



Administrative Package Cover Page

This file contains the following documents:

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

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

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

Terrell County WC&ID No.1 (CN600686398) operates Sanderson Wastewater Treatment Plant (RN102886926), a wastewater treatment plant. The facility is located at 4.4 miles southeast of the intersection of state highway 285 and state highway 90 along state highway 90. The plant is on the northeast side of the road, in Sanderson, Terrell County, Texas 79848. This application is for renewal to discharge 200,000 gallons per day of treated domestic wastewater.

Municipal wastewater is treated and the pollutants expected to discharge from this facility include BOD, CBOD, COD, TOC, DO, Ammonia Nitrogen, TSS, Nitrate Nitrogen, Total organic nitrogen, Total phosphorous, Oil and grease, Total residue chloride, TDS, Sulfate, Chloride, Fluoride, Total alkalinity, Temperature, pH.

There is a pond system where influent enters through a bar screen and an influent metering station, thence to two facultative lagoons in series, and thence to two stabilization ponds in series, and finally thence to effluent metering station and discharge.

The TLAP disposal site latitude and longitude: (30° 06'28" N, 102° 21'53" W). The TLAP routing of effluent from the treatment facility to the disposal site is from the treatment plant via a four-inch pipe to the irrigation site within the fenced boundary of the treatment plant site. However, we are currently requesting a chapter 210 authorization in lieu of TLAP authorization. Copy of chapter 210 application is enclosed. The nearest watercourse to the disposal site to which rainfall runoff might flow if not contained is Sanderson Creek, thence to Rio Grande River No. 2306. The TPDES discharge outfall latitude and longitude: (30° 06' 36" N, 102° 21'45" W).

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

AGUAS RESIDUALES INDUSTRIALES /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.

Terrell County WC&ID No.1 (CN600686398) opera Planta de Tratamiento de Aguas Residuales Sanderson RN102886926, un planta de tratamiento de aguas residuales . La instalación está ubicada en 4 .4 millas al sureste de la intersección de la carretera estatal 285 y la carretera estatal 90 a lo largo de la carretera estatal 90. La planta está en el lado noreste de la carretera , en Sanderson, Condado de Terrell, Texas 79848. Esta solicitud es para renovar la descarga de 200.000 galones por día de aguas residuales domésticas tratadas. Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan BOD, CBOD, COD, TOC, DO, Ammonia Nitrogen, TSS, Nitrate Nitrogen, Total organic nitrogen, Total phosphorous, Oil and grease, Total residue chloride, TDS, Sulfate, Chloride, Fluoride, Total alkalinity, Temperature, pH. Agua potable. está tratado por lagunas facultativas primero, luego el agua pasa a lagunas de estabilización, y finalmente se descarga el agua después de pasar de la estación de medición.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0014120001

APPLICATION. Terrell County Water Control and Improvement District No. 1, P.O. Box 569, Sanderson, Texas 79848, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Land Application Permit (TLAP) No. WQ0014120001 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 150,000 gallons per day via surface irrigation of 28 acres of non-public access native range grassland. The domestic wastewater treatment facility and disposal area are located approximately 0.25 miles north of the intersection of U.S. 90 and Southern Pacific Railroad in the city of Sanderson, in Terrell County, Texas 79848. TCEQ received this application on March 5, 2025. The permit application will be available for viewing and copying at Terrell County Courthouse, County Clerk's office, 105 East Hackberry Street, Sanderson, in Terrell County, Texas, prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-102.365555,30.108333&level=18>

ADDITIONAL NOTICE. TCEQ's Executive Director has determined the application is administratively complete and will conduct a technical review of the application. After technical review of the application is complete, the Executive Director may prepare a draft permit and will issue a preliminary decision on the application. **Notice of the Application and Preliminary Decision will be published and mailed to those who are on the county-wide mailing list and to those who are on the mailing list for this application. That notice will contain the deadline for submitting public comments.**

PUBLIC COMMENT / PUBLIC MEETING. You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a public meeting if the Executive Director determines that there is a significant degree of public interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

OPPORTUNITY FOR A CONTESTED CASE HEARING. After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a

response to all relevant and material, or significant public comments. **Unless the application is directly referred for a contested case hearing, the response to comments, and the Executive Director's decision on the application, will be mailed to everyone who submitted public comments and to those persons who are on the mailing list for this application.** If comments are received, the mailing will also provide instructions for requesting reconsideration of the Executive Director's decision and for requesting a contested case hearing. A contested case hearing is a legal proceeding similar to a civil trial in state district court.

TO REQUEST A CONTESTED CASE HEARING, YOU MUST INCLUDE THE FOLLOWING ITEMS IN YOUR REQUEST: your name, address, phone number; applicant's name and proposed permit number; the location and distance of your property/activities relative to the proposed facility; a specific description of how you would be adversely affected by the facility in a way not common to the general public; a list of all disputed issues of fact that you submit during the comment period and, the statement "[I/we] request a contested case hearing." If the request for contested case hearing is filed on behalf of a group or association, the request must designate the group's representative for receiving future correspondence; identify by name and physical address an individual member of the group who would be adversely affected by the proposed facility or activity; provide the information discussed above regarding the affected member's location and distance from the facility or activity; explain how and why the member would be affected; and explain how the interests the group seeks to protect are relevant to the group's purpose.

Following the close of all applicable comment and request periods, the Executive Director will forward the application and any requests for reconsideration or for a contested case hearing to the TCEQ Commissioners for their consideration at a scheduled Commission meeting.

