63. FINISH SHALL BE EPOXY APPLIED TO MINIMUM OF 12 MILS DFT.
3. ALL EXTERIOR TANK SURFACES SHALL BE PREPARED AND COATED IN ACCORDANCE WITH SSPC SP6. FINISH SHALL BE POLYURATHANE APPLIED TO MINIMUM OF 8 MILS DFT.
4. 2'-6" HDG CATWALK SHALL BE SUPPLIED TO ALLOW ACCESS TO VIEW ALL TANKAGE INCLUDING THE CLARIFIER. CATWALK SHALL BE CONSTRUCTED OF HDG MATERIAL WITH A MINIMUM THICKNESS OF 3/16".
5. ALL PIPING SHALL BE SCH. 40 HDG STEEL PER ASTM A-53.
6. WASTE WATER TREATMENT PLANT SHOWN IS BASED ON LAYNE TEXAS, INC.
7. THE WWTP IS TO BE PROVIDED BY LAYNE TEXAS, INC. OR APPROVED EQUAL.
8. THE GENERAL CONTRACTOR WILL BE REQUIRED TO PURCHASE, UNLOAD AND INSTALL THE WWTP.
9. ALL ITEMS NOT FURNISHED BY WWTP MANUFACTURERS SHALL BE FURNISHED BY THE GENERAL CONTRACTOR.
10. DIRECT INQUIRES FOR LAYNE TEXAS TO:
MIKE MORENO
5931 BRITTMORE ROAD
HOUSTON, TEXAS 77041
PH.: 713-466-5001

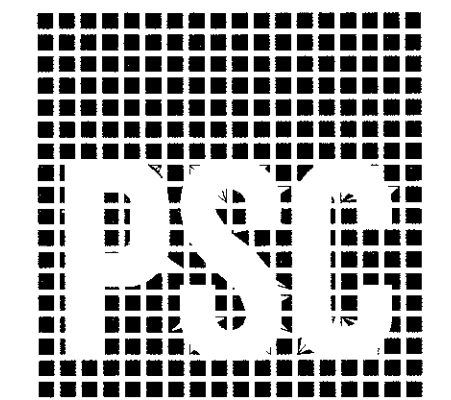
DESIGN CRITERIA

FLOW = 13,000 GPD
INFLUENT BOD5/TSS = 450 MG/L
DESIRED EFFLUENT BOD5 < 10 MG/L
DESIRED EFFLUENT TSS < 20 MG/L

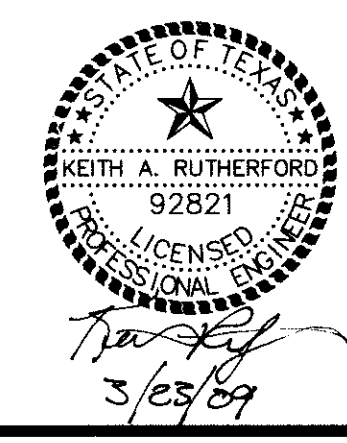
C1 TREATMENT PLANT PLAN
1/2"=1'-0"



A1 TREATMENT PLANT SECTION
1/2"=1'-0"



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SCHOOL DISTRICT

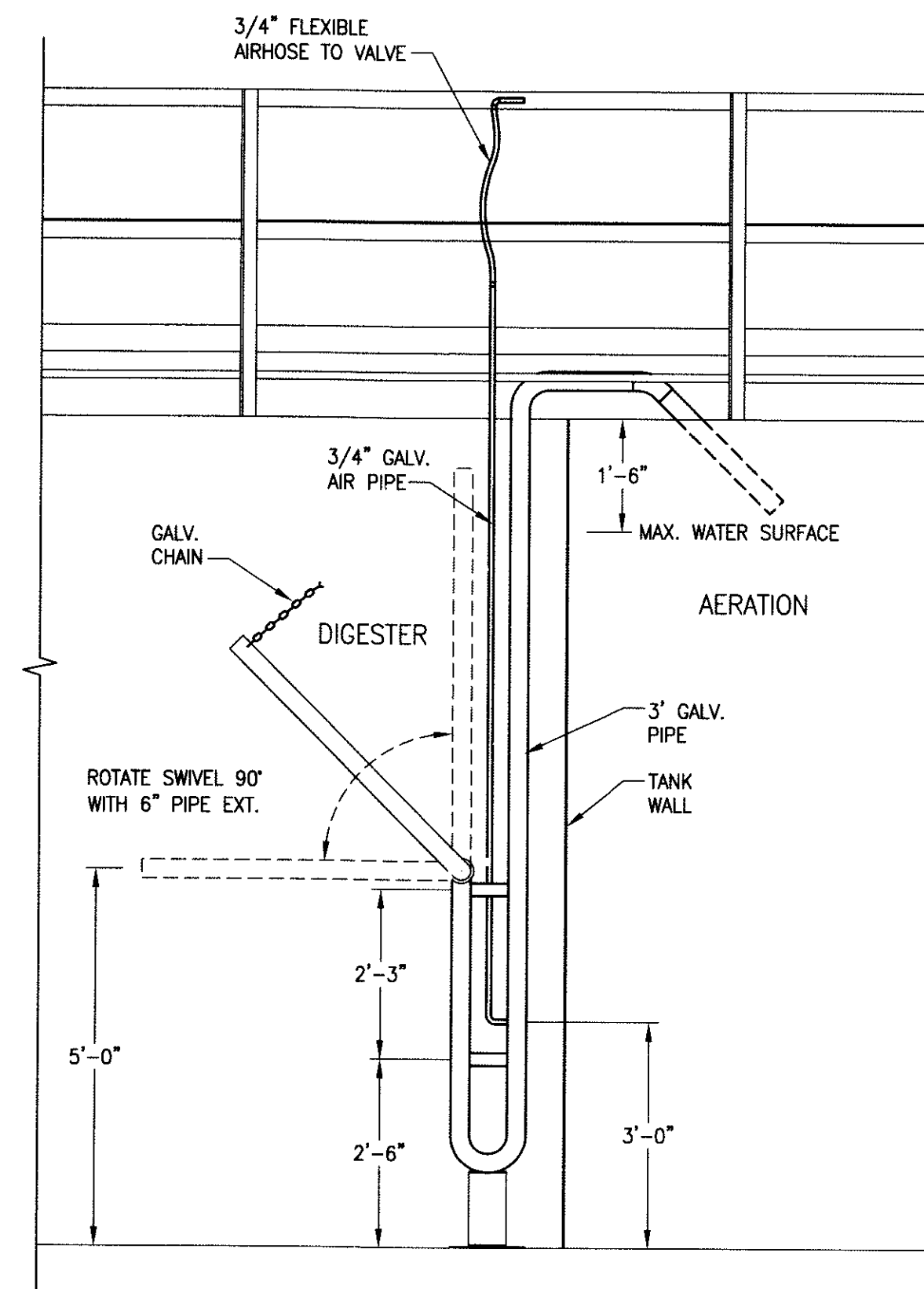
RED SANDS
TREATMENT PLANT
REPLACEMENT

KEY PLAN

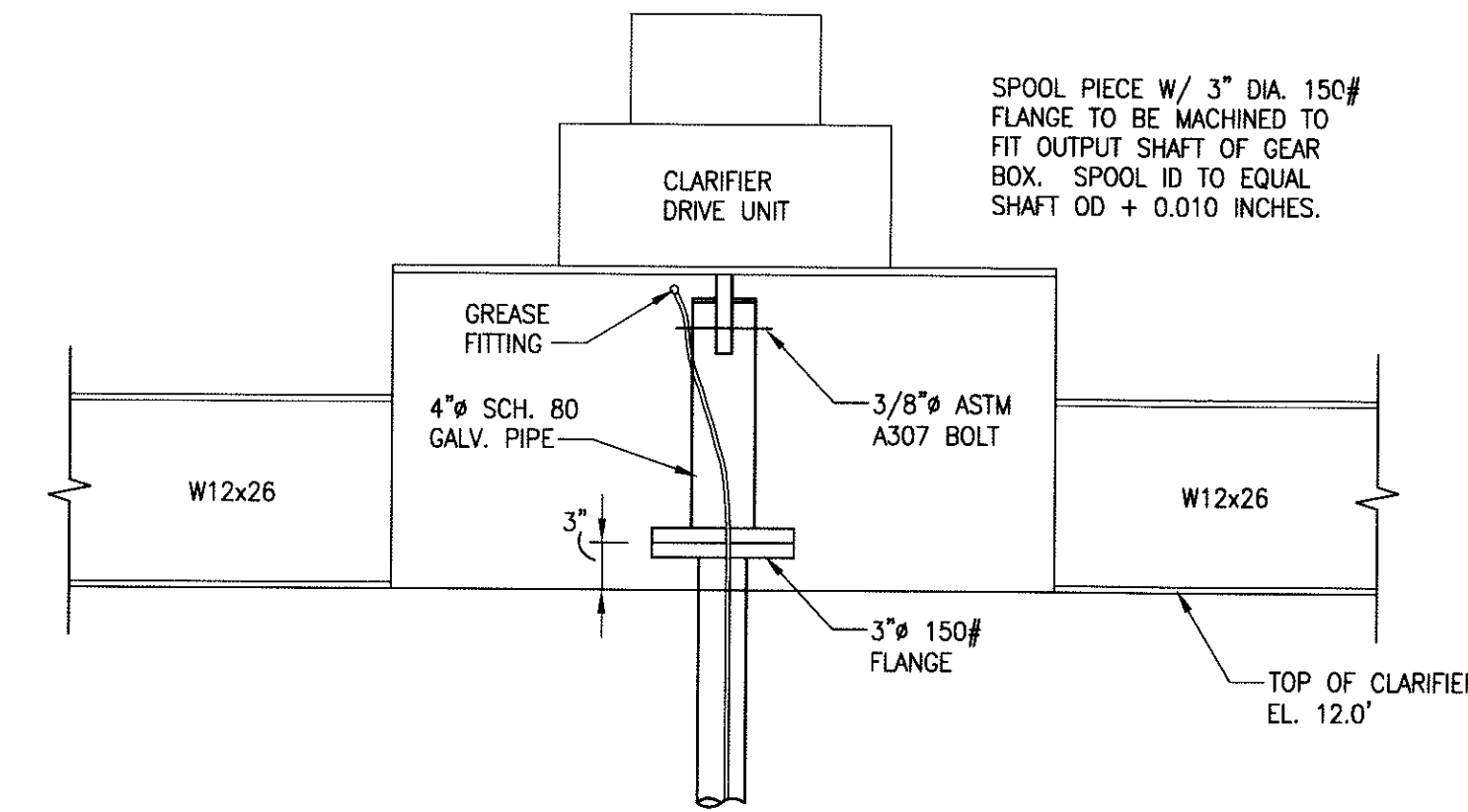
NO	DATE	DESCRIPTION

TREATMENT PLANT PLAN
& SECTION

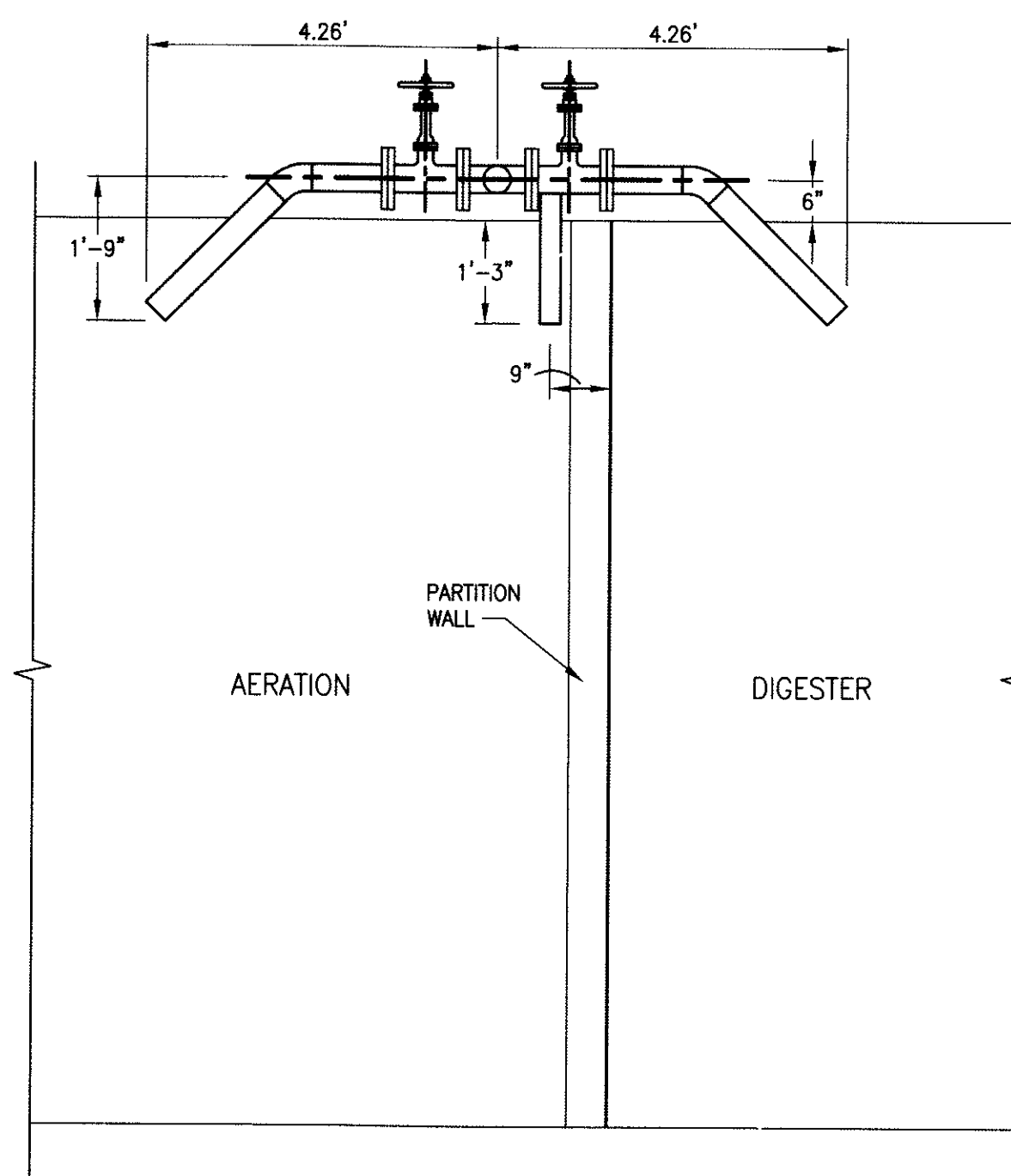
Xrefs: XTBLK-5000
9:25:35
2/10/2009
B
Drawing File: R:\Projects\2008\5000.08\CADD\00_SHEET\C-104-5000.dwg (R/lelz)



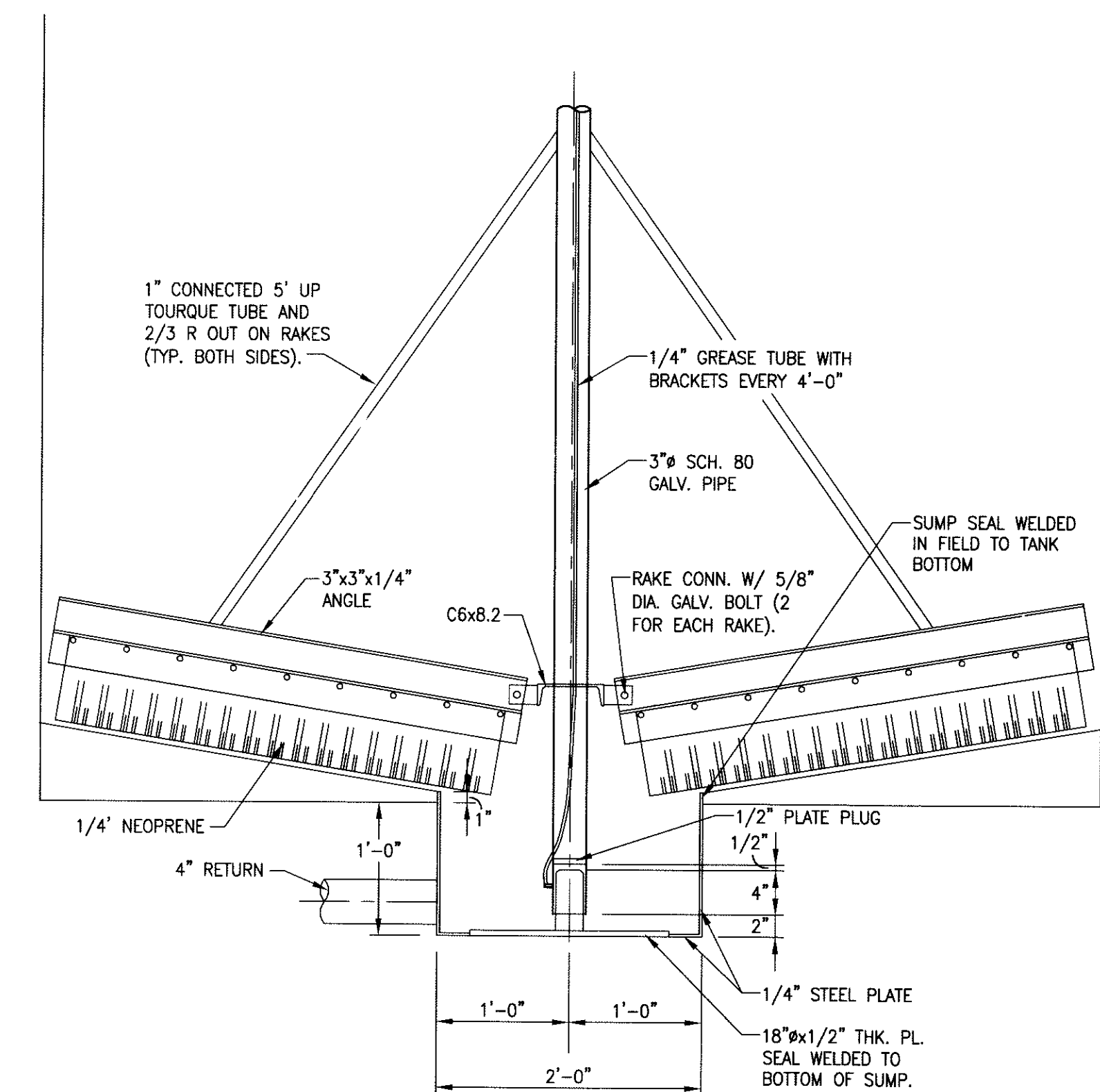
C1 SUPERNATANT AIRLIFT DETAIL
1/2"=1'-0"



C3 DETAIL
1"=1'-0"



A1 RETURN SLUDGE & WASTE AIRLIFT DETAIL
1/2"=1'-0"



A3 DETAIL
1"=1'-0"

PCO
Parkhill, Smith & Cooper, Inc.
Engineers • Architects • Planners
Lubbock El Paso Midland Amarillo Odessa

STATE OF TEXAS
KEITH A. RUTHERFORD
92821
LICENSED PROFESSIONAL ENGINEER
3/25/09

CLINT INDEPENDENT SCHOOL DISTRICT

RED SANDS TREATMENT PLANT REPLACEMENT

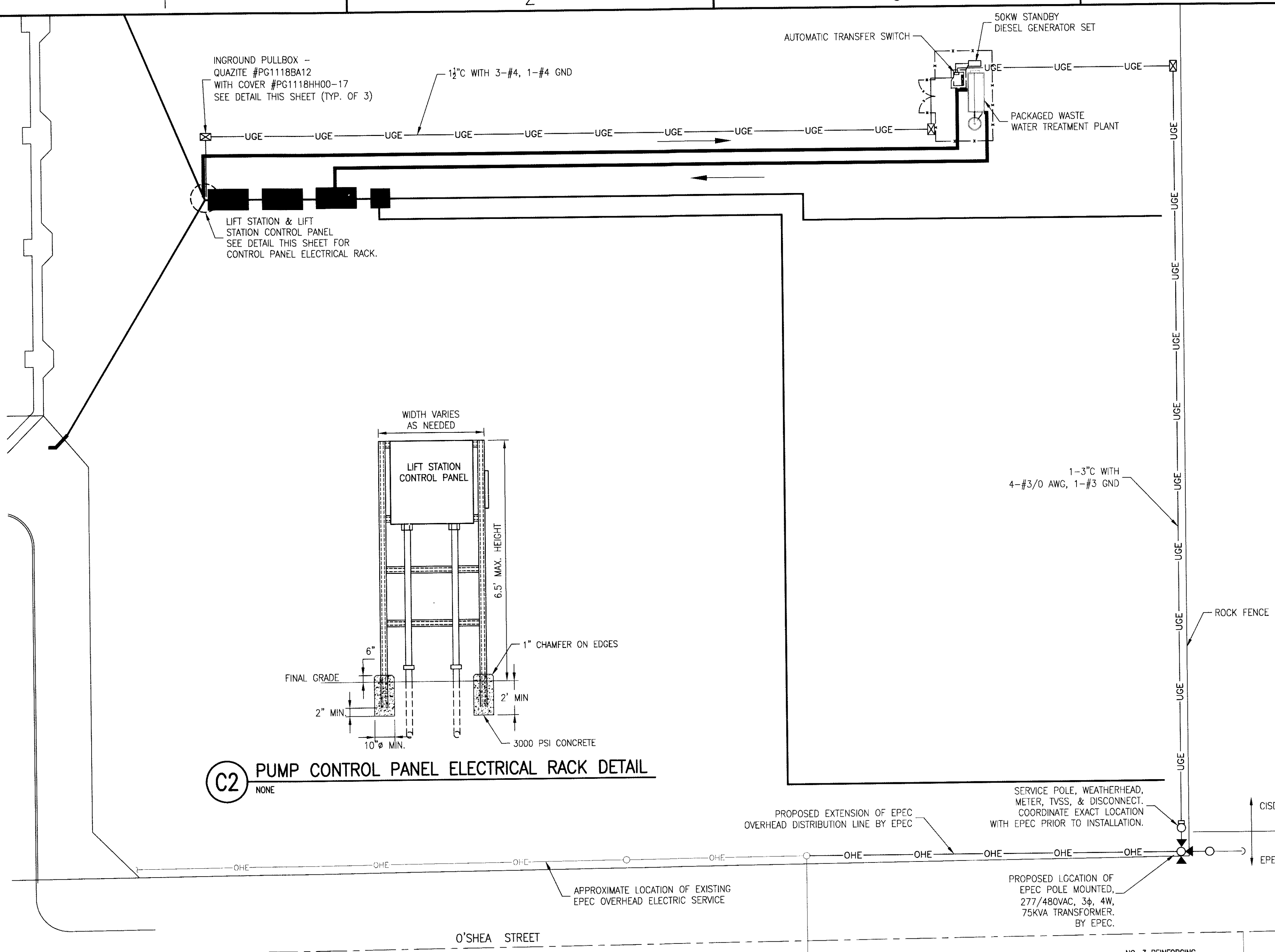
KEY PLAN

NO.	DATE	DESCRIPTION

ISSUING OFFICE: EL PASO PROJECT NO: 5000.08

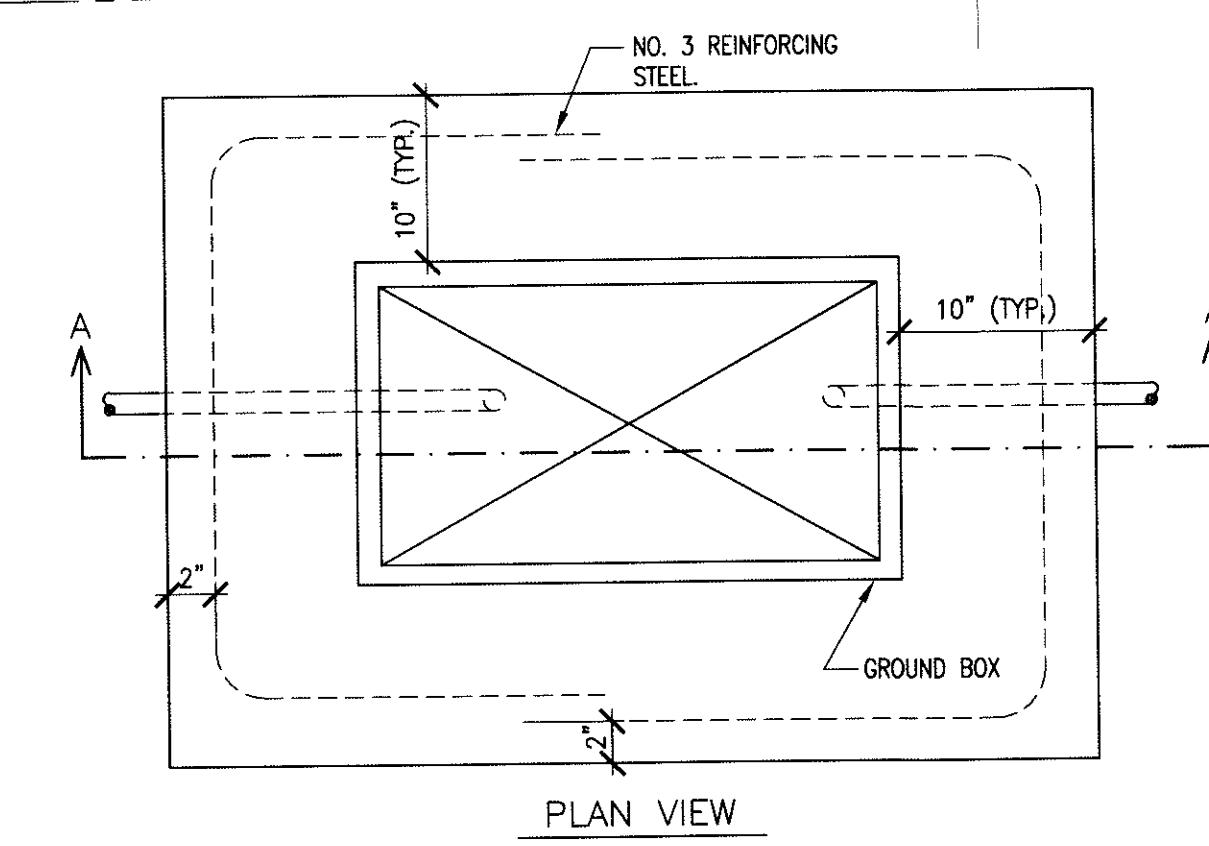
DETAILS & SECTIONS

Drawing File: R:\Projects\2008\5000 08\CADD\00 SHEET\E-101-5000.dwg (STIdwell)



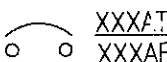
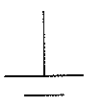

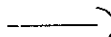

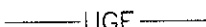



A1 PROPOSED SITE PLAN
1"=40'-0"

C2 PUMP CONTROL PANEL ELECTRICAL RACK DETAIL
NONE

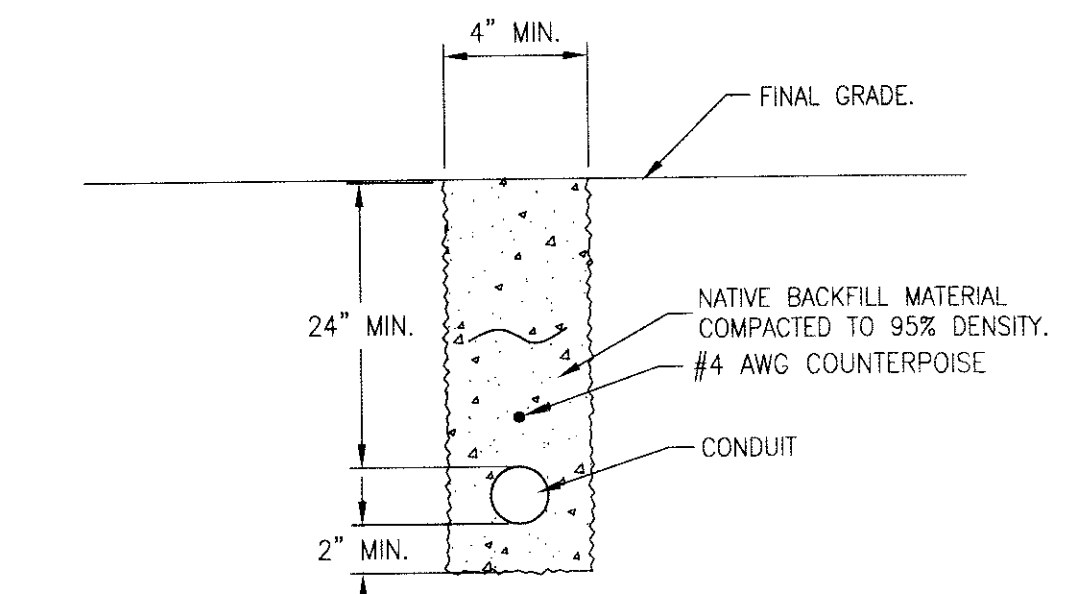


A4 ELECTRICAL PULLBOX DETAIL

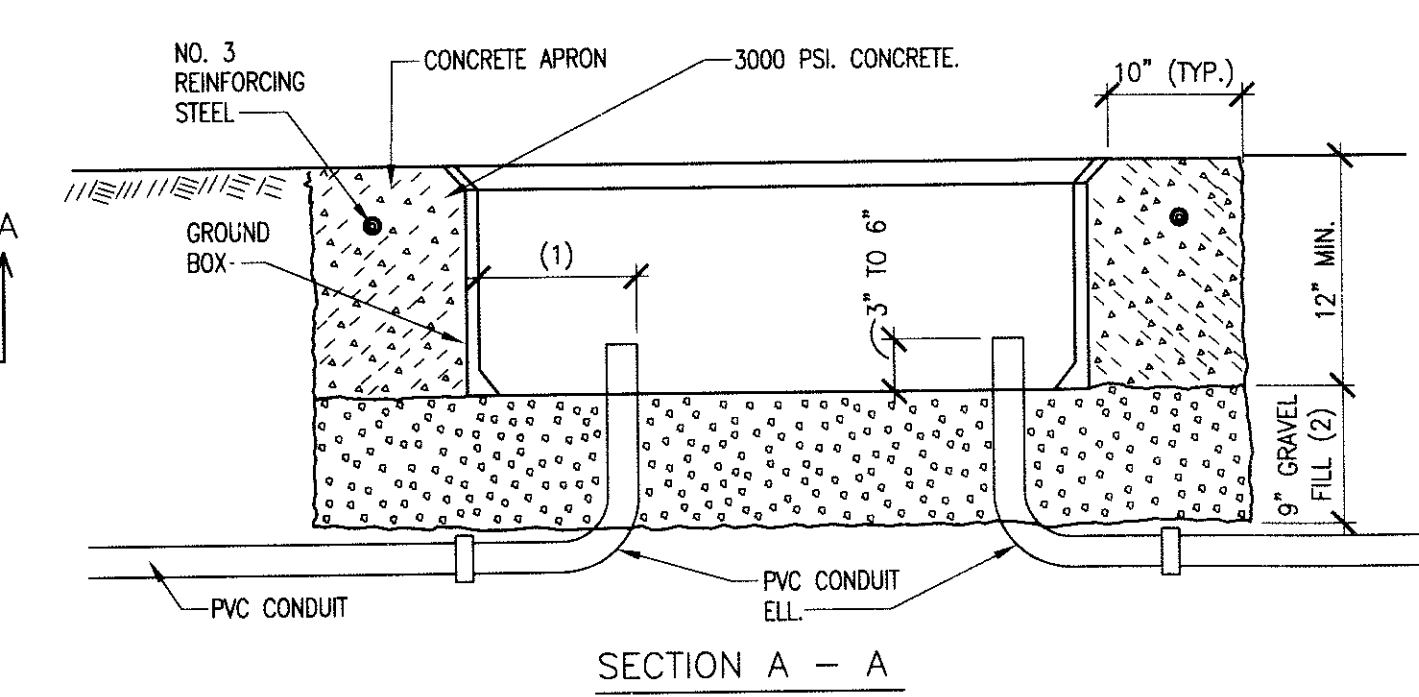
ELECTRICAL SYMBOLS LEGEND	
SYMBOL	DESCRIPTION
WP	WEATHERPROOF
	PANELBOARD. SEE PANEL SCHEDULE FOR CHARACTERISTICS.
	DISCONNECT SWITCH, TO HAVE POLES AND RATING REQUIRED. TO BE NEMA 3R IF INSTALLED OUTDOORS.
	BREAKER MODEL CASE CIRCUIT BREAKER WITH AMP TRIP OVER AMP FRAME
	EQUIPMENT GROUND
	CONDUIT DOWN
	CONDUIT UP
	EXPOSED CONDUIT
	UNDERGROUND CONDUIT
	EXISTING ELECTRICAL CONDUITS. LOCATIONS ARE APPROXIMATE. CONTRACTOR SHALL LOCATE ALL UTILITIES PRIOR TO CONSTRUCTION.

GENERAL NOTES

1. CONTRACTOR SHALL COORDINATE AND CONFIRM ELECTRIC SERVICE LOCATION WITH EL PASO ELECTRIC PRIOR TO BEGINNING CONSTRUCTION. CONTRACTOR SHALL REFER TO DSU 520 OF THE EL PASO ELECTRIC COMPANY ELECTRICAL SERVICE REQUIREMENTS BOOK.
2. CONTRACTOR SHALL PROVIDE 5 FEET CLEAR BETWEEN ROCK FENCE AND UNDERGROUND SERVICE CONDUIT TO BUILDING.

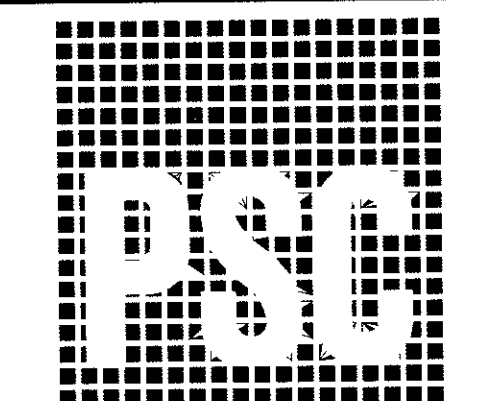


B5 CONDUIT TRENCH DETAIL
NONE

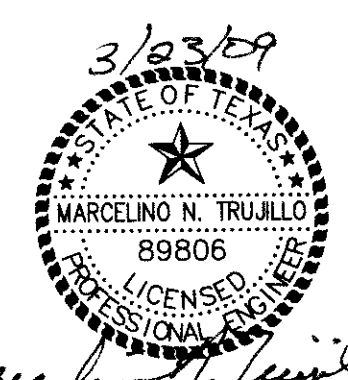


APRON FOR GROUND BOXES

- (1) FINAL POSITION OF END OF CONDUIT SHALL NOT EXCEED ONE-HALF THE DISTANCE TO THE SIDE OF BOX OPPOSITE THE CONDUIT ENTRY.
 - (2) PLACE GRAVEL "UNDER" THE BOX, NOT "IN" THE BOX. GRAVEL SHOULD NOT ENCRoACH ON THE INTERIOR VOLUME OF THE BOX.
 - (3) INSTALL BUSHING ON THE UPPER END OF ALL ELBS.
 - (4) WHERE A GROUND ROD IS PRESENT IN THE GROUND BOX, CONNECT IT TO ANY AND ALL EQUIPMENT GROUNDING CONDUCTORS USING A LISTED CONNECTOR.
 - (5) MAINTAIN SUFFICIENT SPACE BETWEEN ALL CONDUITS SO AS TO ALLOW FOR PROPER INSTALLATION OF BUSHINGS.
 - (6) ALL CONDUITS SHALL BE INSTALLED IN A NEAT AND WORKMANLIKE MANNER.
 - (7) ALL CONDUITS INSTALLED IN THE GROUND BOX SHALL BE SEALED AFTER COMPLETION OF CONDUCTOR INSTALLATION AND ANY REQUIRED PULL TESTS.
- SILICONE SHALL NOT BE USED AS SEALANT.



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March 11, 1911

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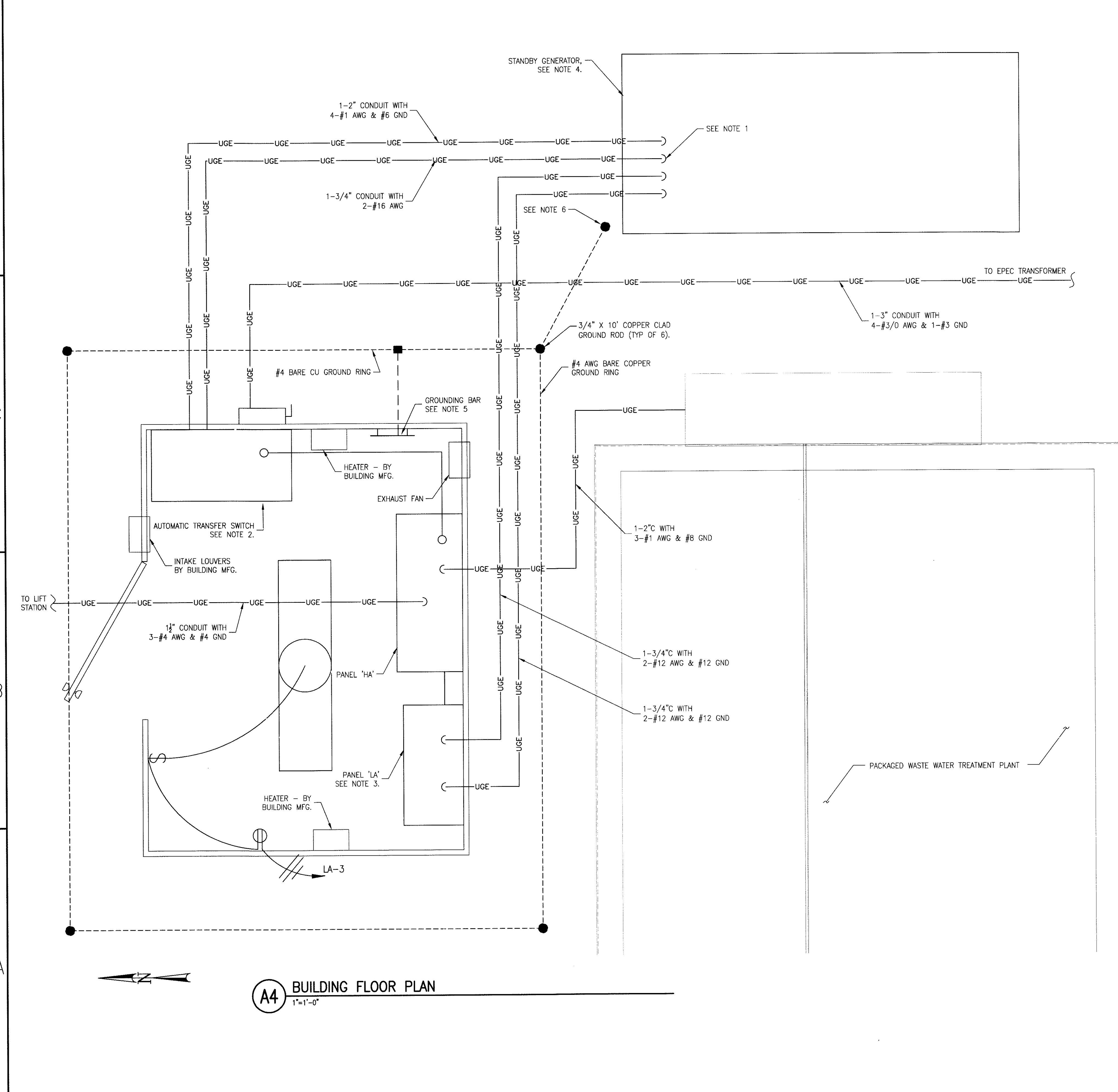
RED SANDS TREATMENT PLANT REPLACEMENT

KEY PLAN

NO	DATE	DESCRIPTION
ISSUING OFFICE: EL PASO		PROJECT NO: 5000.08

PROPOSED ELECTRICAL SITE PLAN

Xrefs: X-SITE-5000, XTRK-5000
13-4244
3/23/2009
Drawing File: R:\Projects\2009\5000.08\CAD\00_SHEET\E-102-5000.dwg (Stdwell)



GENERAL NOTES

1. CONTRACTOR SHALL COORDINATE EXACT DIMENSIONS OF GENERATOR SLAB WITH MANUFACTURER OF GENERATOR. CONTRACTOR SHALL COORDINATE LOCATION OF CONDUIT STUBS IN SLAB PRIOR TO INSTALLATION.
2. AUTOMATIC TRANSFER - OPEN TRANSITION, 277/480VAC, 3 ϕ , 4W, 3-POLE, NEMA 12 ENCLOSURE, 60HZ.
3. PANEL 'LA' - TO BE PROVIDED AND INSTALLED BY BUILDING MANUFACTURER
4. STANDBY DIESEL GENERATOR 50KW, 277/480VAC, 3 ϕ , 4W, SOUND ATTENUATED WEATHERPROOF ENCLOSURE. DIESEL TANK SHALL BE SIZED TO PROVIDE 24 HOURS OF RUN TIME AT 100% LOAD.
5. GROUNDING BAR - 2" X 10" X 1/2" - PROVIDE WITH ISOLATION MOUNTING KIT
6. BOND GENERATOR GROUND AND FRAME GROUND TO GROUND ROD AT THIS LOCATION.
7. BUILDING SHALL BE SIZED TO ALLOW SUFFICIENT SPACE TO HOUSE ALL EQUIPMENT AND PROVIDE PROPER WORKING SPACE AROUND THE EQUIPMENT PER NATIONAL ELECTRIC CODE (NFPA 70) REQUIREMENTS.
8. BUILDING SUPPLIER SHALL PROVIDE THE FOLLOWING EQUIPMENT PREINSTALLED IN THE BUILDING:
 - 8.1. INTERIOR LIGHTING
 - 8.2. HEATERS PROPERLY SIZED FOR BUILDING
 - 8.3. ONE DUPLEX OUTLET.
 - 8.4. EXHAUST FAN
 - 8.5. CIRCUIT BREAKER LIGHTING PANEL, 60A, 120/240VAC, 1 ϕ , 3W.
9. CONTRACTOR SHALL BE RESPONSIBLE FOR SUPPLYING ALL EQUIPMENT NOT PROVIDED BY THE BUILDING SUPPLIER AND FOR MAKING ALL NECESSARY CONNECTIONS.



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Marcelino N. Trujillo

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SCHOOL DISTRICT

RED SANDS
TREATMENT PLANT
REPLACEMENT

KEY PLAN

NO	DATE	DESCRIPTION

PROPOSED ELECTRICAL
BUILDING FLOOR PLAN

Xrefs: XBLK-5000

D

C

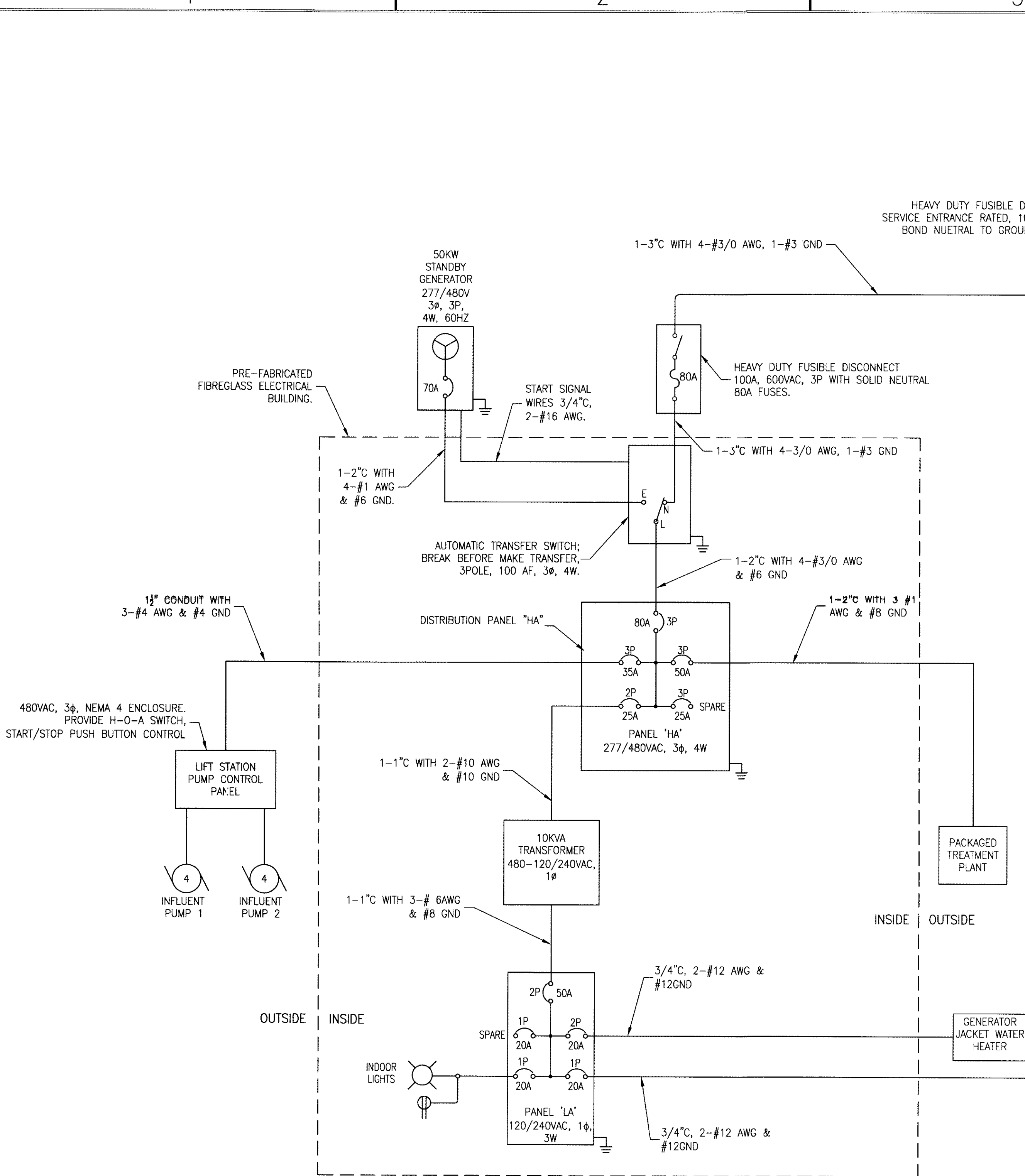
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3/23/2009

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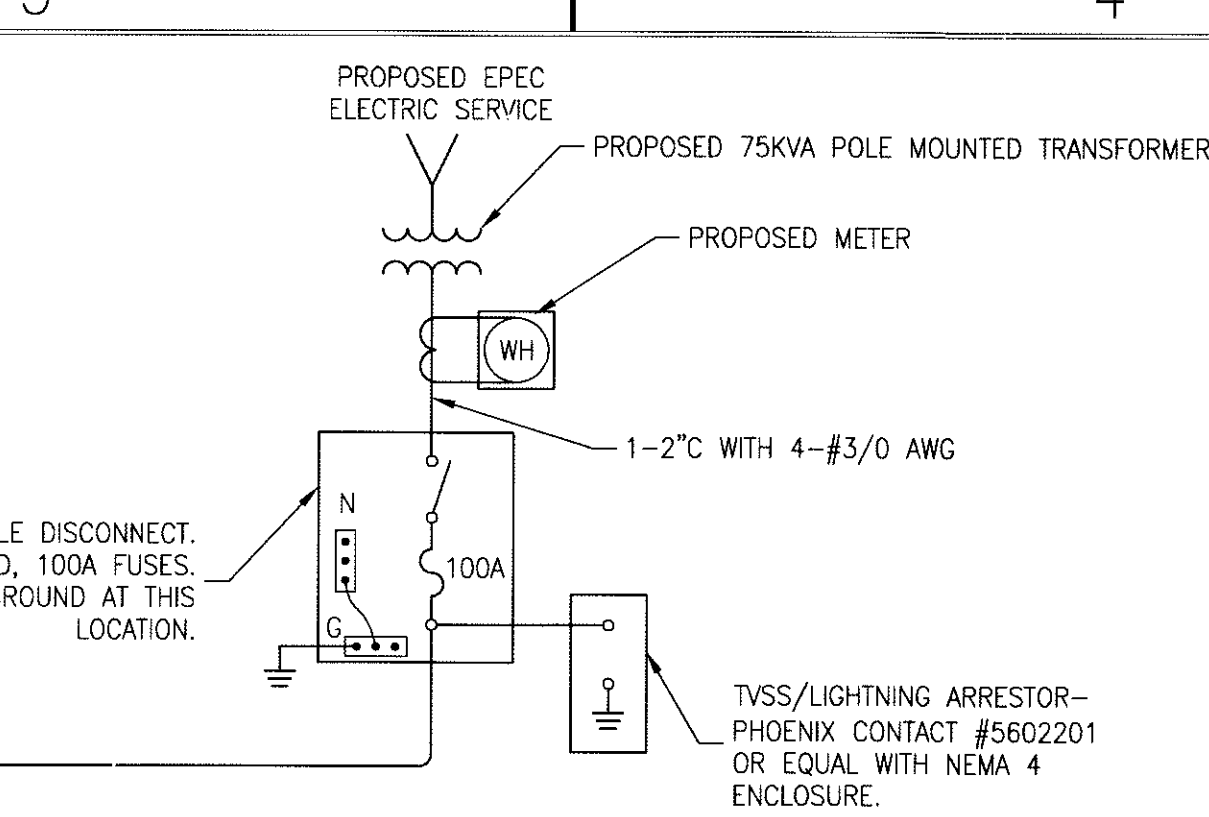
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A