The Commission may only grant a request for a contested case hearing on issues the requestor submitted in their timely comments that were not subsequently withdrawn. **If a hearing is granted, the subject of a hearing will be limited to disputed issues of fact or mixed questions of fact and law relating to relevant and material water quality concerns submitted during the comment period.**

TCEQ may act on an application to renew a permit for discharge of wastewater without providing an opportunity for a contested case hearing if certain criteria are met.

MAILING LIST. If you submit public comments, a request for a contested case hearing or a reconsideration of the Executive Director's decision, you will be added to the mailing list for this specific application to receive future public notices mailed by the Office of the Chief Clerk. In addition, you may request to be placed on: (1) the permanent mailing list for a specific applicant name and permit number; and/or (2) the mailing list for a specific county. If you wish to be placed on the permanent and/or the county mailing list, clearly specify which list(s) and send your request to TCEQ Office of the Chief Clerk at the address below.

INFORMATION AVAILABLE ONLINE. For details about the status of the application, visit the Commissioners' Integrated Database at www.tceq.texas.gov/goto/cid. Search the database using the permit number for this application, which is provided at the top of this notice.

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

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

Further information may also be obtained from Terrell County Water Control and Improvement District No. 1 at the address stated above or by calling Mr. Diego Gonzales, General Manager, at 432-345-2501.

Issuance Date: April 1, 2025

BURGESS & NIPLE

10801-2 N. Mopac Expressway Suite 340 Austin, TX 78759 | 512.306.9266 | burgessniple.com

Firm Registration No. 10834

February 24, 2025

Texas Commission on Environmental Quality
Water Quality Division
Applications Review and Processing Team (MC148)
Wastewater Permitting Section
P.O. Box 13087
Austin, Texas 78711-3087
239-4671

Re: Terrell WC&ID No. 1
Texas PWS TX0119555
Terrell County, Texas
TPDES Permit No. WQ14120001

To whom it may concern,

Enclosed, please find one unbound original and two (2) copies of the TCEQ Domestic Wastewater Permit Renewal Application for the Terrell County Water Control & Improvements District Number 1 Wastewater Treatment Plant (WQ14120001). The existing permit is set to expire on September 1, 2025.

The application fee is being submitted under separate cover as requested. If you have any questions or comments regarding the supplemental information, please contact me at (512) 518-0232 or via email at amanda.frazier@burgessniple.com.

Sincerely,



Amanda Frazier, P.E.
Project Engineer

Enclosures: One original and two copies of the TCEQ Domestic Wastewater Permit Renewal Application

Cc: Diego Gonzales, Terrell County WCID No. 1



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: TERRELL COUNTY WATER CONTROL AND IMPROVEMENTS DISTRICT 1
(WC&ID No. 1)

PERMIT NUMBER (If new, leave blank): WQ00 14120001

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

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

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: 4500
Check/Money Order Amount: 815.00
Name Printed on Check: TCEQ Financial Administration Division
EPAY Voucher Number:
Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☒ Active ☐ Inactive

c. Check the box next to the appropriate permit type.

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

d. Check the box next to the appropriate application type

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

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

f. **For existing permits:**

Permit Number: WQ00 14120001

EPA I.D. (TPDES only): TX 0119555

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

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

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

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

TERRELL COUNTY WC&ID No. 1

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)

If the applicant is currently a customer with the TCEQ, what is the Customer Number (CN)?

You may search for your CN on the TCEQ website at <http://www15.tceq.texas.gov/crpub/>

CN: 600686398

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

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

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

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

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

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

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

[Click to enter text.](#)

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: MR.

Last Name, First Name: GONZALES, DIEGO

Title: GENERAL MANAGER

Credential: Click to enter text.

Organization Name: TERRELL COUNTY WC&ID No. 1

Mailing Address: P.O. BOX 569

City, State, Zip Code: SANDERSON, TX 79848

Phone No.: 432-345-2501

E-mail Address: TCWCID1@BIGBEND.NET

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: MS.

Last Name, First Name: FRAZIER, AMANDA

Title: ENGINEER

Credential: P.E.

Organization Name: BURGESS & NIPLE, INC.

Mailing Address: 10801-2 N MOPAC EXPRESSWAY, SUITE 340
TX 78759

City, State, Zip Code: AUSTIN,

Phone No.: 512-518-0232

E-mail Address: AMANDA.FRAZIER@BURGESSNIPLE.COM

Check one or both: ☐ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: MR.

Last Name, First Name: GONZALES, DIEGO

Title: GENERAL MANAGER

Credential: Click to enter text.

Organization Name: TERRELL COUNTY WC&ID No.1

Mailing Address: P.O. BOX 569

City, State, Zip Code: SANDERSON, TX 79848

Phone No.: 432-345-2501

E-mail Address: TCWCID1@BIGBEND.NET

B. Prefix: MS.

Last Name, First Name: FRAZIER, AMANDA

Title: ENGINEER

Credential: P.E.

Organization Name: BURGESS & NIPLE, INC.

Mailing Address: 10801-2 N. MOPAC EXPRESSWAY, SUITE 340 City, State, Zip Code: AUSTIN, TX 78759

Phone No.: 512-518-0232

E-mail Address: AMANDA.FRAZIER@BURGESSNIPLE.COM

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: MR.

Last Name, First Name: GONZALES, DIEGO

Title: GENERAL MANAGER

Credential: Click to enter text.

Organization Name: TERRELL COUNTY WC&ID No.1

Mailing Address: P.O. BOX 569

City, State, Zip Code: SANDERSON, TX 79848

Phone No.: 432-345-2501

E-mail Address: TCWCID1@BIGBEND.NET

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

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

Prefix: MR.