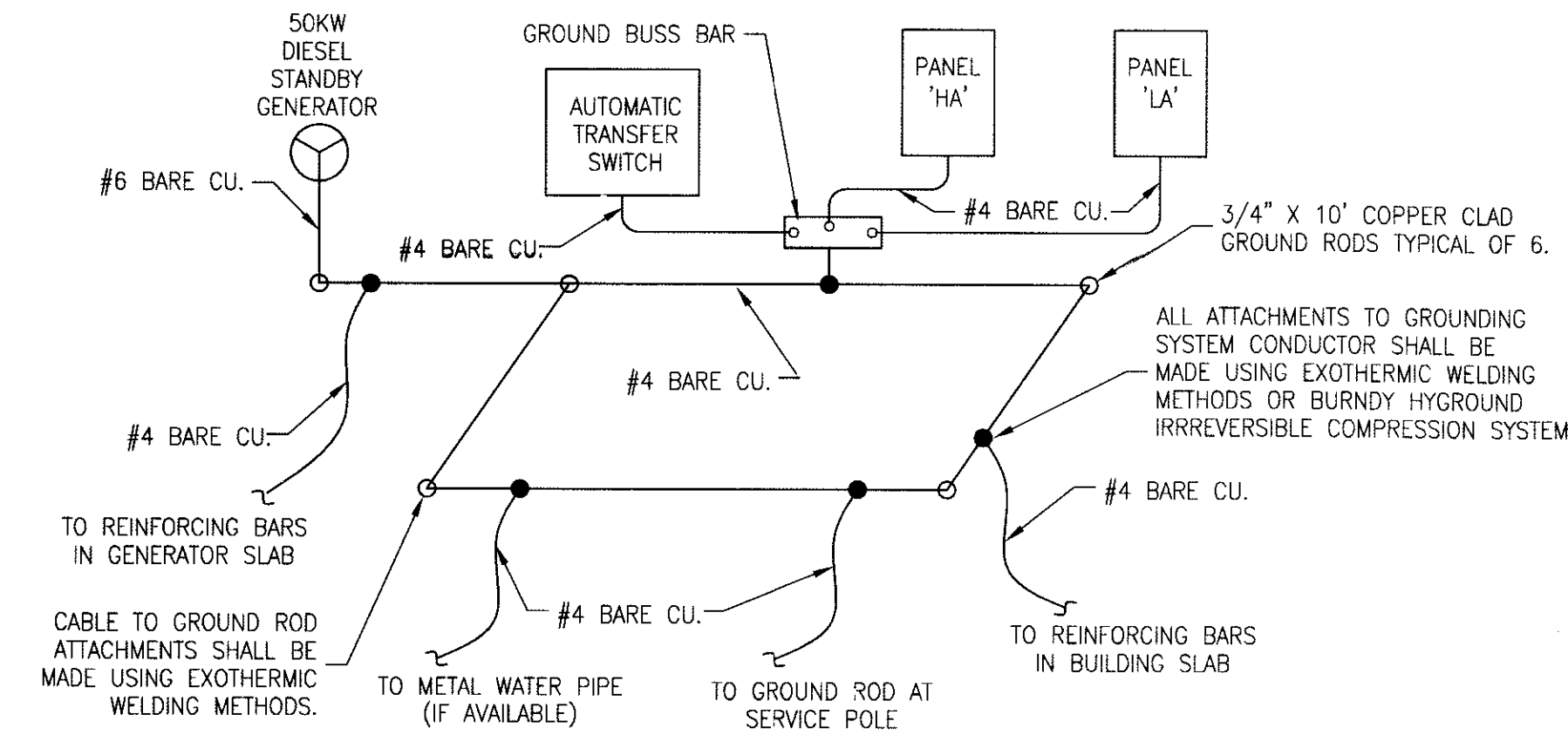


B1 ELECTRICAL ONE-LINE DIAGRAM
N.T.S.

PANEL LA (BY BLDG MANUFACTURER)											
PANEL COMPUTATION		VOLTAGE: 120 /240		MIN CIRCUIT BREAKER INTERRUPTING RATING		10K_		AMPS			
PANELBOARD LA				MAIN CIRCUIT BREAKER: 100A_FRAME, 50A_TRIP							
CIRC. NO.	LOAD SERVED	TRIP AMPS	NO. POLES	WIRE SIZE	LOAD IN AMPS	WIRE SIZE	NO. POLES	TRIP AMPS	LOAD SERVED	CIRC. NO.	
1	LIGHTING/RECEPTACLE	20	1	12	A	12	1	20	BATTERY CHARGER	2	
3	HEATER #1	20	1	12	B	12	1	20	JACKET WATER HEATER	4	
5	EXHAUST FAN/ INTAKE LOUVER	15	1	12						6	
7										8	
9										10	
11										12	
TOTAL CONNECTED LOAD		8.088	KVA		TOTAL	34	DEMAND LINE AMPS		34.0		
ESTIMATED DEMAND LOAD		8.088	KVA								



C5 GROUNDING DETAIL
N.T.S.

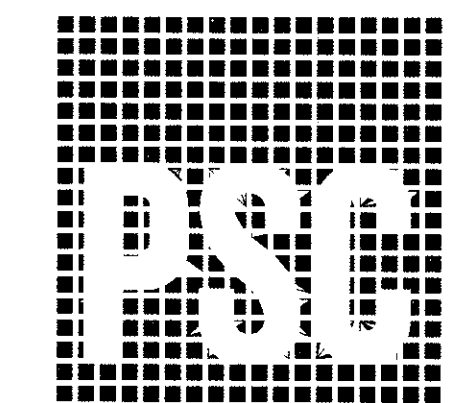


GENERAL NOTES:

- CONTRACTOR TO LOCATE ALL EXISTING UNDERGROUND UTILITIES PRIOR TO BEGINNING CONSTRUCTION. ANY UTILITY THAT IS NOT SHOWN ON THESE DRAWINGS AND POSES A CONFLICT WITH PROPOSED CONSTRUCTION SHALL BE BROUGHT TO THE ATTENTION OF THE ENGINEER.
- CONTRACTOR TO COORDINATE FINAL SERVICE LOCATION WITH EL PASO ELECTRIC COMPANY. CONTRACTOR SHALL COMPLY WITH ALL EPEC DISTRIBUTION STANDARDS ASSOCIATED WITH THIS PROJECT.
- LUGS IN TRANSFER SWITCH SHALL BE CAPABLE OF ACCEPTING UP TO #3/0 AWG CABLE.
- PANEL 'LA' TO BE PROVIDED BY BUILDING MANUFACTURER.

FAULT CURRENT ANALYSIS	
TRANSFORMER KVA:	75KVA
IMPEDANCE (%Z):	2.00%
100% MOTOR LOAD IN AMPS:	8
AVAILABLE UTILITY:	INFINITE BUS
Isc:	5,000 A

PANEL HA															
PANEL COMPUTATION		VOLTAGE: 480 /277				3 PHASE,		4 WIRE		MIN CIRCUIT BREAKER INTERRUPTING RATING _____10K____ AMPS					
PANEL BOARD HA										MAIN CIRCUIT BREAKER: _____200A_____FRAME, _____80A_____TRIP					
CIRC. NO.	LOAD SERVED	TRIP AMPS	NO. POLES	WIRE SIZE	PHASE A	PHASE B	PHASE C	WIRE SIZE	NO. POLES	TRIP AMPS	LOAD SERVED				
1	PUMP CONTROL PANEL	50	3	4	20.80			10	3	25	10KVA TRANSFORMER				
3					14.00						480-120/240VAC, 1PH.				
5						20.80									
						14.00									
7	SPARE	25	3		21.00			8	3	50	SPACE				
9						21.00					PACKAGED TREATMENT PLANT				
11							21.00								
TOTAL CONNECTED LOAD					40.63	KVA		TOTAL		55.80	55.80	35.00	DEMAND LINE AMPS		55.8
ESTIMATED DEMAND LOAD					40.63	KVA									



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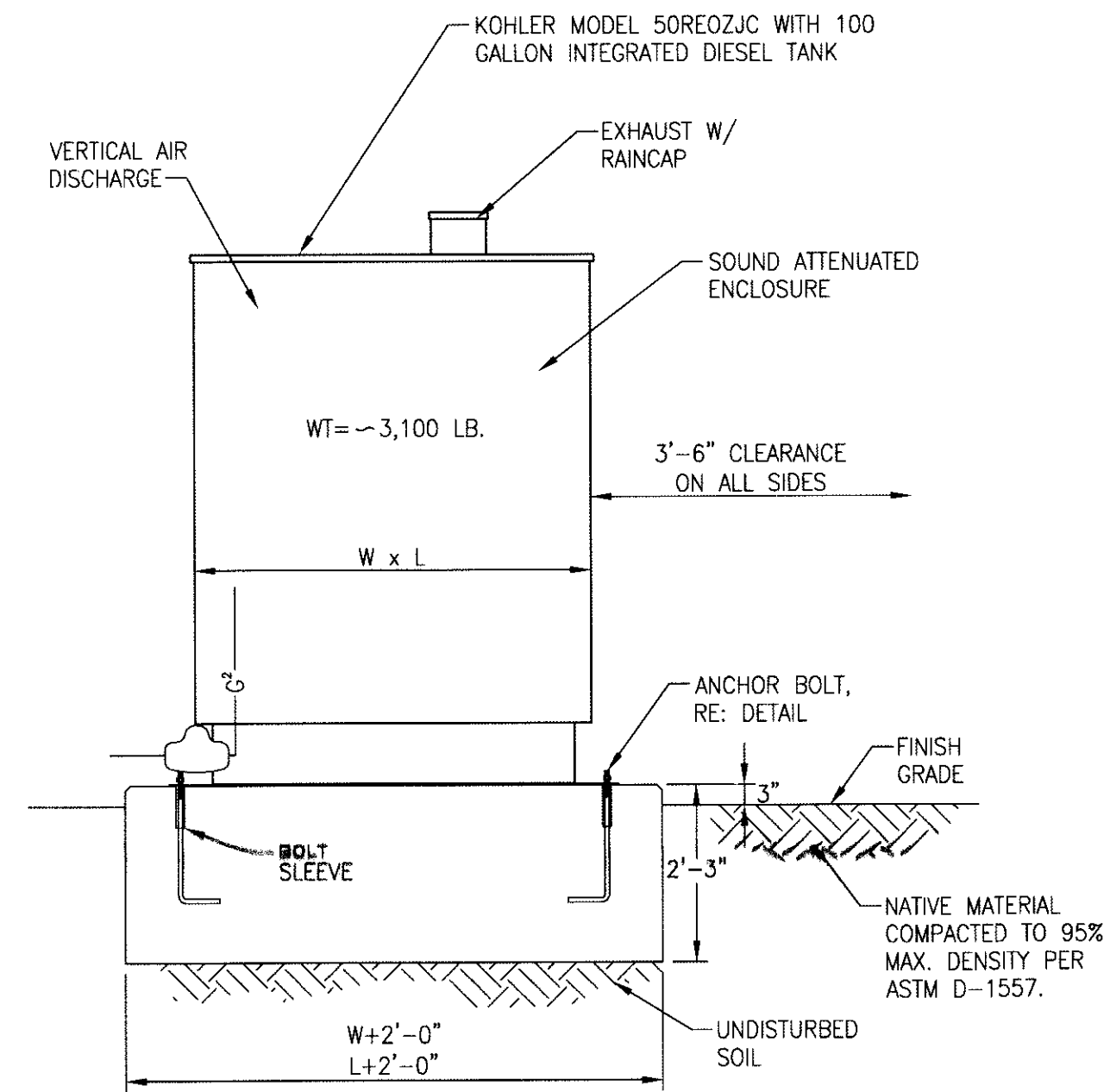
RED SANDS TREATMENT PLANT REPLACEMENT

KEY PLAN

NO	DATE	DESCRIPTION
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

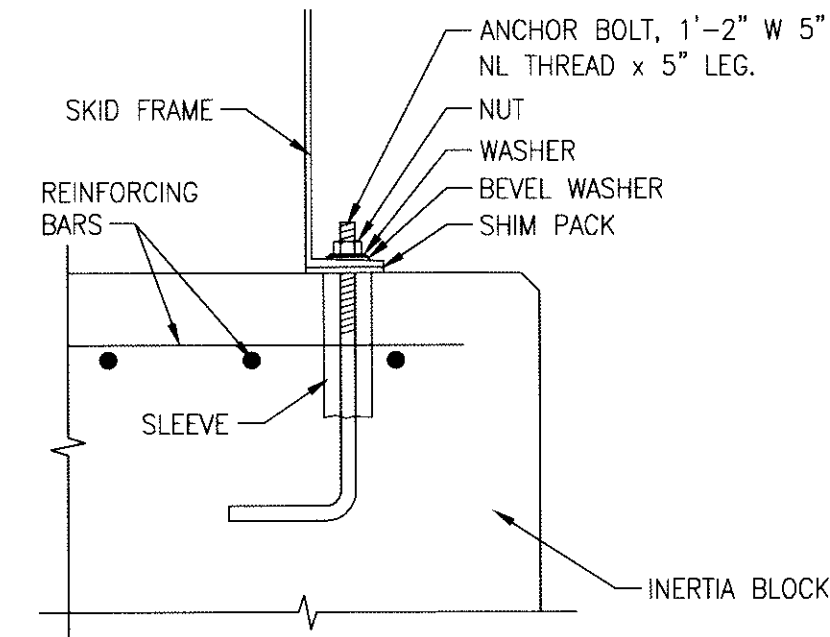
ELECTRICAL ONE LINE DIAGRAM & PANEL SCHEDULE

1. INSTALL GENERATOR INERTIA PAD TO DIMENSIONS INDICATED. PAD PLAN DIMENSIONS TO BE 2'-0" LARGER THAN THE GENERATOR FOOTPRINT.

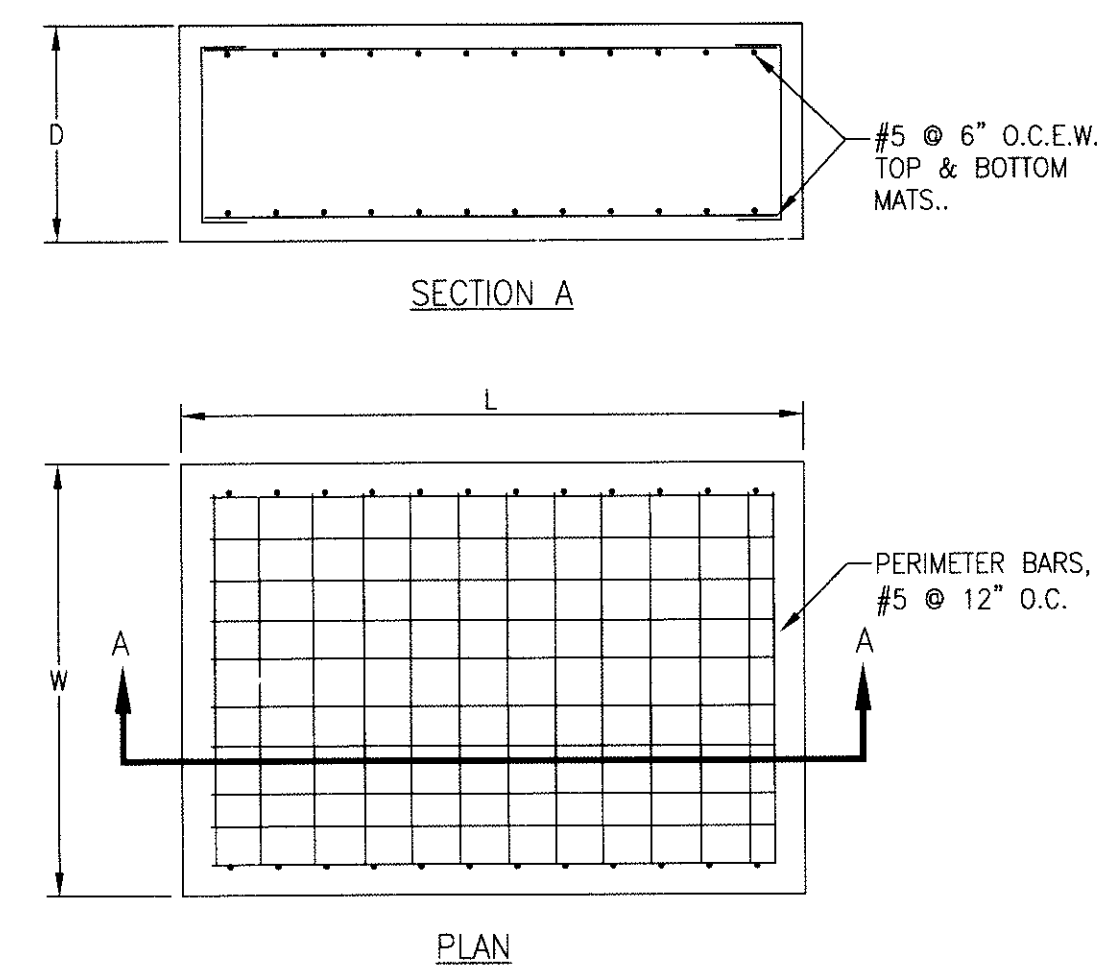


GENERATOR PAD DETAIL

SCALE: 1/2" = 1'



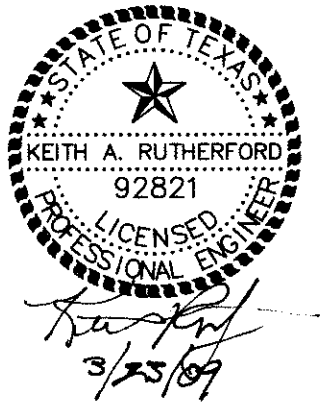
MOUNTING BOLT DETAIL
SCALE: N.T.S.



GENERATOR INERTIA
PAD STRUCTURAL DETAIL
SCALE: NONE



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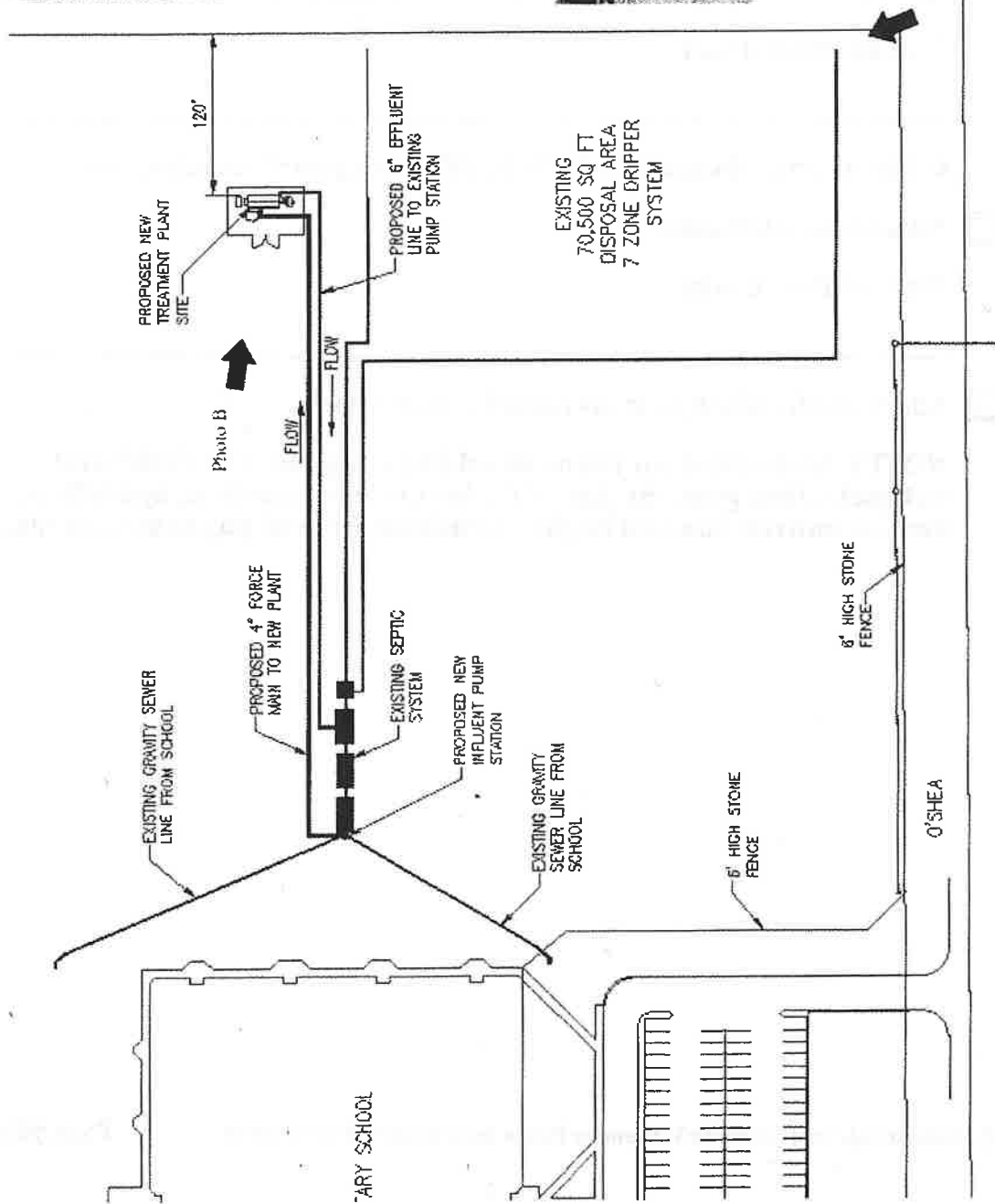
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SCHOOL DISTRICT**

RED SANDS TREATMENT PLANT REPLACEMENT

KEY PLAN

NO	DATE	DESCRIPTION
ISSUING OFFICE: EL PASO		PROJECT NO: 5000.08

EMERGENCY GENERATOR INSTALLATION DETAILS





HAULED WASTE MANIFEST

1557 FM Road 1110 Clint, TX 79836

Phone #: 915-791-4480

SAMPLED

HEM

pH:

Temp:

Date Collected:

J 2024-21408

PART I: TRANSPORTER INFORMATION

Company Name (Print): Clint ISD	TCEQ Registration #:	22443
Address (Print): 14521 Horizon El Paso, Tx 79928	LVWD Registration #:	234361
Telephone: (915) 926-4000	Vehicle ID #:	1226219
Driver Name (Print): Luis Carrete		

PART II: GENERATOR INFORMATION

Name (Print): Clint ISD	Address 4250 Oshea Dr	City, State, Zip Code (Print)
Signature: (Signature)	Date & Time of Pickup 06/04/2025	
Telephone #: (915) 926-4000	Volume in Gallons 1500	Waste Type (Print) WWTP

PART III: DISPOSAL FACILITY INFORMATION

Disposal Site Name	Lower Valley Water District - Lift Station #7	TPDES Permit No.:
Disposal Site Address	111 Clint/San Elizario Rd. Clint, TX 79836	

PART IV: TRANSPORTER CERTIFICATION

I certify that the information provided above is correct and that only the waste described on the ticket are contained in this load. I further certify that this load does not contain any hazardous wastes. I am aware that falsification of any information contained on this ticket may result in revocation of my discharge permit and the privilege of utilizing the disposal facility owned and operated by Lower Valley Water District or any other permitted facility.

Driver's Signature: _____

Date: 6/04/25

PART V: DISPOSAL FACILITY OPERATOR

I certify that I have inspected this load and manifest. All information is complete and correct to the best of my knowledge.

Operator's Signature: _____ Time of Discharge: 11:40 Date: 6/4/25

White - Original Generator's Final Copy

Yellow - Transporter's Copy

Pink - LVWD's Copy

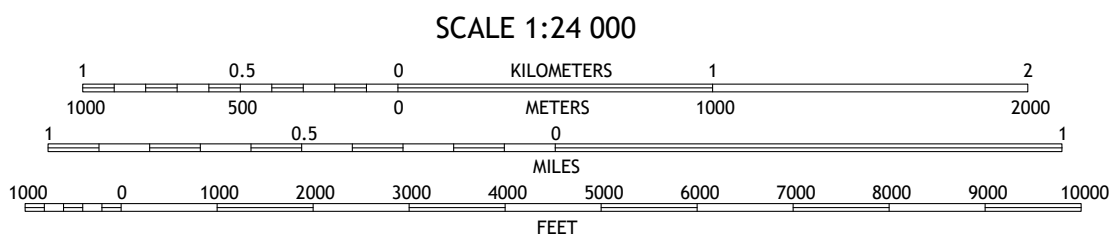
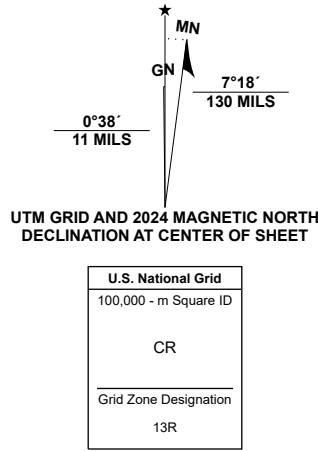


Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84) Projection and
1 000-meter grid: UNIVERSAL TRANSVERSE MERCATOR, ZONE 13R
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Learn About The National Map: <https://nationalmap.gov>



CONTOUR INTERVAL 20 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988
CONTOUR SMOOTHNESS - Medium



QUADRANGLE LOCATION		
Fort Bliss NE	Nations East Well	Huaco Tanks
Fort Bliss SE	Nations South Well	Huaco West Well
Ysleta	Clint NW	Clint NE

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

NATIONS SOUTH WELL, TX
2025

ADJOINING QUADRANGLES

Annual Cropping Plan

The proposed crop is existing native vegetation that will not be harvested. The non-removal of crops will not lead to a build-up in nutrients as the process of decomposition and nutrient cycling in soil prevents an excessive amount of accumulation of nutrients, thus promoting soil health.

**ALAMO ANALYTICAL LABORATORIES, LTD.**

Date: 05-Sep-24

Analytical Results Report**Client:** Clint ISD
Lab Order: 2406026**Collection Date:** 6/11/2024 8:15:00 AM
Matrix: SOIL**Project ID:**
Project Name: Red Sands WWP**Lab ID:** 2406026-03A**Client Sample ID:** 18" - 30"

Analyses	Result	Report Limit	Units	Dilution	Date Analyzed
SODIUM ABSORPTION RATIO			6010B		Analyst: JOL
Sodium Absorption Ratio	1.97	0.1	meq/L	1	25-Jun-24
CONDUCTANCE			M2510B		Analyst: AM
Specific Conductance	300	5	umhos/cm @ 25 °C	1	17-Jun-24
NITROGEN TOTAL AS N			M4500		Analyst: SUB
Nitrogen Total-N	31	25	mg/Kg	1	21-Jun-24
TOTAL KJELDAHL NITROGEN			M4500-N B/E		Analyst: SUB
Kjeldahl-N, Total	< 20	20	mg/Kg	1	21-Jun-24
AMMONIA AS N			M4500-NH3 D		Analyst: SUB
Ammonia-N	7.28	5	mg/Kg	1	20-Jun-24
PHOSPHATE			M4500-P D		Analyst: SUB
Phosphate, as P	42	5	mg/Kg	10	21-Jun-24
Sulfur as Sulfate			M4500-SO4 E		Analyst: SUB
Sulfate	680	100	mg/Kg	5	21-Jun-24
METALS, TOTAL BY ICP			SW6010B		Analyst: JOL
Calcium	962	5	mg/Kg	1	21-Jun-24
Magnesium	755	5	mg/Kg	1	21-Jun-24
Potassium	777	25	mg/Kg	1	21-Jun-24
Sodium	96.1	5	mg/Kg	1	21-Jun-24
MINERALS, Plant Available			SW6010B		Analyst: JOL
Calcium	99.9	10	mg/Kg	1	25-Jun-24
Magnesium	24.6	10	mg/Kg	1	25-Jun-24
Potassium	47.7	25	mg/Kg	1	25-Jun-24
Sodium	47.9	10	mg/Kg	1	25-Jun-24
CORROSIVITY BY PH			SW9045D		Analyst: AM
pH at 25 °C	7.3	0.1	pH Units	1	17-Jun-24
NITRATE BY ION CHROMATOGRAPHY			SW9056		Analyst: SUB
Nitrate-N	6.94	5	mg/Kg	1	13-Jun-24

Report of Laboratory Analysis

Note: The analysis contained in this report applies only to the samples tested and for the exclusive use of the addressed client. Reproduction of this report wholly or in part requires written permission of the client.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087

OWNER, CN600794952, CLINT ISD

MS SANDRA ODENBORG
CLINT ISD
14521 HORIZON BLVD
EL PASO TX 79928

Page 1 of 3

WQ0014005001	2024/09	OTFL 001-878-OTFL 001	15371	36135
PERMIT NUMBER	YYYY/MM	EID	MONT ID	REQ SET

THIS REPORT TO BE USED FOR SOIL MON. 18"-30"
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

Parameter	Effluent Condition		No. Ex.	Frequency of Analysis	Sample Type
		Value			
941830- CONDUCTIVITY, ELECTRIC	Permitted			1/YEAR	24-HR COMP
	Reported	300			
6641430-PLANT AVAILABLE PHOSPHORUS	Permitted			1/YEAR	24-HR COMP
	Reported	42			
6251430-TOTAL KJELDAHL NITROGEN	Permitted			1/YEAR	24-HR COMP
	Reported	<20			
861081430- PLANT AVAILABLE SULFUR	Permitted			1/YEAR	24-HR COMP
	Reported	680			
462361030- SODIUM WATER SOLUBLE	Permitted			1/YEAR	24-HR COMP
	Reported	96.1			
6201430- NITRATE NITROGEN	Permitted			1/YEAR	24-HR COMP
	Reported	6.94			
6101430- AMMONIA NITROGEN	Permitted			1/YEAR	24-HR COMP
	Reported	7.28			

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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14521 HORIZON BLVD
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Page 2 of 3

WQ0014005001	2024/09	OTFL 001-878-OTFL 001	15371	36135
PERMIT NUMBER	YYYY/MM	EID	MONT ID	REQ SET

THIS REPORT TO BE USED FOR SOIL MON. 18" - 30"
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

Parameter	Effluent Condition		No. Ex.	Frequency of Analysis	Sample Type
		Value			
462341030-CALCIUM, WATER SOLUBLE	Permitted			1/YEAR	24-HR COMP
	Reported	962			
9321430-PLANT AVAILABLE SODIUM	Permitted			1/YEAR	24-HR COMP
	Reported	47.9			
9316079-SODIUM ADSORPTION RATIO	Permitted			1/YEAR	24-HR COMP
	Reported	1.97			
6001430-TOTAL NITROGEN AS N	Permitted			1/YEAR	24-HR COMP
	Reported	31			
9381430-PLANT AVAILABLE POTASSIUM	Permitted			1/YEAR	24-HR COMP
	Reported	47.7			
462351030-MAGNESIUM, WATER SOLUBLE	Permitted			1/YEAR	24-HR COMP
	Reported	755			
4006030-PH	Permitted			1/YEAR	24-HR COMP
	Reported	7.3			

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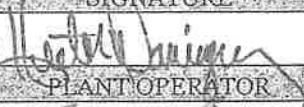
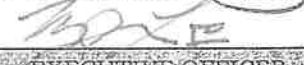
WQ0014005001	2024/09	OTFL 001-878-OTFL 001	15371	36135
PERMIT NUMBER	YYYY/MM	EID	MONT ID	REQ SET

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Parameter	Effluent Condition		No. Ex.	Frequency of Analysis	Sample Type
		Value			
9281430-PLANT AVAILABLE MAGNESIUM	Permitted			1/YEAR	24-HR COMP
	Reported	24.6			
9171430-PLANT AVAILABLE CALCIUM	Permitted			1/YEAR	24-HR COMP
	Reported	99.9			

COMMENTS AND EXPLANATIONS (Reference all attachments here)

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		NAME	SIGNATURE	DATE
		Hector Dominguez		2024/09/09
TELEPHONE NUMBER		PLANT OPERATOR	PLANT OPERATOR	YEAR MO DAY
915	926-4950	Bernardo Lopez		2024/9/10
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO DAY

**ALAMO ANALYTICAL LABORATORIES, LTD.**

Date: 05-Sep-24

Analytical Results Report

Client: Clint ISD

Collection Date: 6/11/2024 8:00:00 AM

Lab Order: 2406026

Matrix: SOIL

Project ID:

Lab ID: 2406026-02A

Project Name: Red Sands WWP

Client Sample ID: 6" - 18"

Analyses	Result	Report Limit	Units	Dilution	Date Analyzed
SODIUM ABSORPTION RATIO			6010B		Analyst: JOL
Sodium Absorption Ratio	0.71	0.1	meq/L	1	25-Jun-24
CONDUCTANCE			M2510B		Analyst: AM
Specific Conductance	315	5	umhos/cm @ 25 °C	1	17-Jun-24
NITROGEN TOTAL AS N			M4500		Analyst: SUB
Nitrogen Total-N	38	25	mg/Kg	1	21-Jun-24
TOTAL KJELDAHL NITROGEN			M4500-N B/E		Analyst: SUB
Kjeldahl-N, Total	22.4	20	mg/Kg	1	21-Jun-24
AMMONIA AS N			M4500-NH3 D		Analyst: SUB
Ammonia-N	8.4	5	mg/Kg	1	20-Jun-24
PHOSPHATE			M4500-P D		Analyst: SUB
Phosphate, as P	38	5	mg/Kg	10	21-Jun-24
Sulfur as Sulfate			M4500-SO4 E		Analyst: SUB
Sulfate	81	20	mg/Kg	1	21-Jun-24
METALS, TOTAL BY ICP			SW6010B		Analyst: JOL
Calcium	1340	5	mg/Kg	1	21-Jun-24
Magnesium	597	5	mg/Kg	1	21-Jun-24
Potassium	744	25	mg/Kg	1	21-Jun-24
Sodium	33.4	5	mg/Kg	1	21-Jun-24
MINERALS, Plant Available			SW6010B		Analyst: JOL
Calcium	44.4	10	mg/Kg	1	25-Jun-24
Magnesium	< 10	10	mg/Kg	1	25-Jun-24
Potassium	63.8	25	mg/Kg	1	25-Jun-24
Sodium	19.5	10	mg/Kg	1	25-Jun-24
CORROSIVITY BY PH			SW9045D		Analyst: AM
pH at 25 °C	7.6	0.1	pH Units	1	17-Jun-24
NITRATE BY ION CHROMATOGRAPHY			SW9056		Analyst: SUB
Nitrate-N	7.2	5	mg/Kg	1	13-Jun-24

Report of Laboratory Analysis

Note: The analysis contained in this report applies only to the samples tested and for the exclusive use of the addressed client. Reproduction of this report wholly or in part requires written permission of the client.

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WQ0014005001	2024/09	OTFL 001-878-OTFL 001	15371	36135
PERMIT NUMBER	YYYY/MM	EID	MONI ID	REQ SET

THIS REPORT TO BE USED FOR SOIL MON. 6"-18"
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

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Parameter	Effluent Condition		No. Ex.	Frequency of Analysis	Sample Type
		Value			
941830- CONDUCTIVITY, ELECTRIC	Permitted			1/YEAR	24-HR COMP
	Reported	315			
6641430- PLANT AVAILABLE PHOSPHORUS	Permitted			1/YEAR	24-HR COMP
	Reported	38			
6251430- TOTAL KJELDAHL NITROGEN	Permitted			1/YEAR	24-HR COMP
	Reported	22.4			
801081430- PLANT AVAILABLE SULFUR	Permitted			1/YEAR	24-HR COMP
	Reported	81			
462361030- SODIUM WATER SOLUBLE	Permitted			1/YEAR	24-HR COMP
	Reported	33.4			
6201430- NITRATE NITROGEN	Permitted			1/YEAR	24-HR COMP
	Reported	7.2			
6101430- AMMONIA NITROGEN	Permitted			1/YEAR	24-HR COMP
	Reported	8.4			

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WQ0014005001	2024/09	OTFL 001-878-OTFL 001	15371	36135
PERMIT NUMBER	YYYY/MM	EID	MONT ID	REQ SET

THIS REPORT TO BE USED FOR SOIL MON. 6"-18"
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

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Parameter	Effluent Condition		No. Ex.	Frequency of Analysis	Sample Type
		Value			
462341030-CALCIUM, WATER SOLUBLE	Permitted			1/YEAR	24-HR COMP
	Reported	1340			
9321430-PLANT AVAILABLE SODIUM	Permitted			1/YEAR	24-HR COMP
	Reported	19.5			
9316079-SODIUM ADSORPTION RATIO	Permitted			1/YEAR	24-HR COMP
	Reported	0.71			
6001430-TOTAL NITROGEN AS N	Permitted			1/YEAR	24-HR COMP
	Reported	38			
9381430-PLANT AVAILABLE POTASSIUM	Permitted			1/YEAR	24-HR COMP
	Reported	63.8			
462351030-MAGNESIUM, WATER SOLUBLE	Permitted			1/YEAR	24-HR COMP
	Reported	597			
4006030-PH	Permitted			1/YEAR	24-HR COMP
	Reported	7.6			

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Page 3 of 3

WQ0014005001	2024/09	OTFL 001-878-OTFL 001	15371	36135
PERMIT NUMBER	YYYY/MM	EID	MONTH ID	REQ SET

THIS REPORT TO BE USED FOR SOIL MON. 6"-18"
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

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Parameter	Effluent Condition		No. Ex.	Frequency of Analysis	Sample Type
		Value			
9281430-PLANT AVAILABLE MAGNESIUM	Permitted			1/YEAR	24-HR COMP
	Reported	210			
9171430-PLANT AVAILABLE CALCIUM	Permitted			1/YEAR	24-HR COMP
	Reported	44.4			

COMMENTS AND EXPLANATIONS (Reference all attachments here)

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		NAME	SIGNATURE	DATE
TELEPHONE NUMBER		PLANT OPERATOR	PLANT OPERATOR	YEAR MO DAY
(915)	926-4950	Bernardo Lucero	[Signature]	2024/9/10
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO DAY

**ALAMO ANALYTICAL LABORATORIES, LTD.**

Date: 05-Sep-24

Analytical Results Report

Client: Clint ISD

Collection Date: 6/11/2024 7:40:00 AM

Lab Order: 2406026

Matrix: SOIL

Project ID:

Lab ID: 2406026-01A

Project Name: Red Sands WWP

Client Sample ID: 0" - 6"

Analyses	Result	Report Limit	Units	Dilution	Date Analyzed
SODIUM ABSORPTION RATIO			6010B		Analyst: JOL
Sodium Absorption Ratio	0.19	0.1	meq/L	1	25-Jun-24
CONDUCTANCE			M2510B		Analyst: AM
Specific Conductance	744	5	umhos/cm @ 25 0	1	17-Jun-24
NITROGEN TOTAL AS N			M4500		Analyst: SUB
Nitrogen Total-N	46	25	mg/Kg	1	21-Jun-24
TOTAL KJELDAHL NITROGEN			M4500-N B/E		Analyst: SUB
Kjeldahl-N, Total	28	20	mg/Kg	1	21-Jun-24
AMMONIA AS N			M4500-NH3 D		Analyst: SUB
Ammonia-N	10.1	5	mg/Kg	1	20-Jun-24
PHOSPHATE			M4500-P D		Analyst: SUB
Phosphate, as P	69	5	mg/Kg	10	21-Jun-24
Sulfur as Sulfate			M4500-SO4 E		Analyst: SUB
Sulfate	62.8	20	mg/Kg	1	21-Jun-24
METALS, TOTAL BY ICP			SW6010B		Analyst: JOL
Calcium	2400	5	mg/Kg	1	21-Jun-24
Magnesium	702	5	mg/Kg	1	21-Jun-24
Potassium	859	25	mg/Kg	1	21-Jun-24
Sodium	19.6	5	mg/Kg	1	21-Jun-24
MINERALS, Plant Available			SW6010B		Analyst: JOL
Calcium	92.5	10	mg/Kg	1	25-Jun-24
Magnesium	14.2	10	mg/Kg	1	25-Jun-24
Potassium	119	25	mg/Kg	1	25-Jun-24
Sodium	< 10	10	mg/Kg	1	25-Jun-24
CORROSIVITY BY PH			SW9045D		Analyst: AM
pH at 25 o C	7	0.1	pH Units	1	17-Jun-24
NITRATE BY ION CHROMATOGRAPHY			SW9056		Analyst: SUB
Nitrate-N	7.9	5	mg/Kg	1	13-Jun-24

Report of Laboratory Analysis

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Page 1 of 3

WQ0014005001	2024/09	OTFL 001-878-OTFL 001	15371	36135
PERMIT NUMBER	YYYY/MM	EID	MONT ID	REQ SET

THIS REPORT TO BE USED FOR SOIL MON. 0'-6"
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Parameter	Effluent Condition		No. Ex.	Frequency of Analysis	Sample Type
		Value			
941830- CONDUCTIVITY, ELECTRIC	Permitted		MMHOS/CM	1/YEAR	24-HR COMP
	Reported	744			
6641430- PLANT AVAILABLE PHOSPHORUS	Permitted		MG/KG	1/YEAR	24-HR COMP
	Reported	69			
6251430-TOTAL KJELDAHL NITROGEN	Permitted		MG/KG	1/YEAR	24-HR COMP
	Reported	28			
801081430- PLANT AVAILABLE SULFUR	Permitted		MG/KG	1/YEAR	24-HR COMP
	Reported	62.8			
462361030- SODIUM WATER SOLUBLE	Permitted		MG/L	1/YEAR	24-HR COMP
	Reported	19.6			
6201430- NITRATE NITROGEN	Permitted		MG/KG	1/YEAR	24-HR COMP
	Reported	7.9			
6101430- AMMONIA NITROGEN	Permitted		MG/KG	1/YEAR	24-HR COMP
	Reported	10.1			

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Page 2 of 3

WQ0014005001	2024/09	OTFL 001-878-OTFL 001	15371	36135
PERMIT NUMBER	YYYY/MM	EID	MONT ID	REQ SET

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Parameter	Effluent Condition		No. Ex.	Frequency of Analysis	Sample Type
		Value			
462341030-CALCIUM, WATER SOLUBLE	Permitted			1/YEAR	24-HR COMP
	Reported	2400			
9321430-PLANT AVAILABLE SODIUM	Permitted			1/YEAR	24-HR COMP
	Reported	<10			
9316079-SODIUM ADSORPTION RATIO	Permitted			1/YEAR	24-HR COMP
	Reported	0.19			
6001430-TOTAL NITROGEN AS N	Permitted			1/YEAR	24-HR COMP
	Reported	46			
9381430-PLANT AVAILABLE POTASSIUM	Permitted			1/YEAR	24-HR COMP
	Reported	119			
462351030-MAGNESIUM, WATER SOLUBLE	Permitted			1/YEAR	24-HR COMP
	Reported	702			
4006030-PH	Permitted			1/YEAR	24-HR COMP
	Reported	7			

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Page 3 of 3

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PERMIT NUMBER	YYYY/MM	EID	MONT ID	REQ SET

THIS REPORT TO BE USED FOR SOIL MON. 0'-6"
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Parameter	Effluent Condition		No. Ex.	Frequency of Analysis	Sample Type
		Value			
9281430-PLANT AVAILABLE MAGNESIUM	Permitted			1/YEAR	24-HR COMP
	Reported	14.2			
9171430-PLANT AVAILABLE CALCIUM	Permitted			1/YEAR	24-HR COMP
	Reported	92.5			

COMMENTS AND EXPLANATIONS (Reference all attachments here)

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		NAME	SIGNATURE	DATE
		Hector Dominguez	Hector Dominguez	2024/09/09
TELEPHONE NUMBER		PLANT OPERATOR	PLANT OPERATOR	YEAR MO DAY
(915)	926-4950	Bernardo Lacerda	Bernardo Lacerda	2024/9/10
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO DAY



ALAMO ANALYTICAL LABORATORIES, LTD.

Date: 05-Sep-24

CLIENT: Clint ISD
Work Order: 2406026

Project: Red Sands WWP

QC SUMMARY REPORT

Analyte	%REC					%REC					RPD								
	BLK	SPK value	LCS	LCSD	RPD %	RPD Limit	MS	MSD	%	Limit	Low-High	Parent	DUP	%	Limit				
Batch ID:	COND_S-6/17/2024																		
Run ID:	TestName: CONDUCTANCE																		
	Test Code: M2510B					Units: umhos/cm @ 25					Analysis Date: 6/17/2024 1:40:00 PM					Prep Date: 6/17/2024 10:00:00			
Specific Conductance																			
Batch ID:	ICP_RS-6/21/2024																		
Run ID:	TestName: METALS, Total by ICP																		
	Test Code: SW6010B					Units: mg/Kg					Analysis Date: 6/21/2024					Prep Date: 6/21/2024			
Calcium	<5	50	108.2%	102.2%	6.000	25.0	80 - 120												
Magnesium	<5	50	108.4%	106.2%	2.000	25.0	80 - 120												
Potassium	<25	500	102.6%	101.8%	1.000	25.0	80 - 120												
Sodium	<5	50	111.4%	101.4%	9.000	25.0	80 - 120												
Batch ID:	MINE_S-6/25/2024																		
Run ID:	TestName: MINERALS, Plant Available																		
	Test Code: SW6010B					Units: mg/Kg					Analysis Date: 6/25/2024					Prep Date: 6/24/2024			
Calcium	<10	10	89.4%	89.5%	0.000	25.0	80 - 120												
Magnesium	<10	10	92.5%	92.6%	0.000	25.0	80 - 120												
Potassium	<25	10	90.2%	90.4%	0.000	25.0	80 - 120												
Sodium	<10	20	108.0%	108.5%	0.000	25.0	80 - 120												
Batch ID:	N-TOTAL_S-6/21/2024																		
Run ID:	TestName: Nitrogen Total as N																		
	Test Code: M4500					Units: mg/Kg					Analysis Date: 6/21/2024					Prep Date: 6/21/2024			
Nitrogen Total-N																			
Batch ID:	NH3_NS-6/20/2024																		
Run ID:	TestName: AMMONIA As N																		
	Test Code: M4500-NH3 D					Units: mg/Kg					Analysis Date: 6/20/2024 4:00:00 PM					Prep Date: 6/20/2024 9:00:00 A			
Ammonia-N																			
Batch ID:	NO3_R-S-6/13/2024																		
Run ID:	TestName: NITRATE BY ION CHROMATOGRAPHY																		
	Test Code: SW9056					Units: mg/Kg					Analysis Date: 6/13/2024 9:30:00 AM					Prep Date: 6/12/2024 4:00:00 P			
Nitrate-N	<5	50	98.6%				80 - 120												

Approved by:

Laboratory QC Report

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ALAMO ANALYTICAL LABORATORIES, LTD.