Last Name, First Name: GONZALES, DIEGO

Title: GENERAL MANAGER

Credential: Click to enter text.

Organization Name: Terrell County WC&ID No.1

Mailing Address: P.O. BOX 569

City, State, Zip Code: SANDERSON, TX 79848

Phone No.: 432-345-2501

E-mail Address: TCWCID1@BIGBEND.NET

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: MR.

Last Name, First Name: GONZALES, DIEGO

Title: GENERAL MANAGER

Credential: Click to enter text.

Organization Name: TERRELL COUNTY WC&ID No.1

Mailing Address: P.O. BOX 569

City, State, Zip Code: SANDERSON, TX 79848

Phone No.: 432-345-2501

E-mail Address: TCWCID1@BIGBEND.NET

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

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

☐ E-mail Address

☐ Fax

☒ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: MR.

Last Name, First Name: GONZALES, DIEGO

Title: GENERAL MANAGER

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

Organization Name: TERRELL COUNTY WC&ID No.1

Mailing Address: P.O. BOX 569

City, State, Zip Code: SANDERSON, TX 79848

Phone No.: 432-345-2501

E-mail Address: TCWCID1@BIGBEND.NET

D. Public Viewing Information

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

Public building name: TERRELL COUNTY WC&ID No. 1 WATER DISTRICT OFFICE

Location within the building: AT THE FRONT SECRETARY DESK

Physical Address of Building: 120 WEST OAK STREET, SANDERSON, TX 79848

City: SANDERSON

County: TERRELL

Contact (Last Name, First Name): GONZALES, DIEGO

Phone No.: 432-345-2501 Ext.: [Click to enter text.](#)

E. Bilingual Notice Requirements

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

F. Plain Language Summary Template

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

Attachment: ATTACHEMENT 2

G. Public Involvement Plan Form

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

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

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 102886926

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

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

SANDERSON WASTEWATER TREATMENT PLANT

C. Owner of treatment facility: TERRELL COUNTY WC&ID No.1

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

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

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

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

Organization Name: TERRELL COUNTY WC&ID No.1

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

Phone No.: [Click to enter text.](#) E-mail Address: TCWCID1@BIGBEND.NET

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

Attachment: N/A

E. Owner of effluent disposal site:

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

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

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

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

Organization Name: TERRELL COUNTY WC&ID No.1

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

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

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

E-mail Address: TCWCID1@BIGBEND.NET

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

Attachment: N/A

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

Prefix: N/A

Last Name, First Name: N/A

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

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

Organization Name: N/A

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

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

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

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

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

Attachment: N/A

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

THE SANDERSON WASTEWATER TREATMENT PLANT IS LOCATED 4.3 MILE SOUTHEAST OF THE INTERSECTION OF STATE HIGHWAY 285 AND STATE HIGHWAY 90 ALONG STATE HIGHWAY 90. THE PLANT IS ON THE NORTHEAST SIDE OF THE ROAD.

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

☒ Yes ☐ No

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

[Click to enter text.](#)

City nearest the outfall(s): SANDERSON

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

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: N/A

- D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: N/A

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☒ Yes ☐ No

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

Click to enter text.

- B. City nearest the disposal site: SANDERSON

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

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

FROM THE TREATMENT PLANT VIA A FOUR INCH PIPE TO THE IRRIGATION SITE WITHIN THE FENCED IN BOUNDARY OF THE TREATMENT PLANT SITE. HOWEVER, WE ARE CURRENTLY REQUESTING A CHAPTER 210 AUTHORIZATION IN LIEU OF TLAP AUTHORIZATION. COPY OF CHAPTER 210 APPLICATION IS ENCLOSED.

- E. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: SANDERSON CREEK THENCE TO RIO GRANDE RIVER SEGMENT No. 2306

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☒ Yes ☐ No ☐ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

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

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

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

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

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0014120001

Applicant: TERRELL COUNTY WC&ID No.1

Certification:

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

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

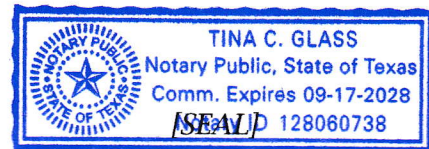
Signatory name (typed or printed): BLAIN CHRIESMAN

Signatory title: PRESIDENT

Signature: Blain Chriesman Date: 3-4-2025
(Use blue ink)

Subscribed and Sworn to before me by the said Blain Chriesman
on this 4 day of March, 2025.
My commission expires on the 9 day of Sept, 2028.

Tina C. Glass
Notary Public



Terrell
County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: ATTACHMENT 5

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP Waste Permit No: WQ0014120001

1. Check or Money Order Number: 4500
2. Check or Money Order Amount: \$815.00
3. Date of Check or Money Order: 3/5/25
4. Name on Check or Money Order: TCEQ Financial Administration Division.
5. APPLICATION INFORMATION

Name of Project or Site: SANDERSON WASTEWATER TREATMENT PLANT

Physical Address of Project or Site: TCWCID1 Sanderson, TX 79848

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

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

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

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

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

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

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

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

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

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

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

For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

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

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

Plain Language Summary ☒ Yes



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

Section 1. Permitted or Proposed Flows (Instructions Page 43)