Date: 05-Sep-24

CLIENT: Clint ISD
Work Order: 2406026

Project: Red Sands W/W/P

QC SUMMARY REPORT

Analyte	Batch ID:	Run ID:	%REC				%REC				RPD		Low-High		Parent		DUP	%	Limit	
			BLK	SPK value	LCS	LCSD	RPD %	RPD Limit	MS	MSD	%	Limit	Limit	Parent						
	PH_S-6/17/2024		TestName: CORROSIIVITY by pH																	
	PH_S_240617A		Test Code:		SW9045D		Units:		pH Units		Analysis Date:		6/17/2024 1:00:00 PM		Prep Date:		6/17/2024 10:00:00			
pH at 25 o C																				
			7		99.3%				6.9 - 7.1		7.3		7.3		0.000		0.0			
	Batch ID:	PO4_S-6/21/2024	TestName:		PHOSPHATE						Analysis Date:		6/21/2024 4:00:00 PM		Prep Date:		6/21/2024 9:20:00 A			
	Run ID:	MISC_240621E	Test Code:		M4500-P D		Units:		mg/Kg											
Phosphate, as P																				
	Batch ID:	SAR-6/25/2024	<0.5		5		96.4%						80 - 120							
			TestName:		SODIUM ABSORPTION RATIO															
	Run ID:	ICP_240625A	Test Code:		6010B		Units:		meq/L		Analysis Date:		6/25/2024		Prep Date:		6/24/2024			
Sodium Absorption Ratio																				
	Batch ID:	SO4_S-6/21/2024	<0.1																	
			TestName:		Sulfur as Sulfate															
	Run ID:	UV1_240621A	Test Code:		M4500-SO4 E		Units:		mg/Kg		Analysis Date:		6/21/2024 11:30:00 AM		Prep Date:		6/20/2024 4:00:00 P			
Sulfate																				
	Batch ID:	TKN_S-6/21/2024	<20		250		97.4%				100.7%		103.0%		2.000		30.0		80 - 120	
			TestName:		TOTAL KJELDAHL NITROGEN															
	Run ID:	MISC_240621C	Test Code:		M4500-N B/E		Units:		mg/Kg		Analysis Date:		6/21/2024 4:10:00 PM		Prep Date:		6/21/2024 8:40:00 A			
Kjeldahl-N, Total																				
			<50		100		89.6%						80 - 120							

Approved by:

Laboratory QC Report

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Soil Map—El Paso County, Texas (Main Part)



**Natural Resources
Conservation Service**

Web Soil Survey
National Cooperative Soil Survey

8/19/2025
Page 1 of 3


MAP LEGEND

Area of Interest (AOI)

 Area of Interest (AOI)

Soils

 Soil Map Unit Polygons

 Soil Map Unit Lines

 Soil Map Unit Points

Special Point Features



Blowout



Borrow Pit



Clay Spot



Closed Depression



Gravel Pit



Gravelly Spot



Landfill



Lava Flow



Marsh or swamp



Mine or Quarry



Miscellaneous Water



Perennial Water



Rock Outcrop



Saline Spot



Sandy Spot



Severely Eroded Spot



Sinkhole



Slide or Slip



Sodic Spot



Spoil Area



Stony Spot



Very Stony Spot



Wet Spot



Other



Special Line Features

Water Features



Streams and Canals

Transportation



Rails



Interstate Highways



US Routes



Major Roads



Local Roads

Background



Aerial Photography

MAP INFORMATION

The soil surveys that comprise your AOI were mapped at 1:31,700.

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

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

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

Source of Map: Natural Resources Conservation Service

Web Soil Survey URL:

Coordinate System: Web Mercator (EPSG:3857)

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

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

Soil Survey Area: El Paso County, Texas (Main Part)

Survey Area Data: Version 23, Aug 30, 2024

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

Date(s) aerial images were photographed: Nov 15, 2020—Nov 17, 2020

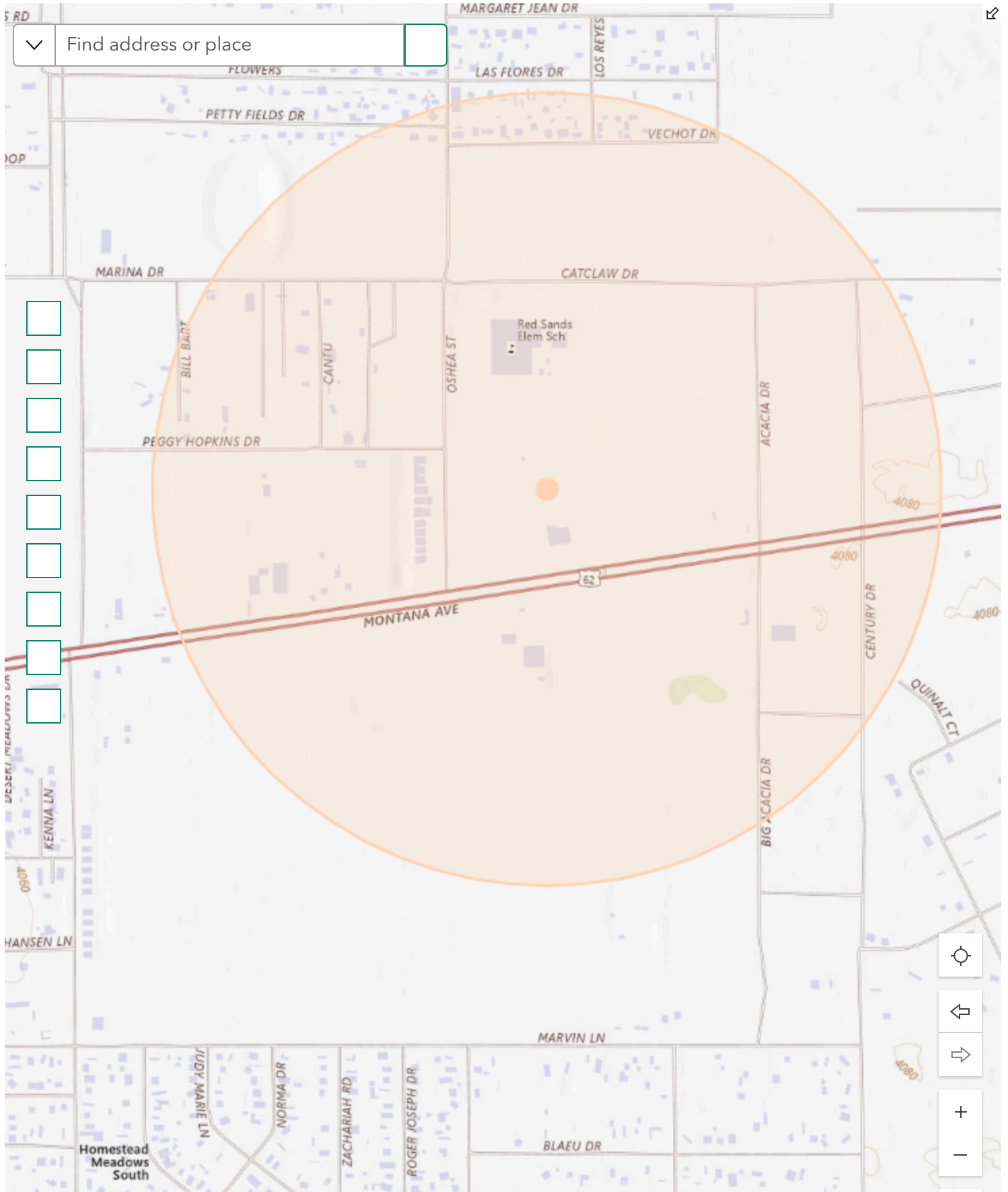
The orthophoto or other base map on which the soil lines were compiled and digitized probably differs from the background imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.

Map Unit Legend

Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
HW	Hueco-Wink association, hummocky	32.6	100.0%
Totals for Area of Interest		32.6	100.0%

Well and Map Information – Not Applicable

**There are no water wells, springs, or
faults in the vicinity**



-106.121 31...

1,000 ft

Xrefs: X13LK-5000
104751
2/11/2009
B
A
Drawing file: R:\Projects\2008\5000.08\CAID\001-SHEET\G-001-5000.dwg (Velez)



VICINITY MAP



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SHEET INDEX

DRAWING NO.	DESCRIPTION
G-001	PROJECT TITLE, INDEX & VICINITY MAP
G-002	GENERAL NOTES, LEGEND & CONTACT LIST
C-101	PROPOSED SITE PLAN
C-102	INFLUENT PUMP STATION PLAN & SECTION
C-103	TREATMENT PLANT PLAN & SECTION
C-104	DETAILS & SECTIONS
E-101	PROPOSED ELECTRICAL SITE PLAN
E-102	ELECTRICAL ONE LINE DIAGRAM
E-103	ELECTRICAL ONE-LINE DIAGRAM & PANEL SCHEDULE
M-100	EMERGENCY GENERATOR INSTALLATION DETAILS

CLINT I.S.D. RED SANDS TREATMENT PLANT REPLACEMENT

CLINT INDEPENDENT SCHOOL DISTRICT

BOARD OF TRUSTEES

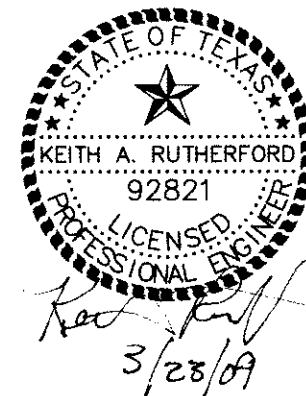
JAMES R. PENDELL	PRESIDENT
MARY MACIAS	1st VICE-PRESIDENT
PATRICIA RANDLEEL	2nd VICE-PRESIDENT
JANICE ARMSTRONG	SECRETARY
ALFRED P. GONZALEZ	MEMBER
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ROBERT LARA	MEMBER

SUPERINTENDENT

ROBERT MENDOZA	INTERIM SUPERINTENDENT
----------------	------------------------



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CLINT INDEPENDENT SCHOOL DISTRICT

RED SANDS TREATMENT PLANT REPLACEMENT

KEY PLAN

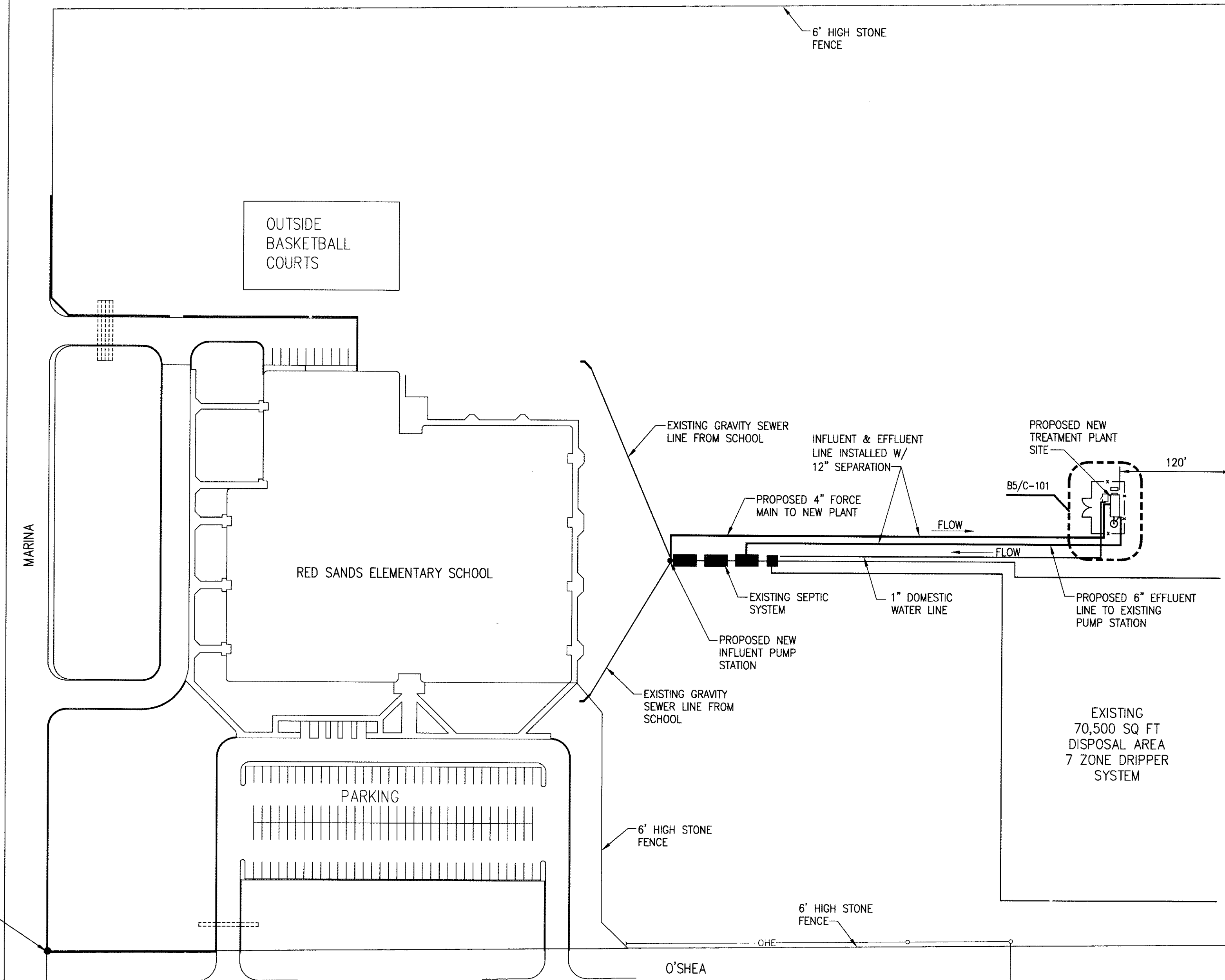
NO.	DATE	DESCRIPTION

ISSUING OFFICE: EL PASO PROJECT NO: 5000.08

PROJECT TITLE, INDEX & VICINITY MAP

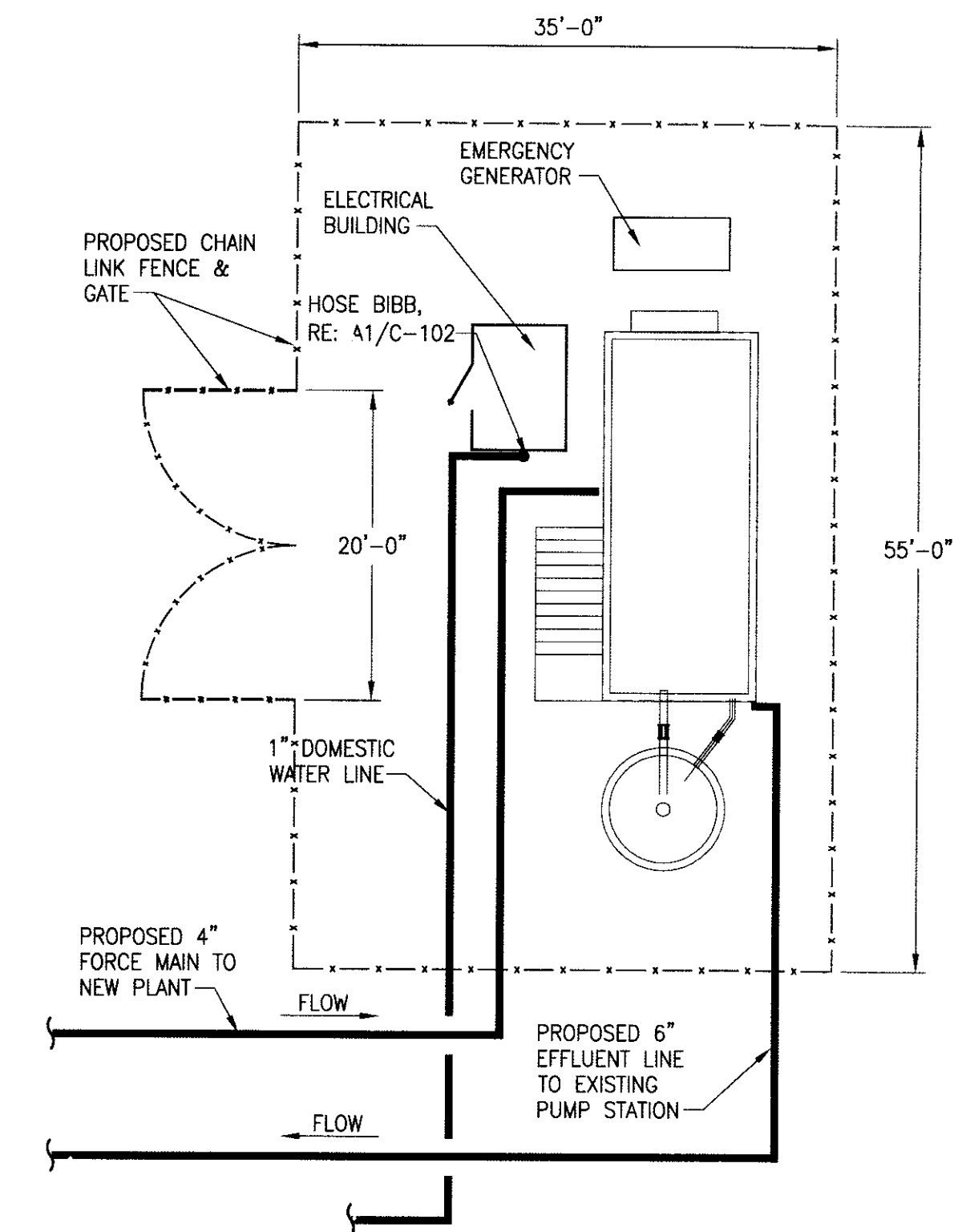
Xrefs: X-SITE-5000, XTBLK-5000
9:25:10
2/10/2009
Drawing File: R:\Projects\2008\5000.08\CADD\00_SHEET\VC-100-5000.dwg (R:\elex)

A1 PROPOSED SITE PLAN
1"=80'-0"

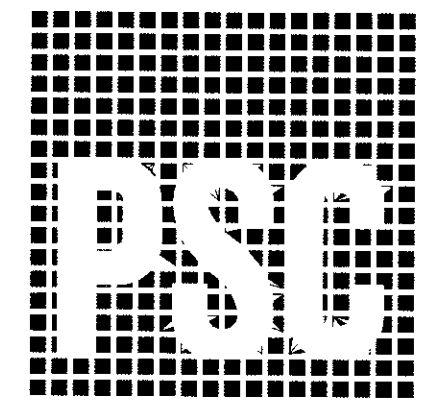


GENERAL NOTES

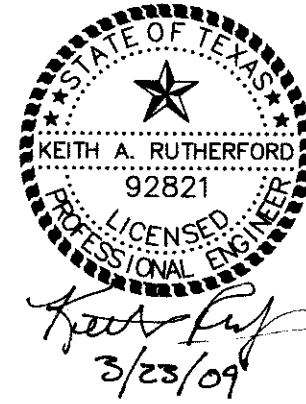
1. ALL UNDERGROUND PIPE SHALL BE INSTALLED WITH A MINIMUM OF 4" COVER.
2. EFFLUENT LINE SHALL BE SLOPED @ -0.33% FROM WWTP TO EXISTING PUMP STATION.



B5 ENLARGED PARTIAL SITE PLAN
1"=10'-0"



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RED SANDS TREATMENT PLANT REPLACEMENT

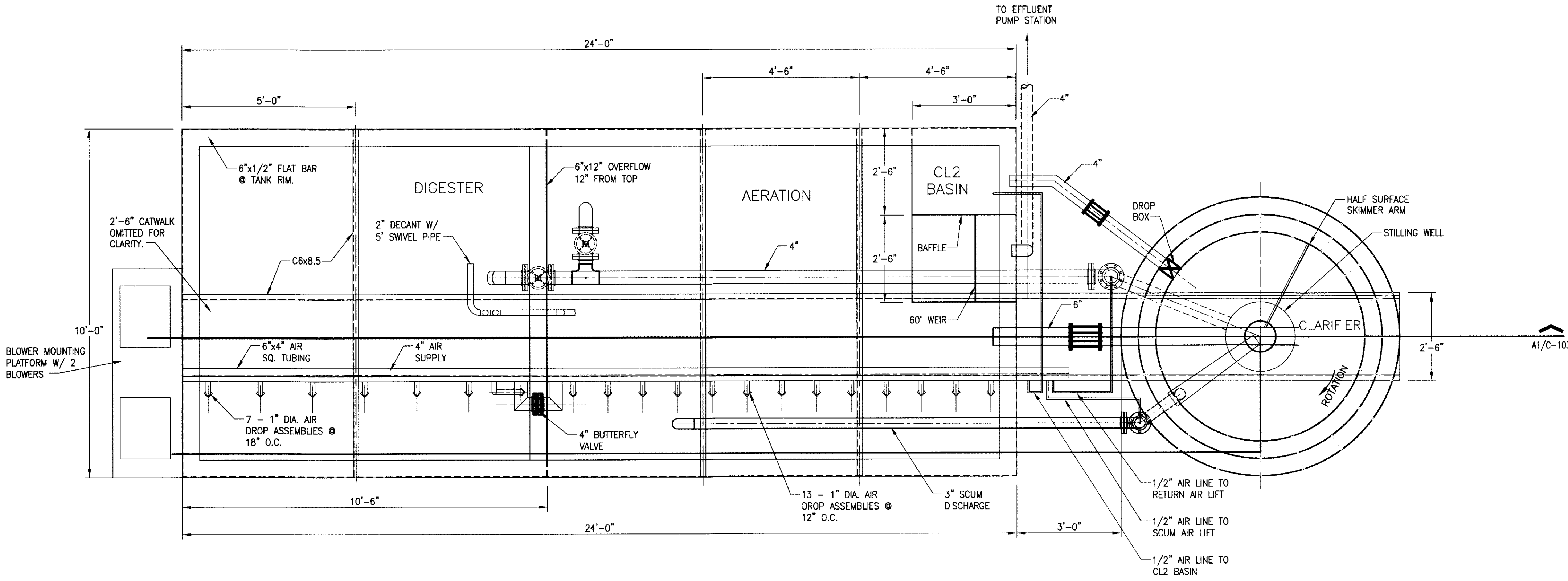
KEY PLAN

NO	DATE	DESCRIPTION

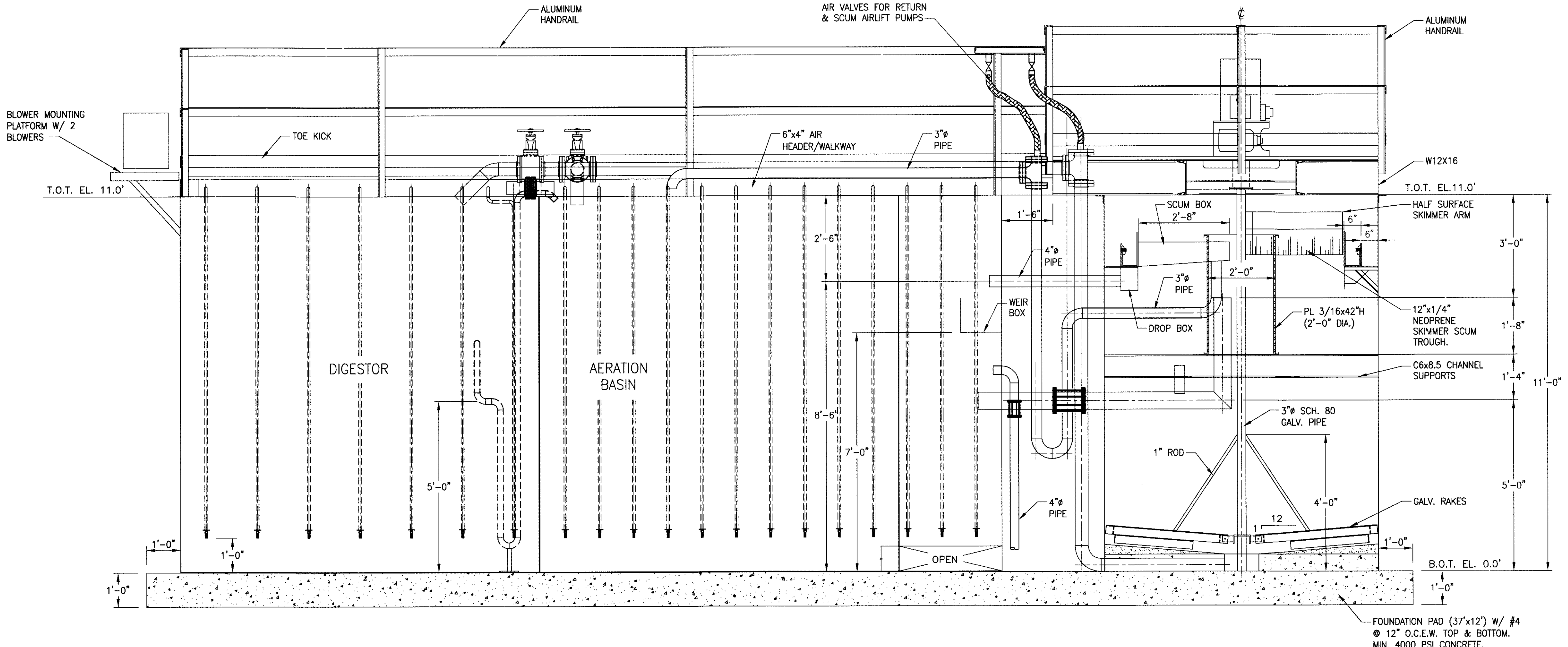
ISSUING OFFICE: EL PASO PROJECT NO: 5000.08