A. Existing/Interim I Phase

Design Flow (MGD): 0.2

2-Hr Peak Flow (MGD): 0.7

Estimated construction start date: EXISTING

Estimated waste disposal start date: EXISTING

B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): 0.2

2-Hr Peak Flow (MGD): 0.7

Estimated construction start date: EXISTING

Estimated waste disposal start date: EXISTING

D. Current Operating Phase

Provide the startup date of the facility: FINAL

Section 2. Treatment Process (Instructions Page 43)

A. Current Operating Phase

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

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

POND SYSTEM: INFLUENT ENTERS THROUGH BAR SCREEN AND INFLUENT METERING STATION, THENCE TO TWO (2) FACULTATIVE LAGOONS IN SERIES, AND THENCE TO TWO STABILIZATION PONDS IN SERIES, AND FINALLY THENCE TO EFFLUENT METERING STATION AND DISCHARGE

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)
Two Bar Screens	2	18 INCHES WIDE
Two Facultative Lagoons	2	390' L x 130' W x 4' D
Two Stabilization Ponds	2	648' L x 162' W x 4' D

C. Process Flow Diagram

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

Attachment: ATTACHMENT 5

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

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

- Latitude: 30-06'-28"
- Longitude: 102-21'-45"

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

- Latitude: 30-06'-36"
- Longitude: 102-21'-53"

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: ATTACHMENT 6

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

COMMUNITY OF SANDERSON, TEXAS, TERRELL COUNTY

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

Collection System Information

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

Section 4. Unbuilt Phases (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 45)

For applicants with an existing permit, check the Other Requirements or Special Provisions of the permit.

A. Summary transmittal

Have plans and specifications been approved for the existing facilities and each proposed phase?

☒ Yes ☐ No

If **yes**, provide the date(s) of approval for each phase: 4/2000 - Final

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.**

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

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 50)

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	19.5	19.5	1	Grab	1/9/2025 12:47 PM
Total Suspended Solids, mg/l	40.7	40.7	1	Grab	1/9/2025 12:04 PM
Ammonia Nitrogen, mg/l	7.29	7.29	1	Grab	1/9/2025 2:28 PM
Nitrate Nitrogen, mg/l	<0.2	<0.2	1	Grab	1/9/2025 12:11 PM
Total Kjeldahl Nitrogen, mg/l	12.4	12.4	1	Grab	1/17/2025 7:02 PM
Sulfate, mg/l	20.4	20.4	1	Grab	1/9/2025 12:11 PM
Chloride, mg/l	62.8	62.8	1	Grab	1/9/2025 12:11 PM
Total Phosphorus, mg/l	4.85	4.85	1	Grab	1/9/2025 1:00 PM
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
<i>E.coli</i> (CFU/100ml) freshwater	19.9	19.9	1	Grab	1/9/2025 1:19 PM
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l	527	527	1	Grab	1/10/2025 10:00 AM
Electrical Conductivity, μ mohs/cm, †					
Oil & Grease, mg/l	<5.0	<5.0	1	Grab	1/14/2025 10:16 AM
Alkalinity (CaCO ₃)*, mg/l	297	297	1	Grab	1/10/2025 1:16 PM

*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					

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO ₃), mg/l					

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Diego Gonzales

Facility Operator's License Classification and Level: Click to enter text.

Facility Operator's License Number: Click to enter text.

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☐ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)

all biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

Biosolids Management

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

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

D. Disposal site

Disposal site name: CITY OF ALPINE LANDFILL

TCEQ permit or registration number: 2197

County where disposal site is located: BREWSTER

E. Transportation method

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

Name of the hauler: GONZALES SEPTIC & GREASE TRAP SERVICES

Hauler registration number: SLGTR23336

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☐ No

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

A. Location information

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

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

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

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

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

A. RCRA hazardous wastes

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

☒ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

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

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

CERTIFICATION:

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

Printed Name: DIEGO GONZALES

Title: GENERAL MANAGER

Signature: _____

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 3. Classified Segments (Instructions Page 64)

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

☐ Yes ☒ No

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

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

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

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

A. Receiving water type

Identify the appropriate description of the receiving waters.

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

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

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

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

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

B. Flow characteristics

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

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

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

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

C. Downstream perennial confluences

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

[Click to enter text.](#)

D. Downstream characteristics

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

☐ Yes ☐ No

If yes, discuss how.

[Click to enter text.](#)

E. Normal dry weather characteristics

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

[Click to enter text.](#)

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

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☐ No

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

A. Upstream influences

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

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

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

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

Identify the method of land disposal:

- | | |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input checked="" type="checkbox"/> Surface application | <input type="checkbox"/> Subsurface application |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Subsurface soils absorption |
| <input type="checkbox"/> Drip irrigation system | <input type="checkbox"/> Subsurface area drip dispersal system |
| <input type="checkbox"/> Evaporation | <input type="checkbox"/> Evapotranspiration beds |
| <input 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: 102886926

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

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

Table 3.0(1) – Land Application Site Crops

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N
NATIVE RANGE GRASS & TREATMENT FACILITY	28	200	N

Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 68)

Table 3.0(2) – Storage and Evaporation Ponds

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type
1	2.4	14.5	6'D x 663'L x 177'W	CLAY
2	2.4	14.5	6'D x 663'L x 177'W	CLAY

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

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

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

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

☐ Yes ☒ No

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

[Click to enter text.](#)

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

PREPARED WITH DATA PROVIDED BY NRCS.

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

THIS SITE WILL BE PROTECTED BY BERMS.

Section 5. Annual Cropping Plan (Instructions Page 68)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

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

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

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

- 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
NONE			Choose an item.	

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.	