PROPOSED
SITE PLAN

Xrefs: XBLK-5000
9/26/53
2/10/2009
B
A
Drawing File: R:\Projects\2008\5000.08\CADD\00_SHEET\C-103-5000.dwg (Rview)



C1 TREATMENT PLANT PLAN
1/2"=1'-0"



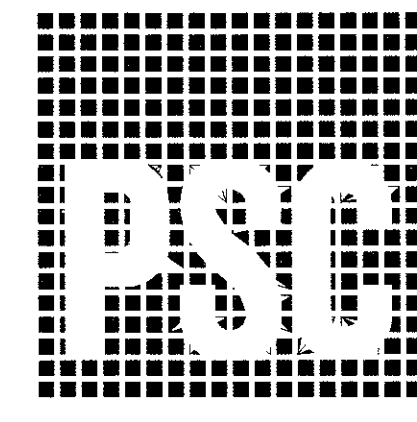
A1 TREATMENT PLANT SECTION
1/2"=1'-0"

GENERAL NOTES

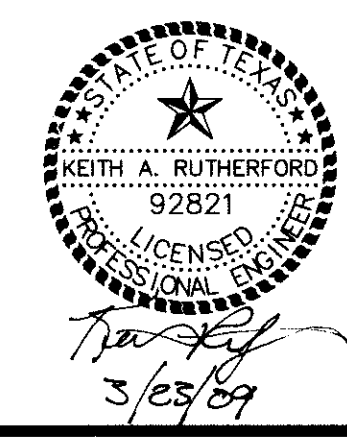
1. ALL TANK WALLS AND BAFFLES SHALL BE CONSTRUCTED OF MINIMUM 1/4" A-36 STEEL. CROSS BRACING SHALL BE ACCOMPLISHED WITH MINIMUM 6x8.5 CHANNEL IRON.
2. ALL INTERIOR TANK SURFACES SHALL BE PREPARED AND COATED IN ACCORDANCE WITH SSPC SP5-63. FINISH SHALL BE EPOXY APPLIED TO MINIMUM OF 12 MILS DFT.
3. ALL EXTERIOR TANK SURFACES SHALL BE PREPARED AND COATED IN ACCORDANCE WITH SSPC SP6. FINISH SHALL BE POLYURATHANE APPLIED TO MINIMUM OF 8 MILS DFT.
4. 2'-6" HDG CATWALK SHALL BE SUPPLIED TO ALLOW ACCESS TO VIEW ALL TANKAGE INCLUDING THE CLARIFIER. CATWALK SHALL BE CONSTRUCTED OF HDG MATERIAL WITH A MINIMUM THICKNESS OF 3/16".
5. ALL PIPING SHALL BE SCH. 40 HDG STEEL PER ASTM A-53.
6. WASTE WATER TREATMENT PLANT SHOWN IS BASED ON LAYNE TEXAS, INC.
7. THE WWTP IS TO BE PROVIDED BY LAYNE TEXAS, INC. OR APPROVED EQUAL.
8. THE GENERAL CONTRACTOR WILL BE REQUIRED TO PURCHASE, UNLOAD AND INSTALL THE WWTP.
9. ALL ITEMS NOT FURNISHED BY WWTP MANUFACTURERS SHALL BE FURNISHED BY THE GENERAL CONTRACTOR.
10. DIRECT INQUIRES FOR LAYNE TEXAS TO:
MIKE MORENO
5931 BRITTMORE ROAD
HOUSTON, TEXAS 77041
PH.: 713-466-5001

DESIGN CRITERIA

FLOW = 13,000 GPD
INFLUENT BOD5/TSS = 450 MG/L
DESIRED EFFLUENT BOD5 < 10 MG/L
DESIRED EFFLUENT TSS < 20 MG/L



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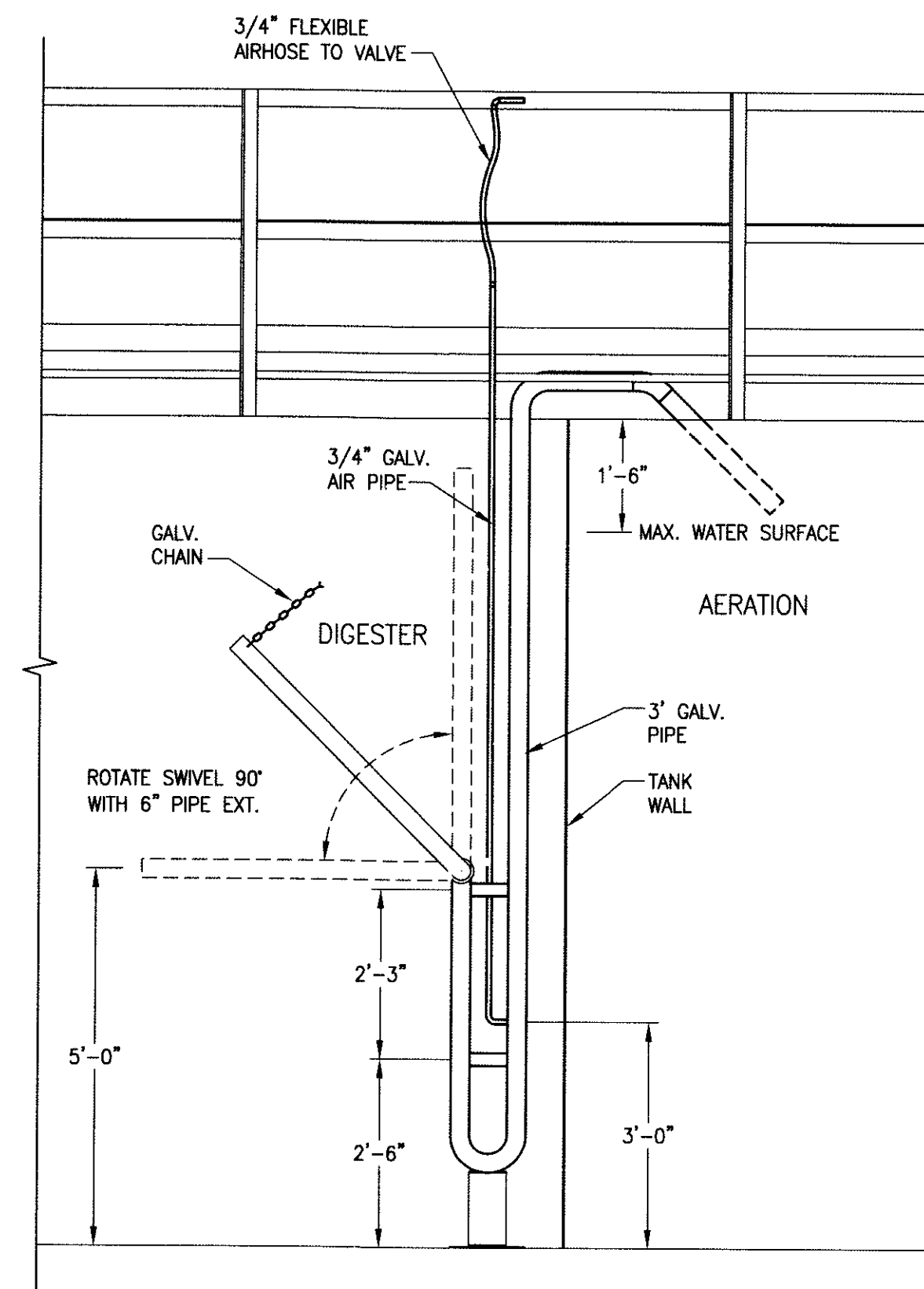
RED SANDS
TREATMENT PLANT
REPLACEMENT

KEY PLAN

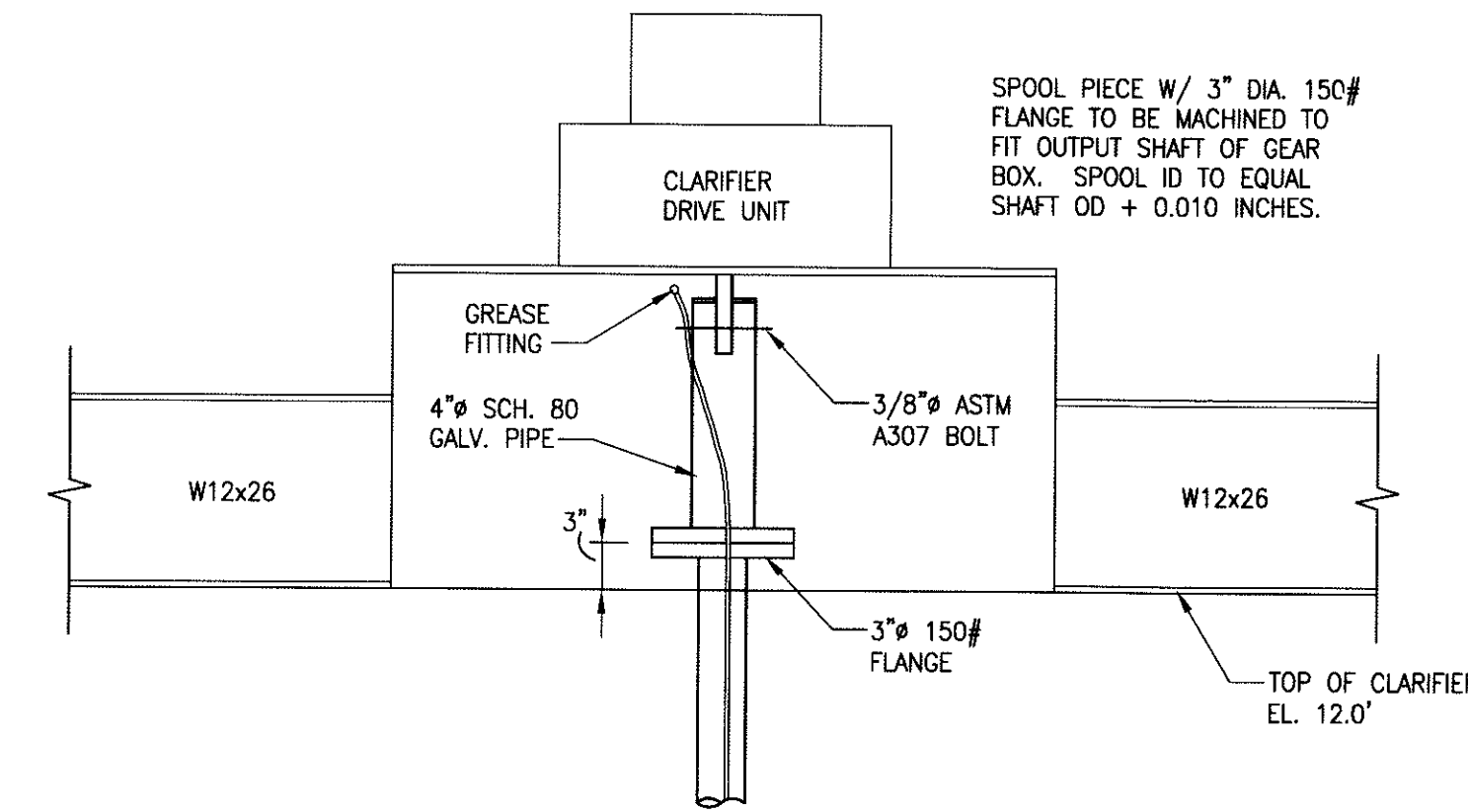
NO	DATE	DESCRIPTION

TREATMENT PLANT PLAN
& SECTION

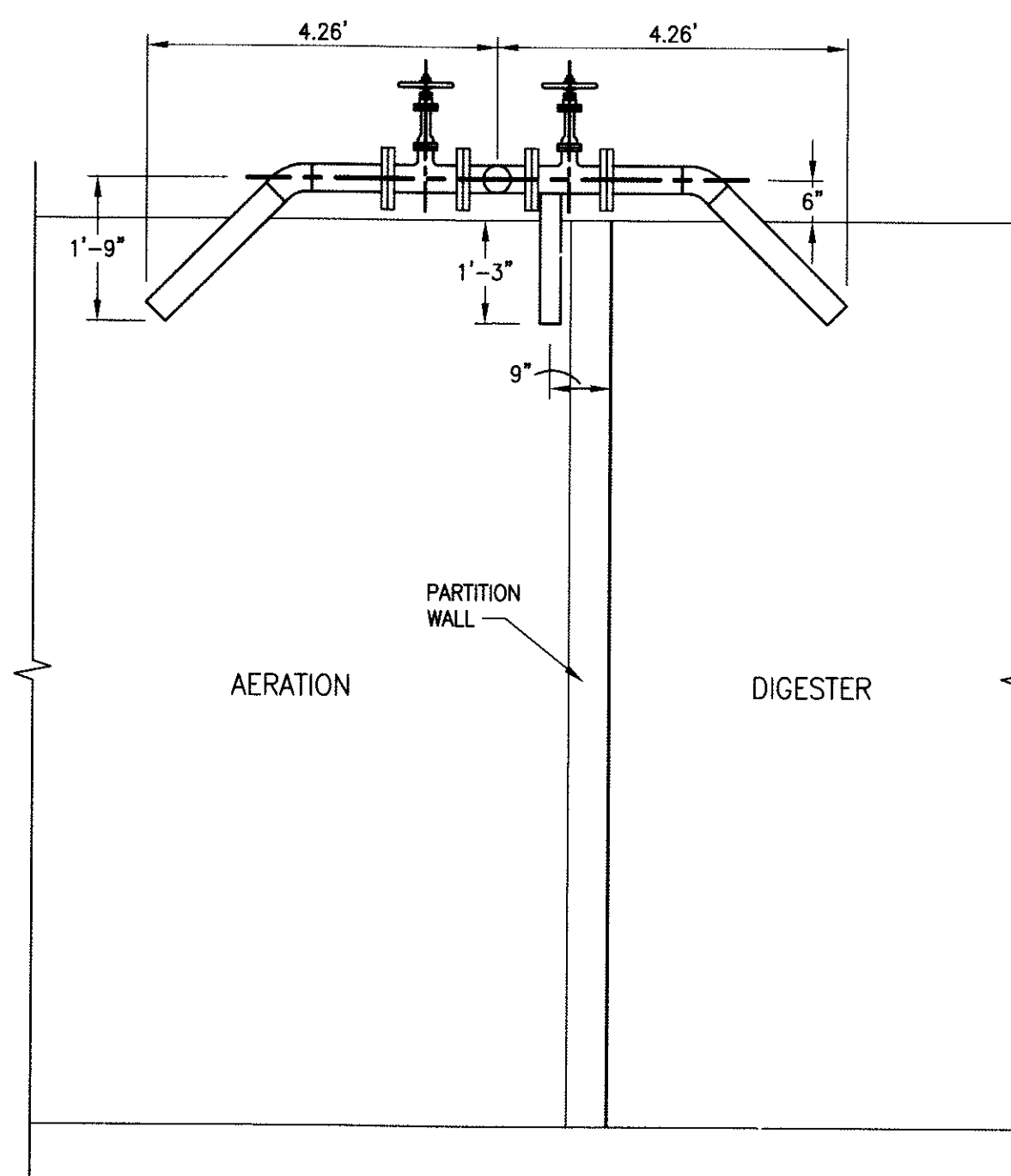
Xrefs: XTBLK-5000
9:25:35
2/10/2009
B
Drawing File: R:\Projects\2008\5000.08\CADD\00_SHEET\C-104-5000.dwg (R/lelz)



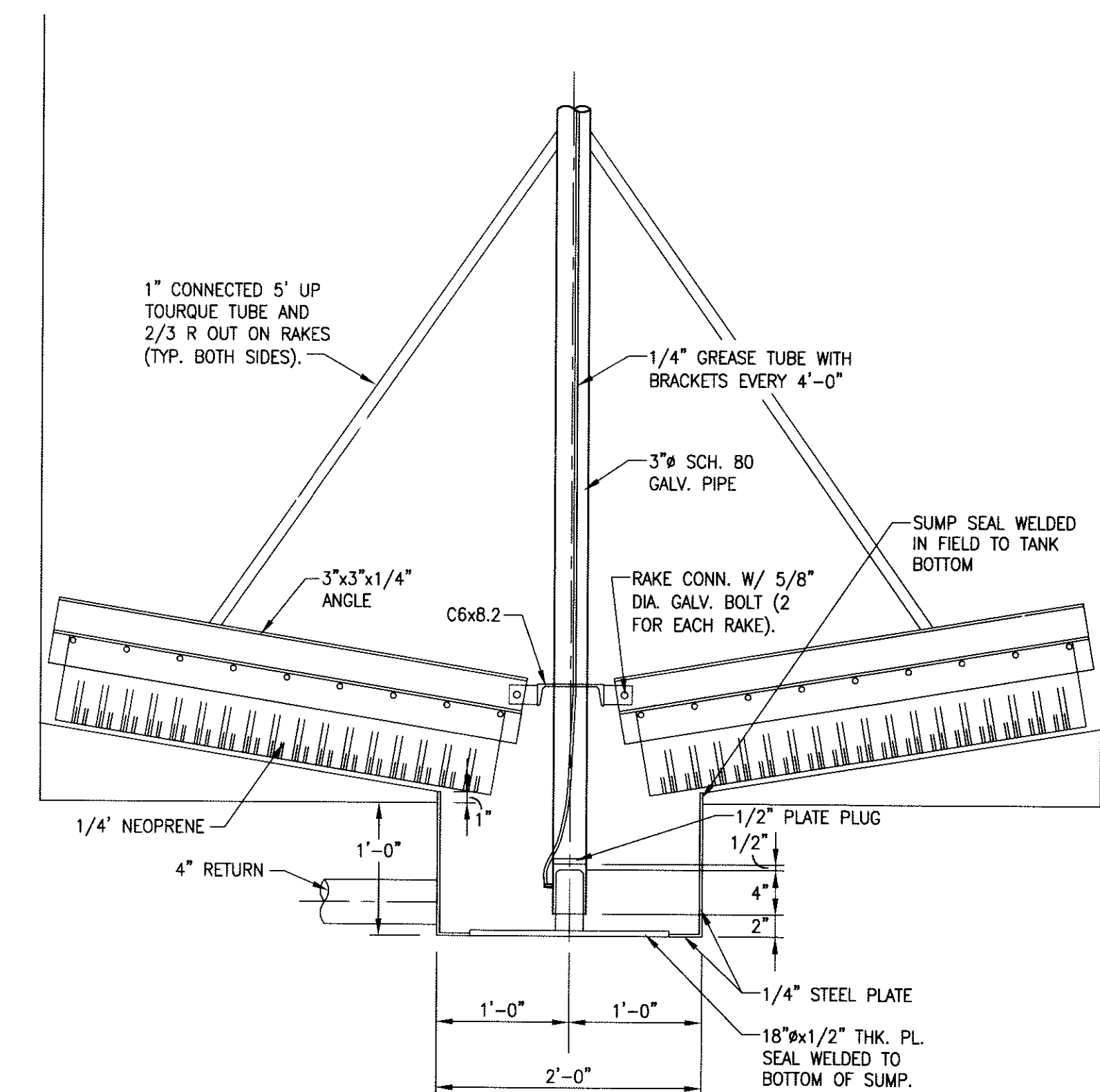
C1 SUPERNATANT AIRLIFT DETAIL
1/2"=1'-0"



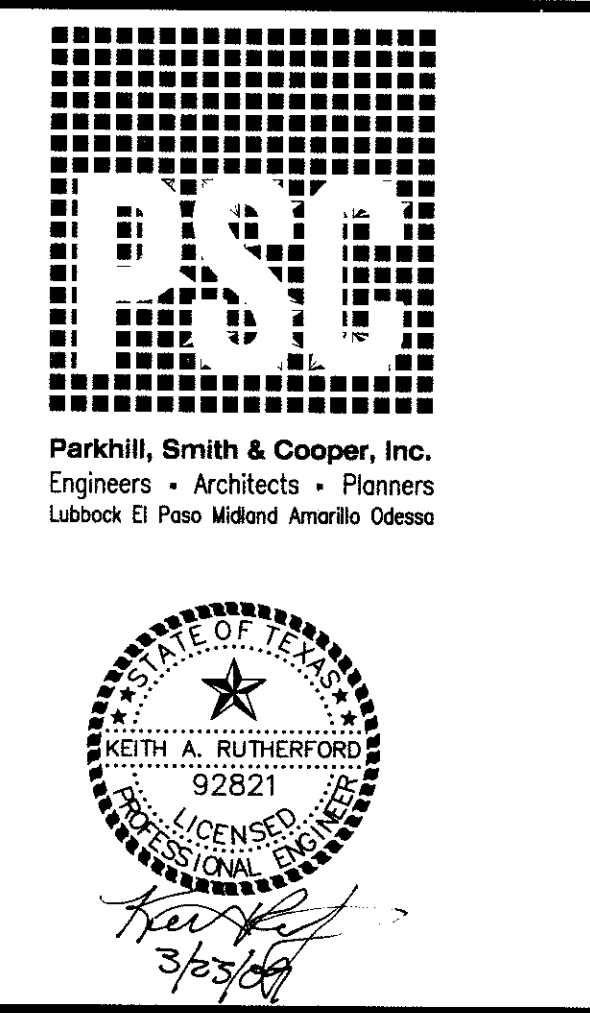
C3 DETAIL
1"=1'-0"



A1 RETURN SLUDGE & WASTE AIRLIFT DETAIL
1/2"=1'-0"



A3 DETAIL
1"=1'-0"



CLINT INDEPENDENT SCHOOL DISTRICT

RED SANDS TREATMENT PLANT REPLACEMENT

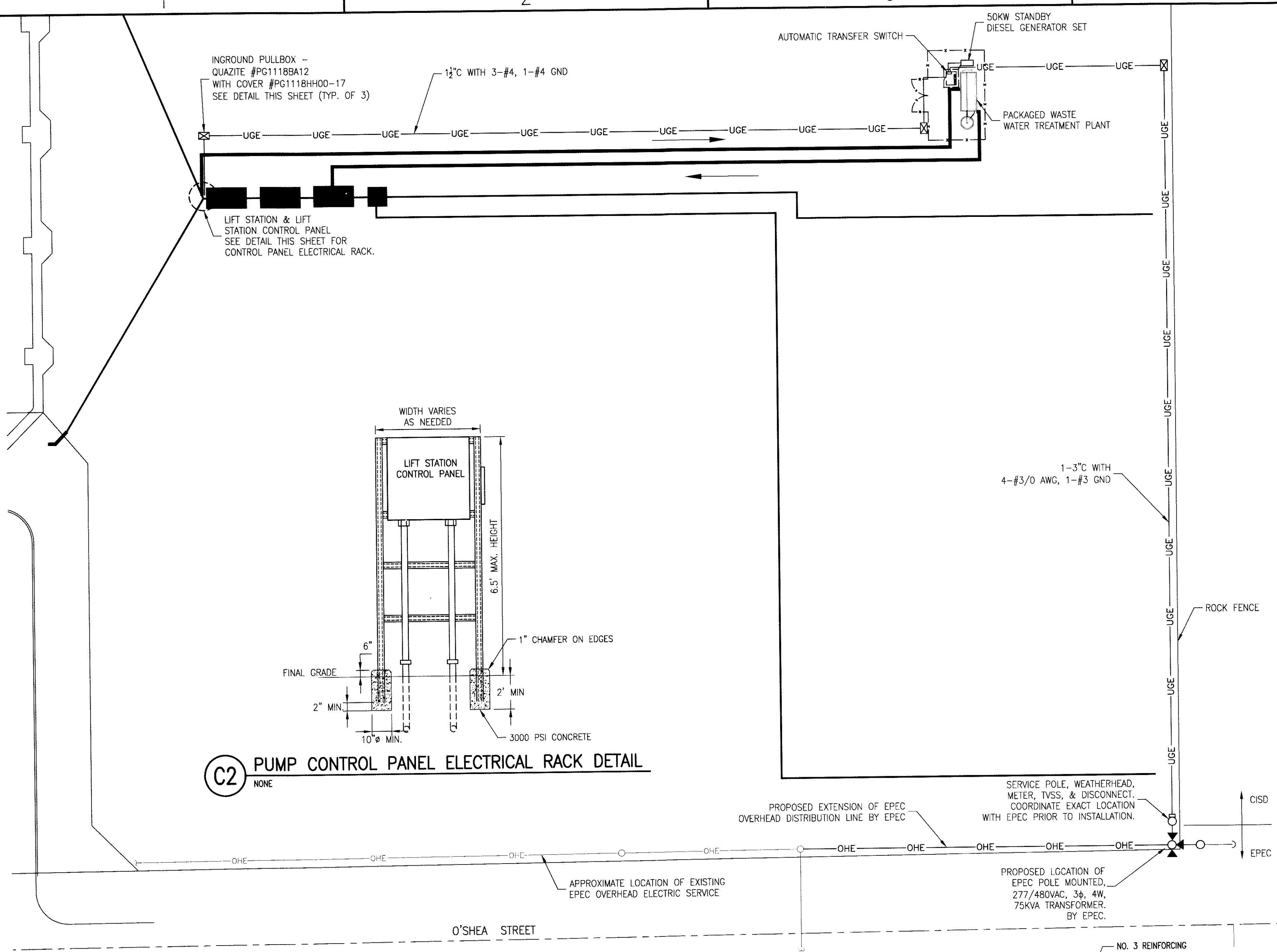
KEY PLAN

NO.	DATE	DESCRIPTION

ISSUING OFFICE: EL PASO PROJECT NO: 5000.08

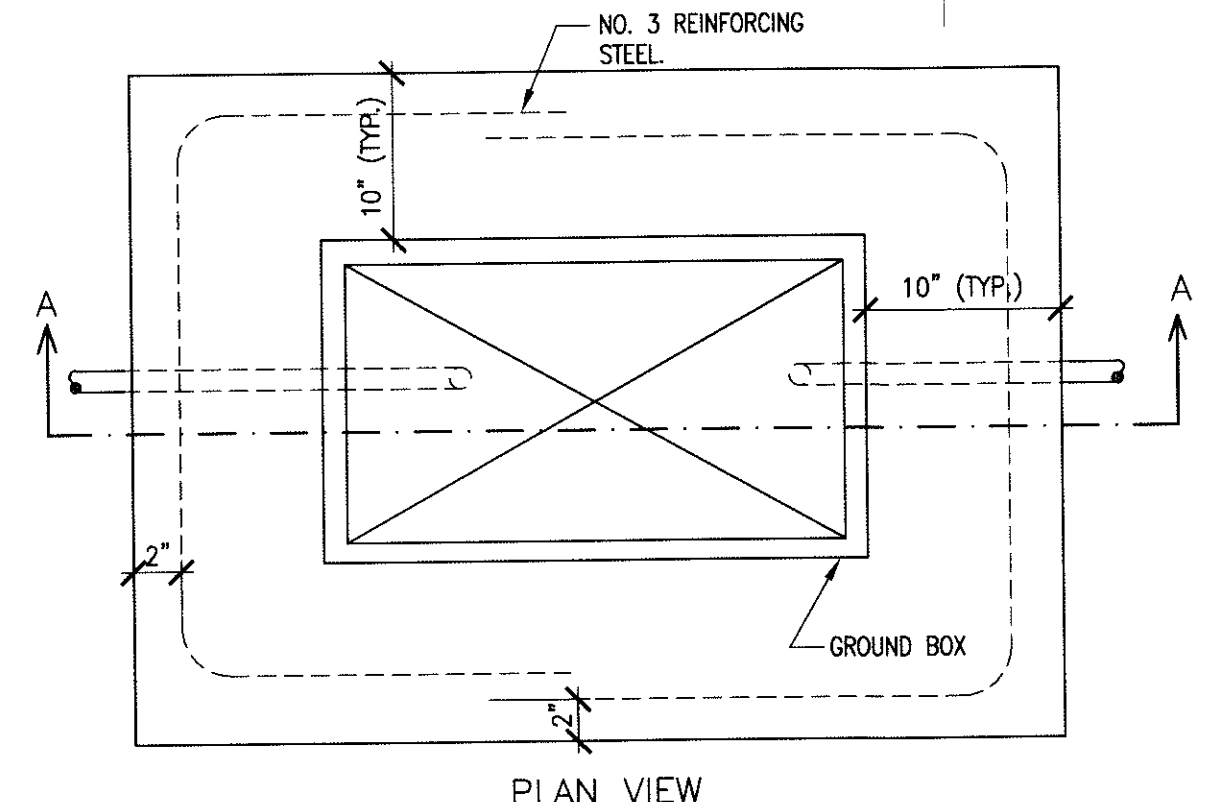
DETAILS & SECTIONS

Drawing File: R:\Projects\2008\5000.08\CADD\00_SHEET\E-101-5000.dwg (Stdwall)
 3/23/2009 10:45:53 Xrefs: X-SITE-5000, XTBK-5000



A1 PROPOSED SITE PLAN
 1"=40'-0"

C2 PUMP CONTROL PANEL ELECTRICAL RACK DETAIL
 NONE

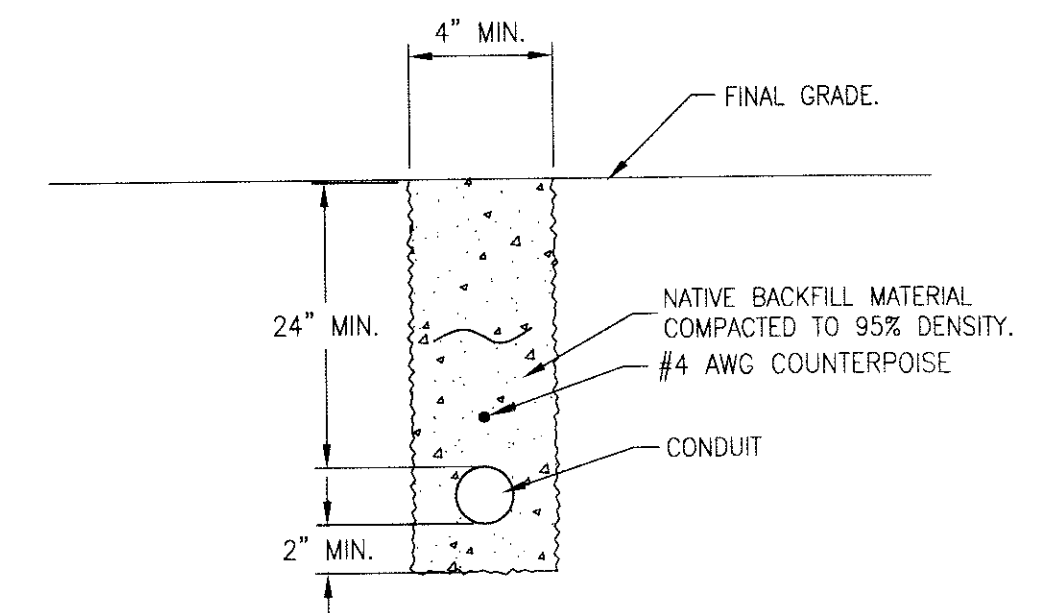


A4 ELECTRICAL PULLBOX DETAIL
 NONE

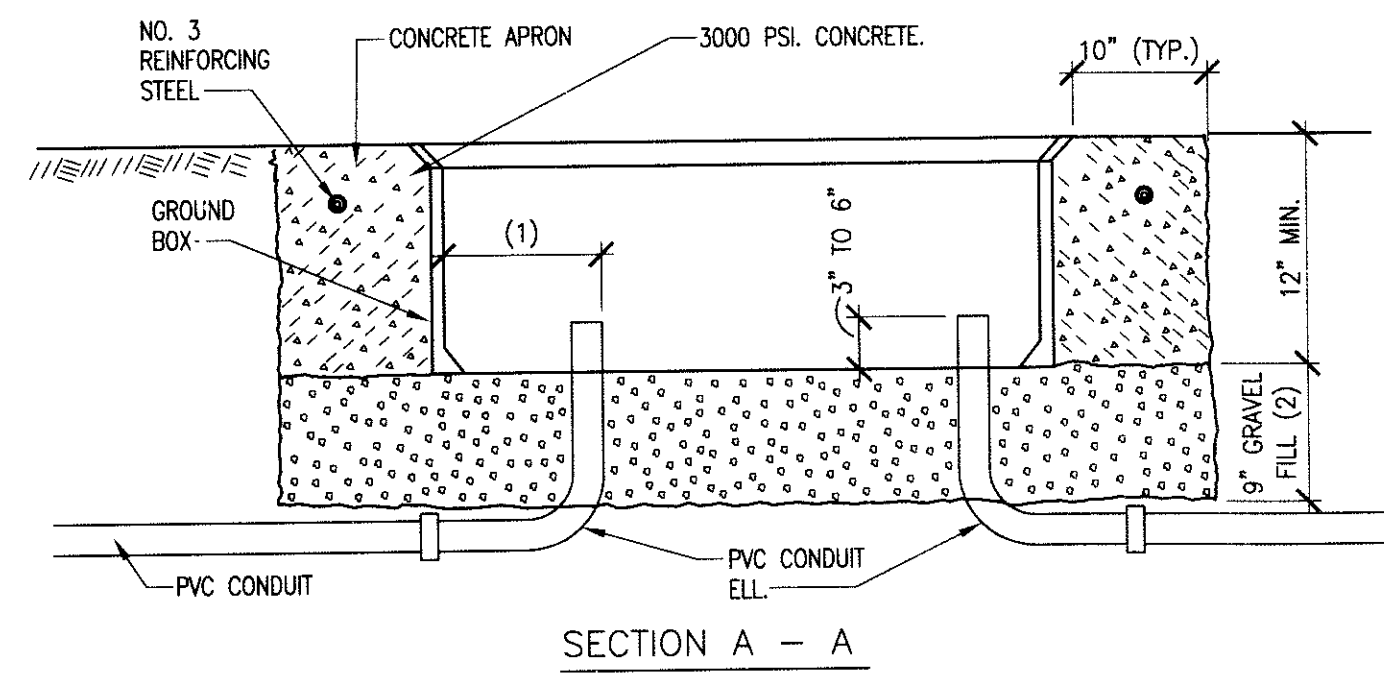
ELECTRICAL SYMBOLS LEGEND	
SYMBOL	DESCRIPTION
WP	WEATHERPROOF
	PANELBOARD. SEE PANEL SCHEDULE FOR CHARACTERISTICS.
	DISCONNECT SWITCH, TO HAVE POLES AND RATING REQUIRED. TO BE NEMA 3R IF INSTALLED OUTDOORS.
	BREAKER MODEL CASE CIRCUIT BREAKER WITH AMP TRIP OVER AMP FRAME
	EQUIPMENT GROUND
	CONDUIT DOWN
	CONDUIT UP
	EXPOSED CONDUIT
	UNDERGROUND CONDUIT
	EXISTING ELECTRICAL CONDUITS. LOCATIONS ARE APPROXIMATE. CONTRACTOR SHALL LOCATE ALL UTILITIES PRIOR TO CONSTRUCTION.

GENERAL NOTES

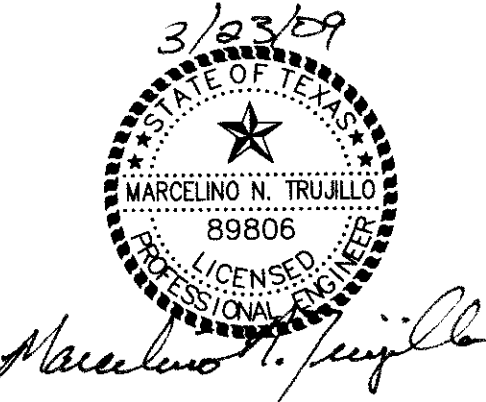
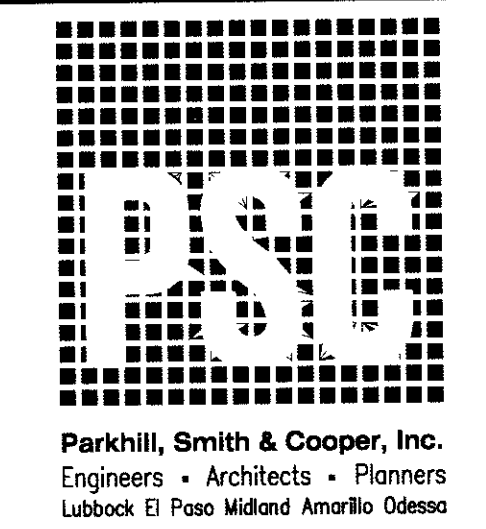
- CONTRACTOR SHALL COORDINATE AND CONFIRM ELECTRIC SERVICE LOCATION WITH EL PASO ELECTRIC PRIOR TO BEGINNING CONSTRUCTION. CONTRACTOR SHALL REFER TO DSU 520 OF THE EL PASO ELECTRIC COMPANY ELECTRICAL SERVICE REQUIREMENTS BOOK.
- CONTRACTOR SHALL PROVIDE 5 FEET CLEAR BETWEEN ROCK FENCE AND UNDERGROUND SERVICE CONDUIT TO BUILDING.



B5 CONDUIT TRENCH DETAIL
 NONE



- APRON FOR GROUND BOXES
- FINAL POSITION OF END OF CONDUIT SHALL NOT EXCEED ONE-HALF THE DISTANCE TO THE SIDE OF BOX OPPOSITE THE CONDUIT ENTRY.
 - PLACE GRAVEL "UNDER" THE BOX, NOT "IN" THE BOX. GRAVEL SHOULD NOT ENCRoACH ON THE INTERIOR VOLUME OF THE BOX.
 - INSTALL BUSHING ON THE UPPER END OF ALL ELLS.
 - WHERE A GROUND ROD IS PRESENT IN THE GROUND BOX, CONNECT IT TO ANY AND ALL EQUIPMENT GROUNDING CONDUCTORS USING A LISTED CONNECTOR.
 - MAINTAIN SUFFICIENT SPACE BETWEEN ALL CONDUITS SO AS TO ALLOW FOR PROPER INSTALLATION OF BUSHINGS.
 - ALL CONDUITS SHALL BE INSTALLED IN A NEAT AND WORKMANLIKE MANNER.
 - ALL CONDUITS INSTALLED IN THE GROUND BOX SHALL BE SEALED AFTER COMPLETION OF CONDUCTOR INSTALLATION AND ANY REQUIRED PULL TESTS. SILICONE SHALL NOT BE USED AS SEALANT.



CLINT INDEPENDENT SCHOOL DISTRICT

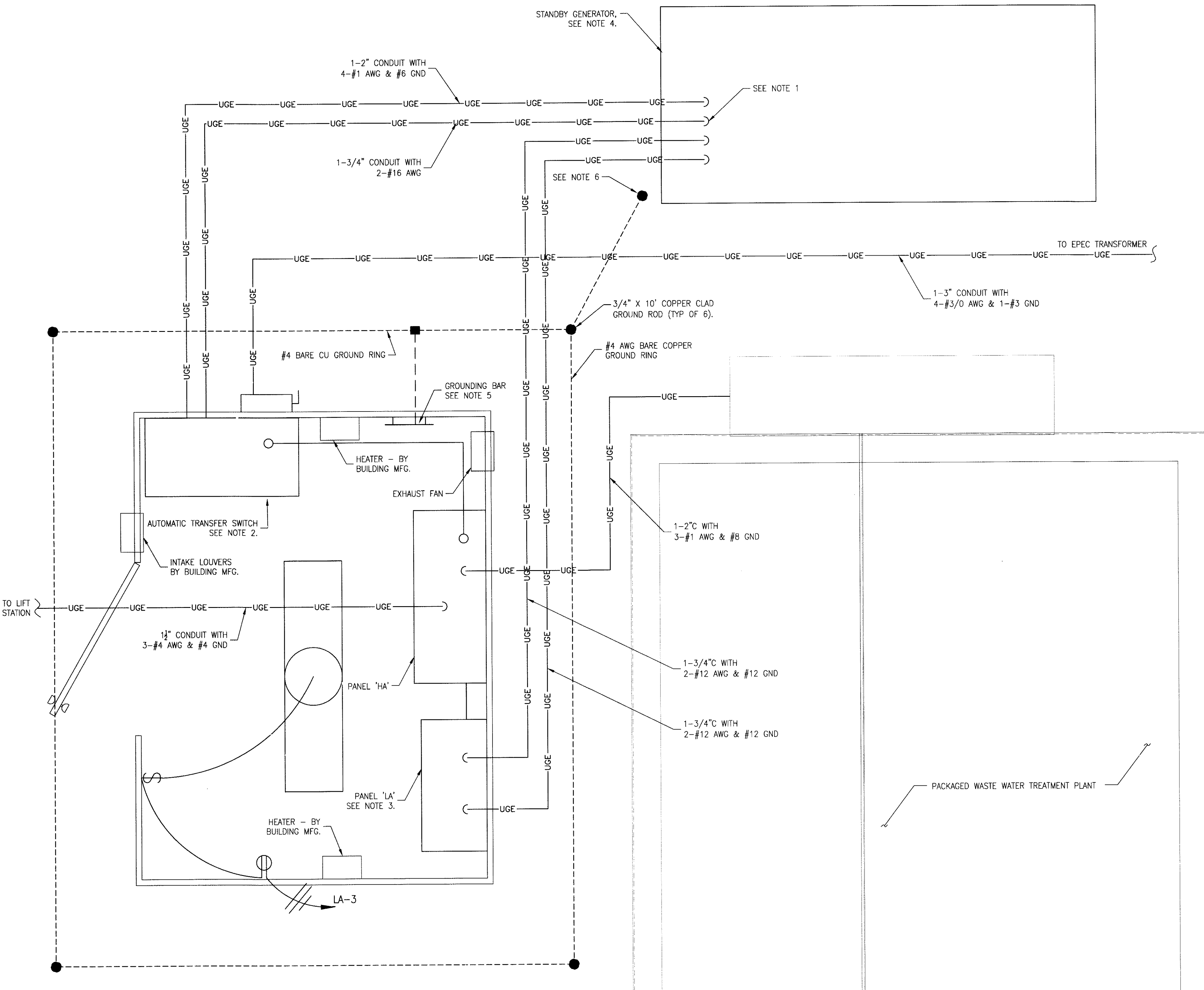
RED SANDS TREATMENT PLANT REPLACEMENT

KEY PLAN

NO.	DATE	DESCRIPTION

PROPOSED ELECTRICAL SITE PLAN

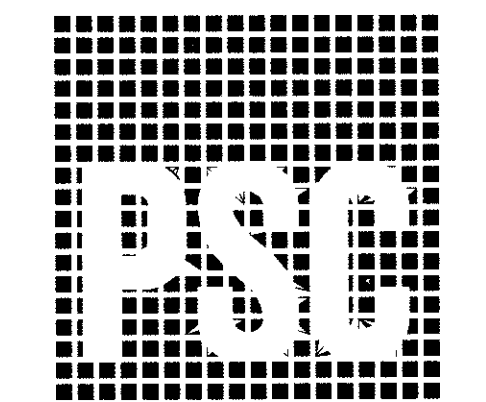
Xrefs: X-SITE-5000, XTRBK-5000
13-4244
3/23/2009
Drawing File: R:\Projects\2009\5000.08\CAD\00_SHEET\E-102-5000.dwg (Stdwell)



A4 BUILDING FLOOR PLAN
1"=1'-0"

GENERAL NOTES

1. CONTRACTOR SHALL COORDINATE EXACT DIMENSIONS OF GENERATOR SLAB WITH MANUFACTURER OF GENERATOR. CONTRACTOR SHALL COORDINATE LOCATION OF CONDUIT STUBS IN SLAB PRIOR TO INSTALLATION.
2. AUTOMATIC TRANSFER - OPEN TRANSITION, 277/480VAC, 3 ϕ , 4W, 3-POLE, NEMA 12 ENCLOSURE, 60HZ.
3. PANEL 'LA' - TO BE PROVIDED AND INSTALLED BY BUILDING MANUFACTURER
4. STANDBY DIESEL GENERATOR 50KW, 277/480VAC, 3 ϕ , 4W, SOUND ATTENUATED WEATHERPROOF ENCLOSURE. DIESEL TANK SHALL BE SIZED TO PROVIDE 24 HOURS OF RUN TIME AT 100% LOAD.
5. GROUNDING BAR - 2" X 10" X 1/2" - PROVIDE WITH ISOLATION MOUNTING KIT
6. BOND GENERATOR GROUND AND FRAME GROUND TO GROUND ROD AT THIS LOCATION.
7. BUILDING SHALL BE SIZED TO ALLOW SUFFICIENT SPACE TO HOUSE ALL EQUIPMENT AND PROVIDE PROPER WORKING SPACE AROUND THE EQUIPMENT PER NATIONAL ELECTRIC CODE (NFPA 70) REQUIREMENTS.
8. BUILDING SUPPLIER SHALL PROVIDE THE FOLLOWING EQUIPMENT PREINSTALLED IN THE BUILDING:
 - 8.1. INTERIOR LIGHTING
 - 8.2. HEATERS PROPERLY SIZED FOR BUILDING
 - 8.3. ONE DUPLEX OUTLET.
 - 8.4. EXHAUST FAN
 - 8.5. CIRCUIT BREAKER LIGHTING PANEL, 60A, 120/240VAC, 1 ϕ , 3W.
9. CONTRACTOR SHALL BE RESPONSIBLE FOR SUPPLYING ALL EQUIPMENT NOT PROVIDED BY THE BUILDING SUPPLIER AND FOR MAKING ALL NECESSARY CONNECTIONS.