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

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

Section 7. Groundwater Quality (Instructions Page 69)

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

Attachment: [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 70)

A. Soil map

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

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

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: [Click to enter text.](#)

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
SEE ATTACHED NRCS SOIL REPORT				

Section 9. Effluent Monitoring Data (Instructions Page 71)

Is the facility in operation?

☒ Yes ☐ No

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

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

Table 3.0(5) – Effluent Monitoring Data

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

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

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

Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 89)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

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 90)

A. Substantial modifications

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

☐ Yes ☐ No

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

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 90)

A. General information

Company Name: NONE

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).

Click to enter text.

C. Product and service information

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

Click to enter text.

D. Flow rate information

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

Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Category: Subcategories: [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.](#)

TERRELL COUNTY WC&ID No. 1
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

ATTACHMENT 1
CORE DATA FORM



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600686398		RN 102886926

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
TERRELL COUNTY WATER CONTROL AND IMPROVEMENTS No. 1					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits) 74-6025248	10. DUNS Number (if applicable)
11. Type of Customer:		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
12. Number of Employees				13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:	PO. BOX 569				
	City	SANDERSON	State	TX	ZIP 79848 ZIP + 4
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				TCWCID1@BIGBEND.NET	

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(432) 345-2501		() -

SECTION III: Regulated Entity Information

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

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

25. Description to Physical Location:	0.25 MILES NORTH OF THE INTERSECTION OF US 90 AND SOUTHERN PACIFIC RAILROAD 2.5 MILES SOUTHEAST OF SANDERSON							
26. Nearest City	State				Nearest ZIP Code			
SANDERSON	TX				79848			
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
27. Latitude (N) In Decimal:		30.108583			28. Longitude (W) In Decimal:		102.363125	
Degrees	Minutes	Seconds		Degrees	Minutes	Seconds		
30	6	30.90		102	21	47.25		
29. Primary SIC Code		30. Secondary SIC Code		31. Primary NAICS Code		32. Secondary NAICS Code		
(4 digits)		(4 digits)		(5 or 6 digits)		(5 or 6 digits)		
4952				221320				
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
Wastewater Collection and Treatment								
34. Mailing Address:	PO Box 569							
	City	SANDERSON	State	TX	ZIP	79848	ZIP + 4	
35. E-Mail Address:		TCWCID1@BIGBEND.NET						
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)		
(432) 345-2501						() -		

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

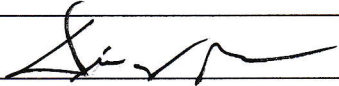
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

SECTION IV: Preparer Information

40. Name:	AMANDA FRAZIER	41. Title:	PROJECT MANAGER
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(512) 518-0232		() -	AMANDA.FRAZIER@BURGESSNIPLE.COM

SECTION V: Authorized Signature

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

Company:	TERRELL COUNTY WATER CONTROL AND IMPROVEMENTS No. 1	Job Title:	GENERAL MANAGER
Name (In Print):	DIEGO GONZALES	Phone:	(432) 345- 2501
Signature:		Date:	03/04/2025

TERRELL COUNTY WC&ID No. 1
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

ATTACHMENT 2
PLAIN LANGUAGE SUMMARY



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

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

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

Terrell County WC&ID No.1 (CN600686398) operates Sanderson Wastewater Treatment Plant (RN102886926), a wastewater treatment plant. The facility is located at 4.4 miles southeast of the intersection of state highway 285 and state highway 90 along state highway 90. The plant is on the northeast side of the road, in Sanderson, Terrell County, Texas 79848. This application is for renewal to discharge 200,000 gallons per day of treated domestic wastewater.

Municipal wastewater is treated and the pollutants expected to discharge from this facility include BOD, CBOD, COD, TOC, DO, Ammonia Nitrogen, TSS, Nitrate Nitrogen, Total organic nitrogen, Total phosphorous, Oil and grease, Total residue chloride, TDS, Sulfate, Chloride, Fluoride, Total alkalinity, Temperature, pH.

There is a pond system where influent enters through a bar screen and an influent metering station, thence to two facultative lagoons in series, and thence to two stabilization ponds in series, and finally thence to effluent metering station and discharge.

The TLAP disposal site latitude and longitude: (30° 06'28" N, 102° 21'53" W). The TLAP routing of effluent from the treatment facility to the disposal site is from the treatment plant via a four-inch pipe to the irrigation site within the fenced boundary of the treatment plant site. However, we are currently requesting a chapter 210 authorization in lieu of TLAP authorization. Copy of chapter 210 application is enclosed. The nearest watercourse to the disposal site to which rainfall runoff might flow if not contained is Sanderson Creek, thence to Rio Grande River No. 2306. The TPDES discharge outfall latitude and longitude: (30° 06' 36" N, 102° 21'45" W).

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

AGUAS RESIDUALES INDUSTRIALES /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.

Terrell County WC&ID No.1 (CN600686398) opera Planta de Tratamiento de Aguas Residuales Sanderson RN102886926, un planta de tratamiento de aguas residuales . La instalación está ubicada en 4 .4 millas al sureste de la intersección de la carretera estatal 285 y la carretera estatal 90 a lo largo de la carretera estatal 90. La planta está en el lado noreste de la carretera , en Sanderson, Condado de Terrell, Texas 79848. Esta solicitud es para renovar la descarga de 200.000 galones por día de aguas residuales domésticas tratadas. Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan BOD, CBOD, COD, TOC, DO, Ammonia Nitrogen, TSS, Nitrate Nitrogen, Total organic nitrogen, Total phosphorous, Oil and grease, Total residue chloride, TDS, Sulfate, Chloride, Fluoride, Total alkalinity, Temperature, pH. Agua potable. está tratado por lagunas facultativas primero, luego el agua pasa a lagunas de estabilización, y finalmente se descarga el agua después de pasar de la estación de medición.

TERRELL COUNTY WC&ID No. 1
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

ATTACHMENT 3
ORIGINAL USGS MAP

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SANDERSON SE QUADRANGLE
TEXAS - TERRELL CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)

Scale 1:24,000
NAD 83
Datum: NAD 83
Projection: UTM
Zone: 16N

NO WATER
WELLS WITHIN 1
MILE RADIUS OF
PLANT

FACULTATIVE LAGOONS

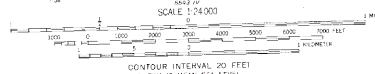
TREATMENT UNITS

PROPERTY BOUNDARY

1 MILE RADIUS

OXIDATION PONDS

IRRIGATION
AREAS



ROAD CLASSIFICATION
Primary highway, all weather. Lightly used road, all weather.
hard surface. Improved surface.
Unimproved road, fair or dry weather.

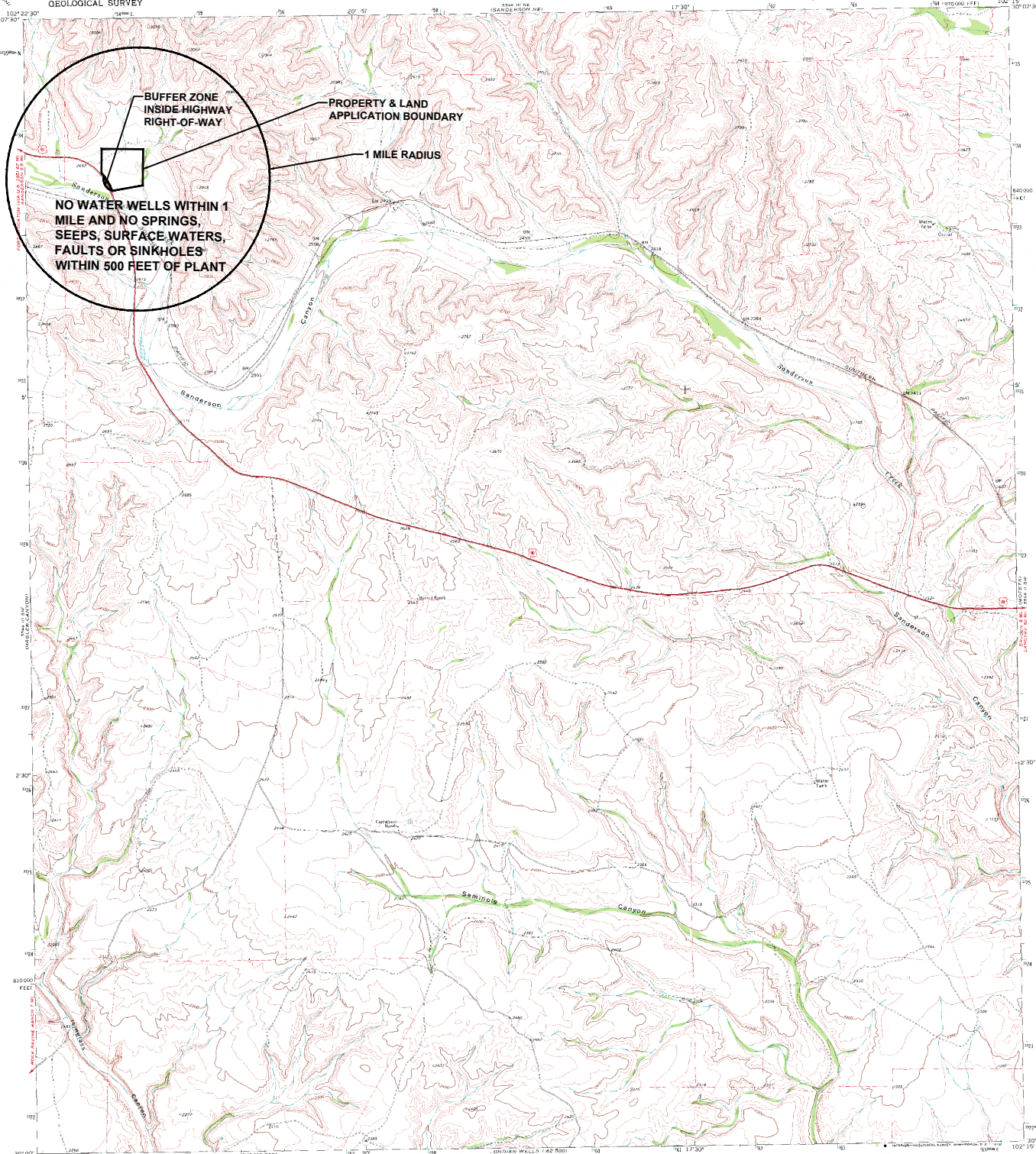
U.S. Route

SANDERSON SE, TEX.
N3000-W40215/7.5
1969
AMIS 5044 III 90-SE-RS-1982

THIS MAP COMPLES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR WASHINGTON, D.C. 20542
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SANDERSON SE QUADRANGLE
TEXAS-TERRILL CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)