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**CLINT
INDEPENDENT
SCHOOL DISTRICT**

**RED SANDS
TREATMENT PLANT
REPLACEMENT**

KEY PLAN

NO	DATE	DESCRIPTION

**PROPOSED ELECTRICAL
BUILDING FLOOR PLAN**

Xrefs: XBLK-5000

D

C

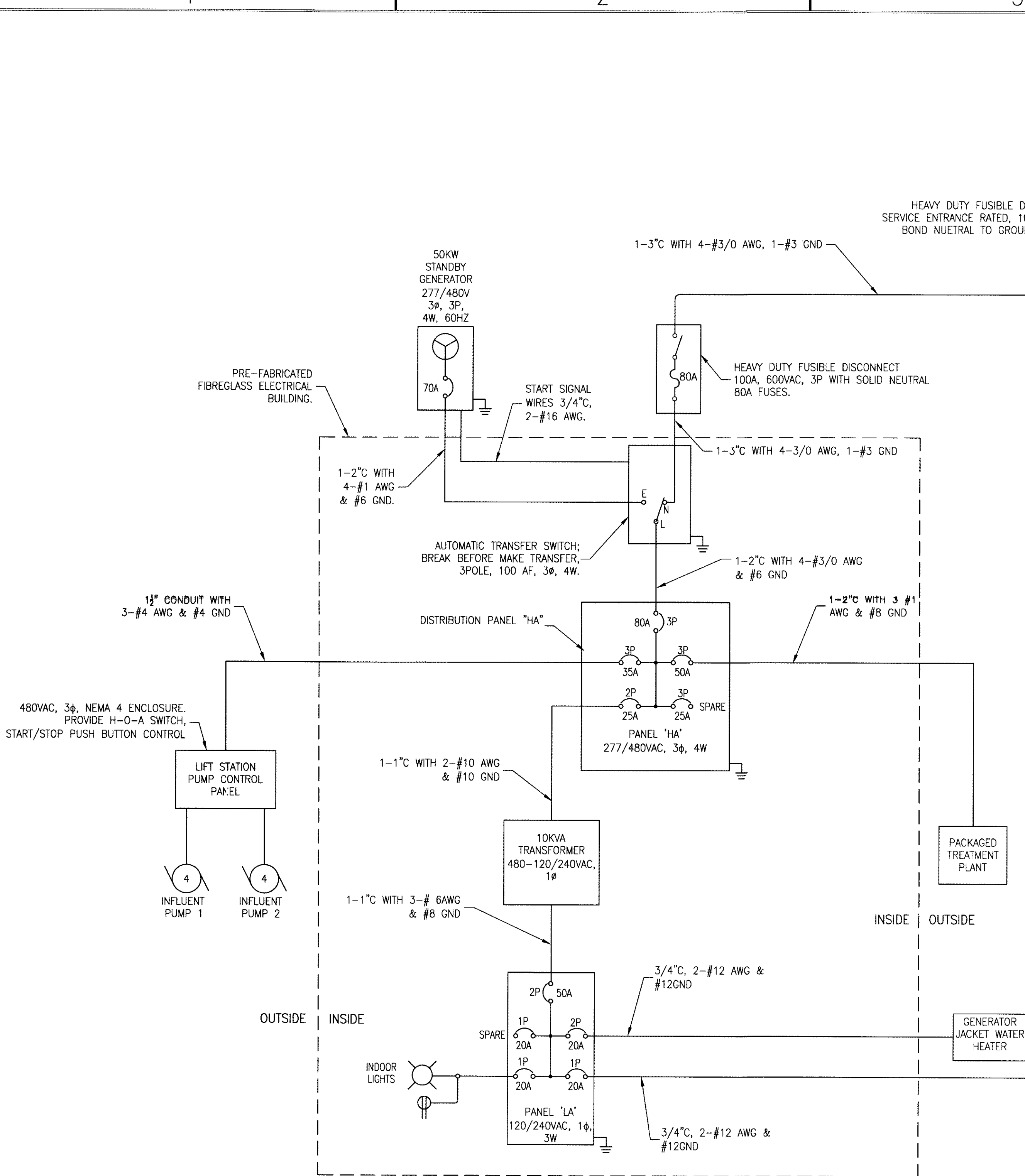
15:1:56

3/23/2009

B

Drawing File: R:\Projects\2008\5000.08\CADD\00_SHEET\E-103-5000.dwg (Stdwel)

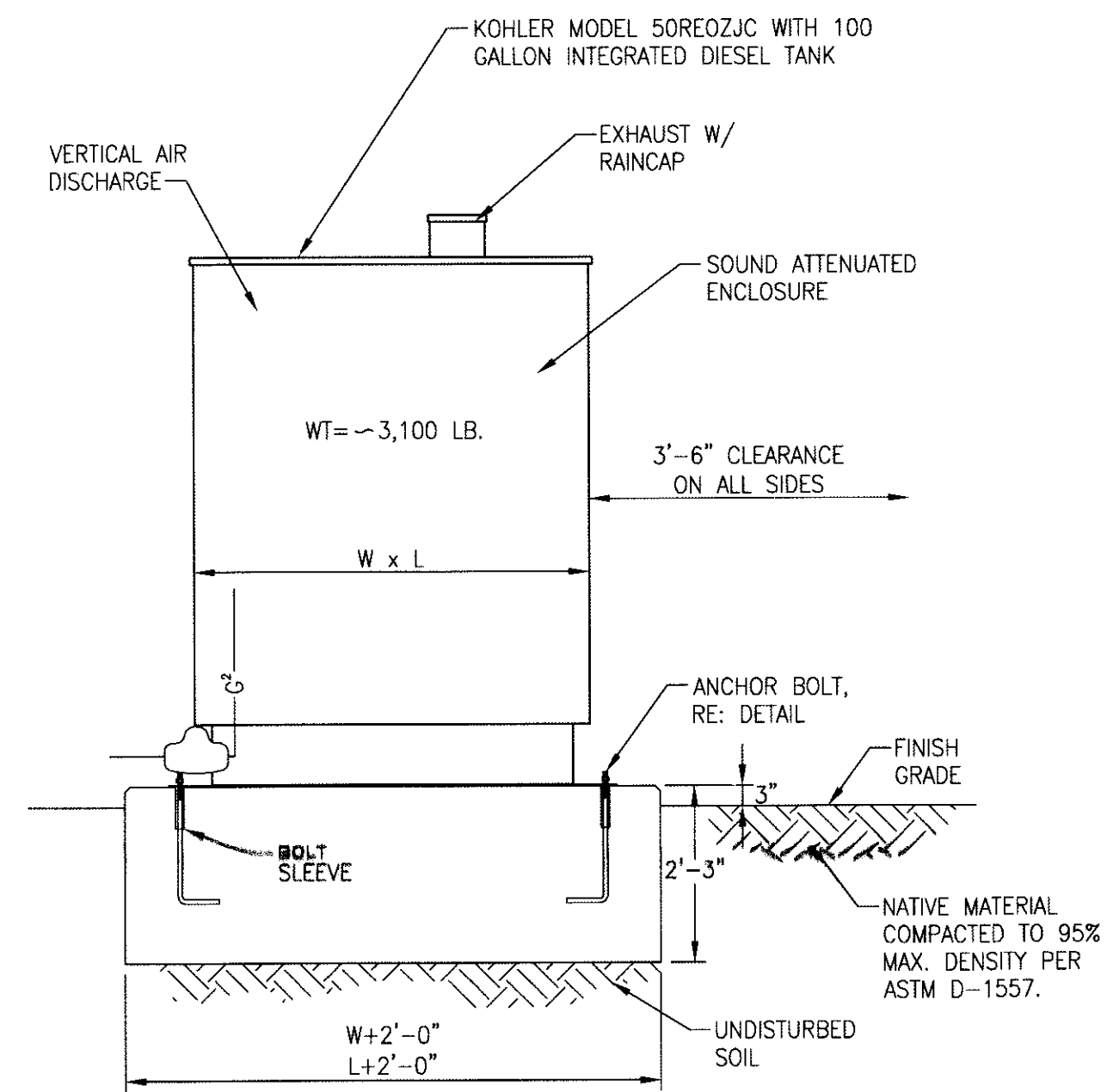
A



B1 ELECTRICAL ONE-LINE DIAGRAM
N.T.S.

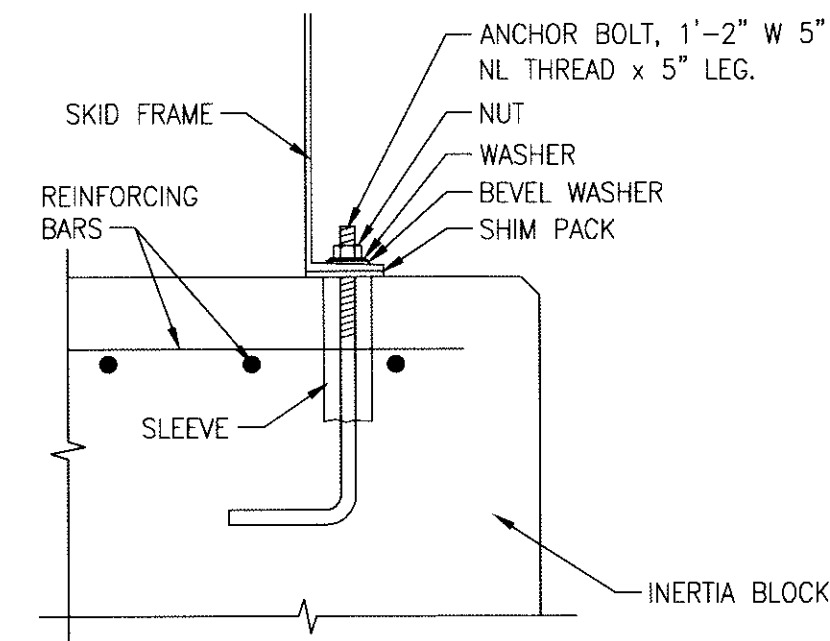
PANEL LA (BY BLDG MANUFACTURER)											
PANEL COMPUTATION			PANELBOARD LA			VOLTAGE: 120 /240			MIN CIRCUIT BREAKER INTERRUPTING RATING 10K AMP		
CIRC. NO.			LOAD SERVED			TRIP AMPS			MAIN CIRCUIT BREAKER: 100A FRAME, 50A TRIP		

1. INSTALL GENERATOR INERTIA PAD TO DIMENSIONS INDICATED. PAD PLAN DIMENSIONS TO BE 2'-0" LARGER THAN THE GENERATOR FOOTPRINT.

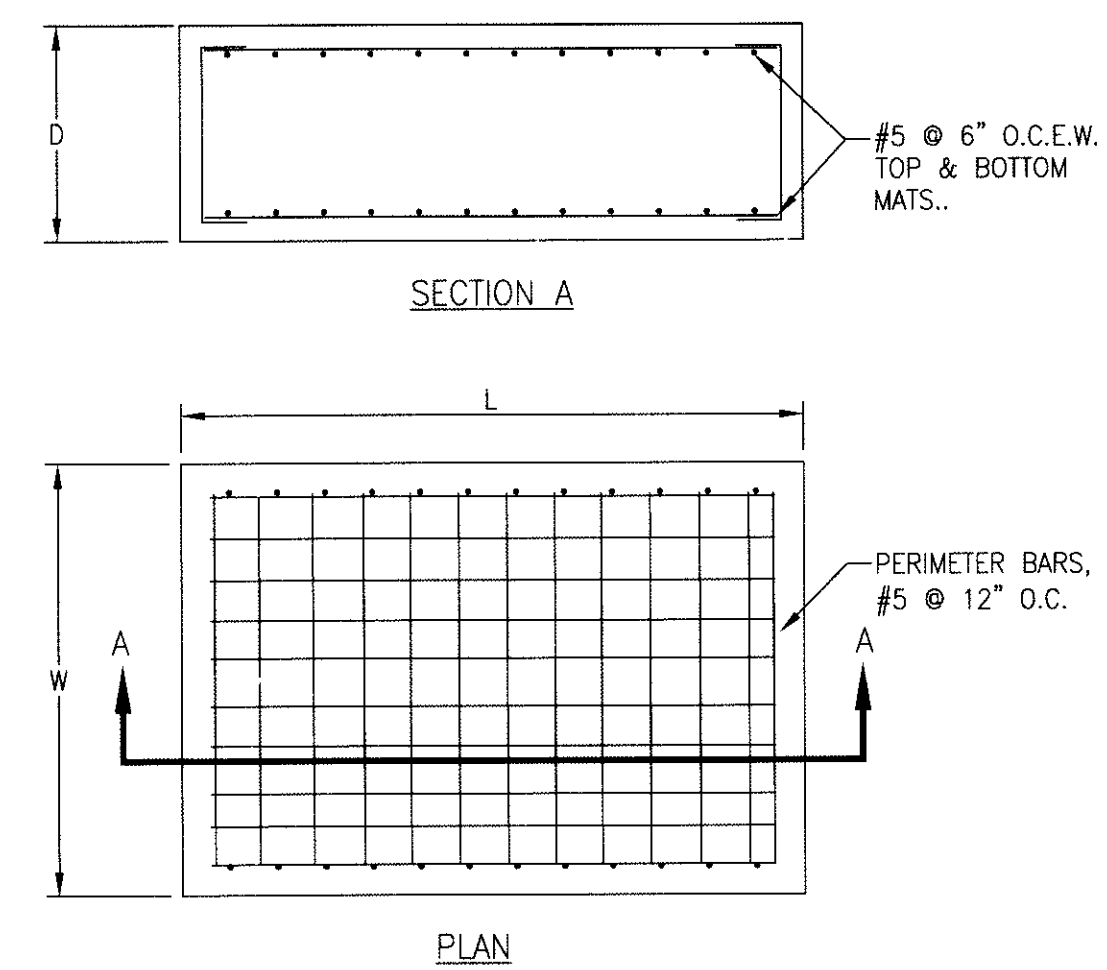


GENERATOR PAD DETAIL

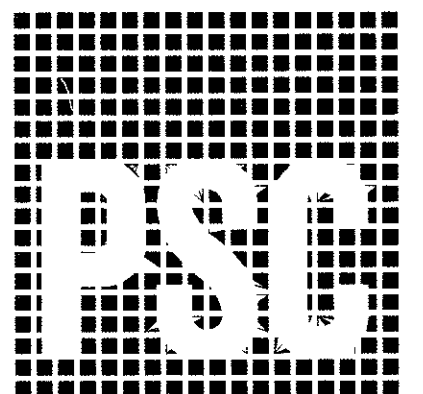
SCALE: 1/2" = 1'



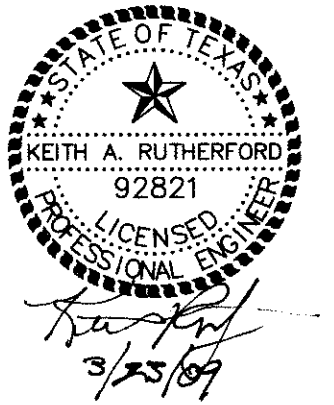
MOUNTING BOLT DETAIL
SCALE: N.T.S.



GENERATOR INERTIA
PAD STRUCTURAL DETAIL
SCALE: NONE



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**CLINT
INDEPENDENT
SCHOOL DISTRICT**

RED SANDS TREATMENT PLANT REPLACEMENT

KEY PLAN

NO	DATE	DESCRIPTION
ISSUING OFFICE: EL PASO		PROJECT NO: 5000.08

EMERGENCY GENERATOR INSTALLATION DETAILS

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ00

SOLICITUD. *El Distrito Escolar Independiente de Clint, ubicado en 300 North Kenazo Avenue, Horizon City, Texas 79928*, ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) para renovar el Permiso No. WQ0014005001 de disposición de aguas residuales para autorizar la disposición de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de *7,050 galones por día mediante riego por goteo subterráneo en un terreno de 1.62 acres*. La planta de *tratamiento de aguas domésticas* y el área de disposición están ubicados en *4250 O'Shea Road* en el Condado de *El Paso*, Texas *79938*. La TCEQ recibió esta solicitud el *29 de Agosto, del 2025*. La solicitud para el permiso estará disponible para leerla y copiarla en *la recepción de las oficinas administrativas de el Distrito Escolar Independiente de Clint, ubicadas en 14521 Horizon Boulevard, El Paso, en el condado de El Paso, Texas* antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications>.

Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-106.156111,31.823333&level=18>

AVISO DE IDIOMA ALTERNATIVO. El aviso de idioma alternativo en español está disponible en <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications>.

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ

realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

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

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

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión.

La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. **Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios. Si ciertos criterios se cumplen, la TCEQ puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.**

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo,

la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos del solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

INFORMACIÓN DISPONIBLE EN LÍNEA. Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en www.tceq.texas.gov/goto/cid. Para buscar en la base de datos, utilizar el número de permiso para esta solicitud que aparece en la parte superior de este aviso.

CONTACTOS E INFORMACIÓN A LA AGENCIA. Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía <http://www14.tceq.texas.gov/epic/eComment/> o por escrito dirigidos a la Comisión de Texas de Calidad Ambiental, Oficial de la Secretaría (Office of Chief Clerk), MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en Español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del *Distrito Escolar Independiente de Clint*, a la dirección indicada arriba o llamando al *Sr. Benjamin Natera, Coordinador de Instalaciones y Construcción* al 915-926-3221.

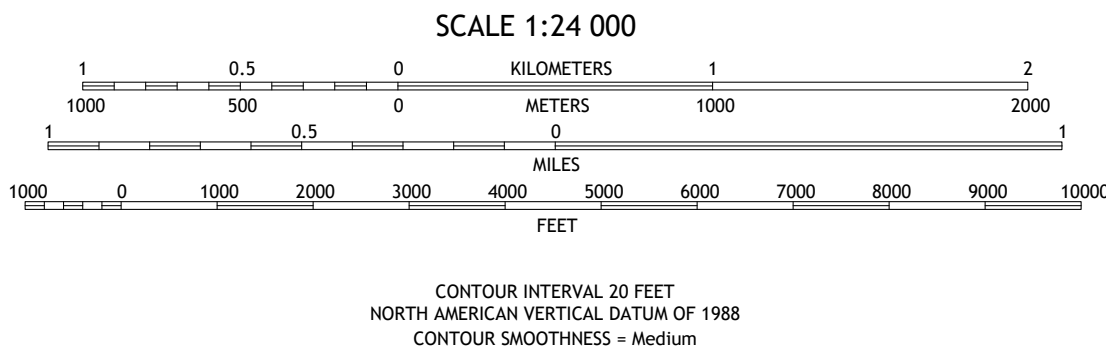
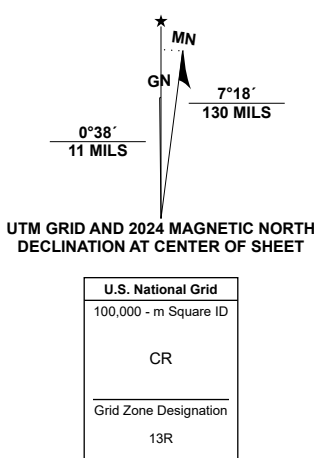
Fecha de emisión *[Date notice issued]*



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 Orthoregistry. Refer to associated Federal Geographic Data Committee (FGDC)
Metadata for additional source data information.

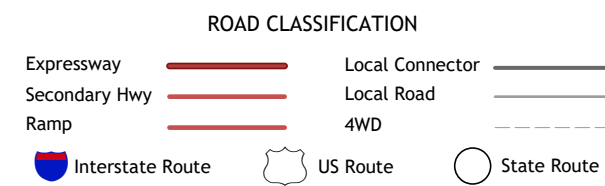
This map is not a legal document. Boundaries may be generalized for this map scale.
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Learn About The National Map: <https://nationalmap.gov>



QUADRANGLE LOCATION		
Fort Bliss NE	Nations East Well	Huaco Tanks
Fort Bliss SE	Nations South Well	Huaco West Well
Ysleta	Clint NW	Clint NE

ADJOINING QUADRANGLES



NATIONS SOUTH WELL, TX
2025

Francesca Findlay

From: Pereyra, Yvette <Yvette.Pereyra@wsp.com>
Sent: Friday, September 12, 2025 4:05 PM
To: Francesca Findlay
Cc: Anthony Prado; Benjamin Natera; Gandara, Surasi
Subject: Re: WQ0014005001 : Clint Independent School District
Attachments: Red Sand WWTP_USGS Map.pdf; wq0014005001-nod1_Red Sand Revised.docx; Municipal Disposal Renewal Spanish NORI_Red Sand.docx

Dear Ms. Findlay,

Attached please find the requested additional information for the Red Sand Facility:

- USGS Map
- Revised NORI
- Translated NORI

Regards,

Yvette Pereyra

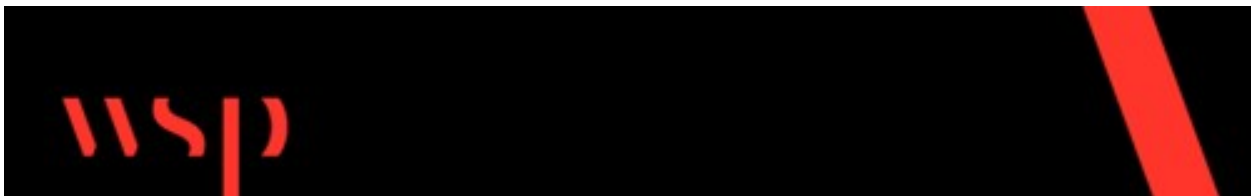
Experienced Professional, Geology
M.Sc., P.G., CAPM

T +1 915-585-2472

WSP

125 Montoya Rd.
El Paso, Texas
79932

wsp.com



From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Friday, September 5, 2025 9:49 AM
To: anthony.prado@clint.net <anthony.prado@clint.net>
Cc: Pereyra, Yvette <Yvette.Pereyra@wsp.com>
Subject: FW: WQ0014005001 : Clint Independent School District

Dear Mr. Prado:

The attached Notice of Deficiency letter sent on September 5, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention September 19, 2025.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality



Please consider whether it is necessary to print this e-mail

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

NOTICE: This communication and any attachments ("this message") may contain information which is privileged, confidential, proprietary or otherwise subject to restricted disclosure under applicable law. This message is for the sole use of the intended recipient(s). Any unauthorized use, disclosure, viewing, copying, alteration, dissemination or distribution of, or reliance on, this message is strictly prohibited. If you have received this message in error, or you are not an authorized or intended recipient, please notify the sender immediately by replying to this message, delete this message and all copies from your e-mail system and destroy any printed copies.

-LAEhHhHzdJzBITWfa4Hgs7pbKl

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0014005001

APPLICATION. Clint Independent School District, 300 North Kenazo Avenue, Horizon City, Texas 79928, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Land Application Permit (TLAP) No. WQ0014005001 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 7,050 gallons per day via subsurface drip irrigation on 1.62 acres of land. The domestic wastewater treatment facility and disposal area are located at 4250 Oshea Street, in the city of El Paso, in El Paso County, Texas 79938. TCEQ received this application on August 29, 2025. The permit application will be available for viewing and copying at Clint Independent School District Administrative Offices, Front Desk, 14521 Horizon Boulevard, El Paso, in El Paso 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=-106.156111,31.823333&level=18>

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications>.

El aviso de idioma alternativo en español está disponible en

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications>.

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 Clint Independent School District at the address stated above or by calling Mr. Benjamin Natera, Facilities and Construction Coordinator, at 915-926-3221.

Issuance Date: [Month Day, Year]

Brooke T. Paup, *Chairwoman*
Bobby Janecka, *Commissioner*
Catarina R. Gonzales, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

September 5, 2025

Mr. Anthony Prado
Chief Operations Officer
Clint Independent School District
300 North Kenazo Avenue
Horizon City, Texas 79928

RE: Application to Renew, for Permit No.: WQ0014005001
Applicant Name: Clint Independent School District (CN600794952)
Site Name: Red Sand Elementary School WWTP (RN101521169)
Type of Application: Renewal without changes

VIA EMAIL

Dear Mr. Prado:

We have received the application for the above referenced permit, and it is currently under review. Your attention to the following item(s) are requested before we can declare the application administratively complete. Please submit responses to the following items via email.

1. Please provide new original USGS 7.5 minute topographic maps, (an 8 ½ by 11, reproduced portion of the most current original USGS map may suffice provided they are copies of original quality and have a scale) showing and labeling the applicant's property boundary, location of the treatment facility within the applicant's property boundaries, point of discharge (indicate it with a dot, X, or arrow), a highlighted discharge route (please use a light-colored highlighter) for three miles downstream from the point of discharge, and an area of not less than one mile in all directions from the facility. The required information should be shown and clearly labeled, the stream characteristics must be visible, and the maps must have a scale.
2. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

APPLICATION. Clint Independent School District, 300 North Kenazo Avenue, Horizon City, Texas 79928, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Land Application Permit (TLAP) No. WQ0014005001 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 7,050 gallons per day via subsurface drip irrigation on 1.62 acres of land. The domestic wastewater treatment facility and disposal area are located at 4250 **O'Shea Road**, in the city of El Paso, in El Paso County, Texas 79938. TCEQ received this application on August 29, 2025. The permit application will be available for viewing and copying at Clint Independent School District Administrative Offices, Front Desk, 14521 Horizon Boulevard, El Paso, in El Paso 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=-106.156111,31.823333&level=18>

Further information may also be obtained from Clint Independent School District at the address stated above or by calling Mr. Benjamin Natera, Facilities and Construction Coordinator, at 915-926-3221.

3. The application indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.

Please submit the complete response, addressed to my attention by September 19, 2025. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-2441 or by email at Francesca.Findlay@tceq.texas.gov

Sincerely,

Francesca Findlay
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality

ff

Enclosure(s)

cc: Ms. Yvette Pereyra, WSP USA Inc, 125 Montoya Road, El Paso, Texas 79932

Mr. Anthony Prado

Page 2

[Month Day, Year]

Permit No. WQ0014005001

4. Return the original enclosed Public Notice Verification and the Publisher's Affidavits to the Office of the Chief Clerk within **30 calendar days** after the notice is published in the newspaper.

If you do not comply with **all** the requirements described in the instructions, further processing of your application may be suspended, or the agency may take other actions.

If you have any questions regarding publication requirements, please contact the Office of Legal Services at (512) 239-0600. If you have any questions regarding the content of the notice, please contact Francesca Findlay at (512) 239-2441 or Francesca.Findlay@tceq.texas.gov.

Sincerely,



Jennifer E. Bowers
Section Manager, Water Quality Division Support
Office of Water
Texas Commission of Environmental Quality

JEB/ff

Enclosures