NO WATER WELLS WITHIN 1
MILE AND NO SPRINGS,
SEEPS, SURFACE WATERS,
FAULTS OR SINKHOLES
WITHIN 500 FEET OF PLANT

BUFFER ZONE
INSIDE HIGHWAY
RIGHT-OF-WAY

PROPERTY & LAND
APPLICATION BOUNDARY

1 MILE RADIUS

SCALE 1:24,000
CONTOUR INTERVAL 20 FEET
ELEVATION IN FEET
ELEVATION IN METERS



ROAD CLASSIFICATION
Primary highway, all weather
Secondary highway, all weather
Unimproved road, fair or dry
weather

SANDERSON SE, TEX.
N 3000-W 10215-7.5
1969
AMS 5544 III SE-SC-RDS 1982

THIS MAP COMPLETES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80202, OR WASHINGTON, D.C. 20542
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

TERRELL COUNTY WC&ID No. 1
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

ATTACHMENT 4
SPIF

GENERAL LOCATION MAP
USGS MAP

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

Complete this form as a separate document. TCEQ will mail a copy to each agency as required by our agreement with EPA. If any of the items are not completely addressed or further information is needed, we will contact you to provide the information before issuing the permit. Address each item completely.

Do not refer to your response to any item in the permit application form. Provide each attachment for this form separately from the Administrative Report of the application. The application will not be declared administratively complete without this SPIF form being completed in its entirety including all attachments. Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: TERRELL COUNTY WATER CONTROL AND IMPROVEMENT DISTRICT No. 1 (WC&ID No.1)

Permit No. WQ00 14120001

EPA ID No. TX 0119555

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

THE SANDERSON WASTEWATER TREATMENT PLANT IS LOCATED 4.3 MILE SOUTHEAST OF THE INTERSECTION OF STATE HIGHWAY 285 AND STATE HIGHWAY 90 ALONG STATE HIGHWAY 90. THE PLANT IS ON THE NORTHEAST SIDE OF THE ROAD.

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

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

First and Last Name: DIEGO GONZALES

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

Title: GENERAL MANAGER

Mailing Address: P.O. BOX 569

City, State, Zip Code: SANDERSON, TX, 79848

Phone No.: 432-345-2501 Ext.: Fax No.: 432-345-2316

E-mail Address: TCWCID1@BIGBEND.NET

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

N/A

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

FOR EMERGENCY DISCHARGES PURPOSES ONLY, FROM PLANT THENCE TO SANDERSON CREEK, THENCE TO SEGMENT No. 2306 OF THE RIO GRANDE RIVER BASIN.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

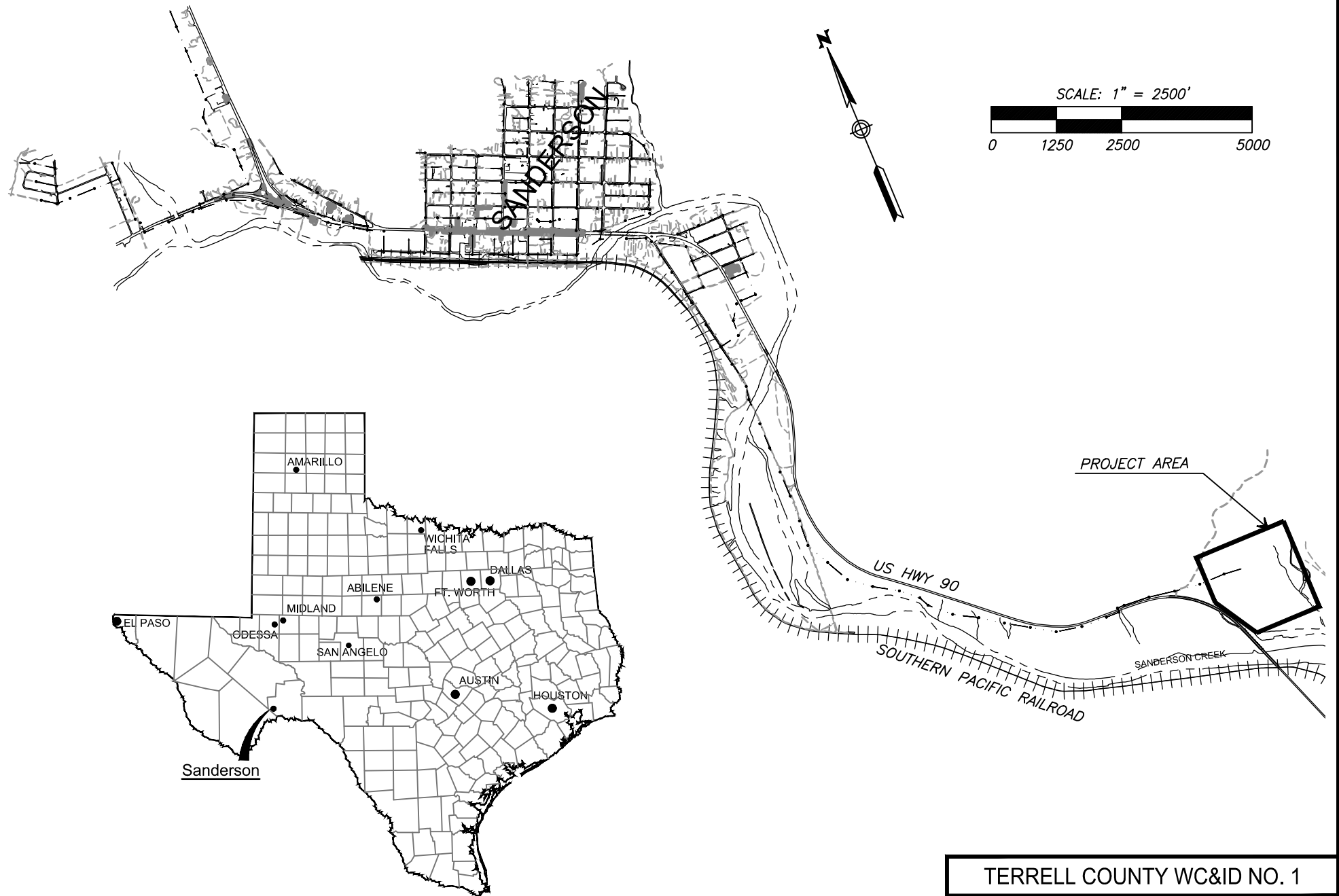
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

N/A

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

N/A



TERRELL COUNTY WC&ID NO. 1

SPIF EXHIBIT 2

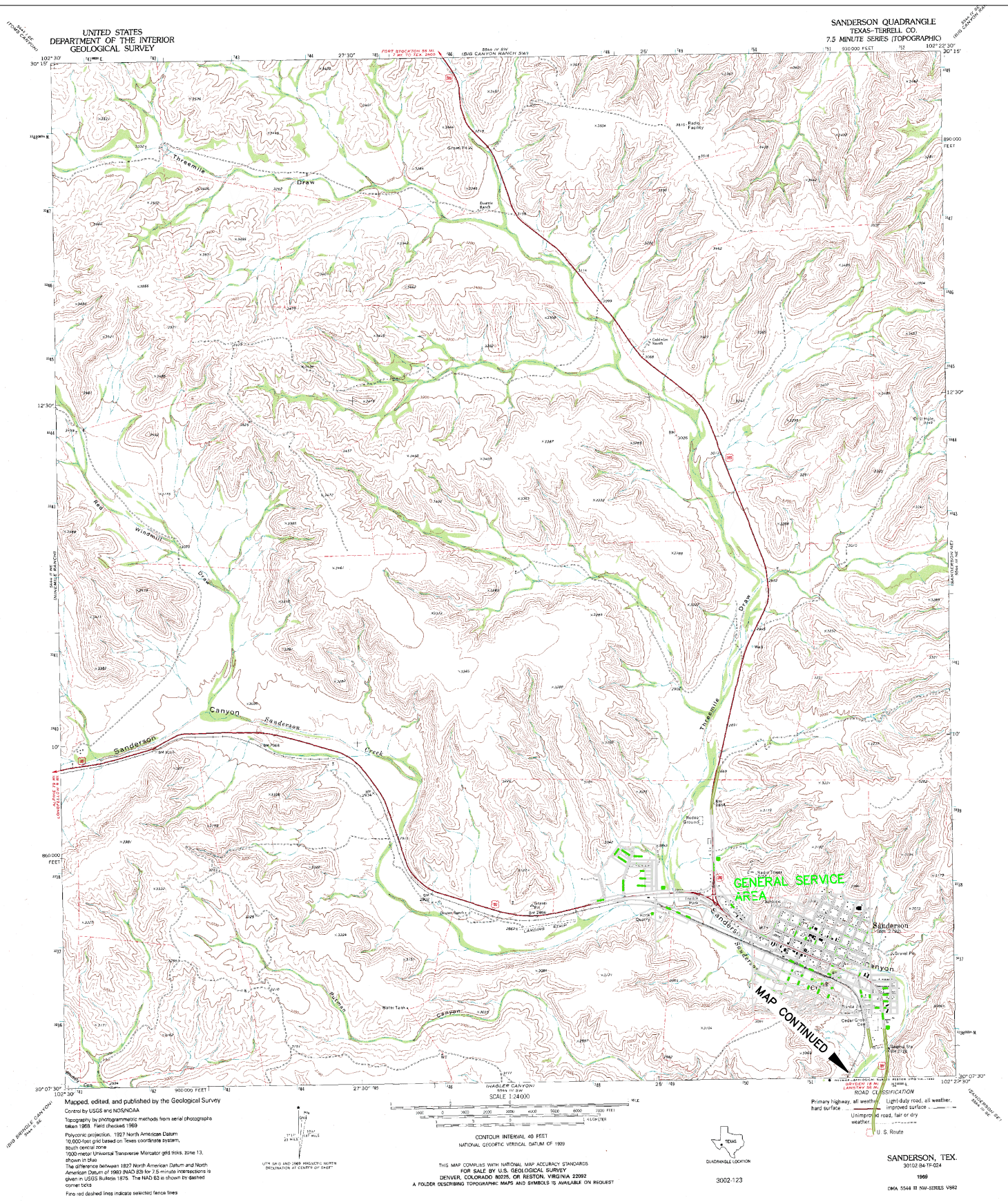
GENERAL LOCATION MAP

JANUARY 2025

TCEQ PERMIT No. WQ0014120-001

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SANDERSON QUADRANGLE
TEXAS-TERRELL CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)



Mapped, edited, and published by the Geological Survey
Control by USGS and NOS/NOAA
Topography by photogrammetric methods from aerial photographs
taken 1969. Field checked 1969.
Polyconic projection. 1927 North American Datum.
10,000-foot grid based on Texas coordinate system.
South central zone.
1000-meter Universal Transverse Mercator grid zone 13,
shown in blue.
The difference between 1927 North American Datum and North
American Datum of 1983 (NAD 83) for 7.5 minute quadrangles is
given in USGS Bulletin 1875. The NAD 83 is shown by dashed
corner ticks.
Fine red dashed lines indicate selected fence lines.

SCALE 1:24,000
CONTOUR INTERVAL 40 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1985

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY
DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



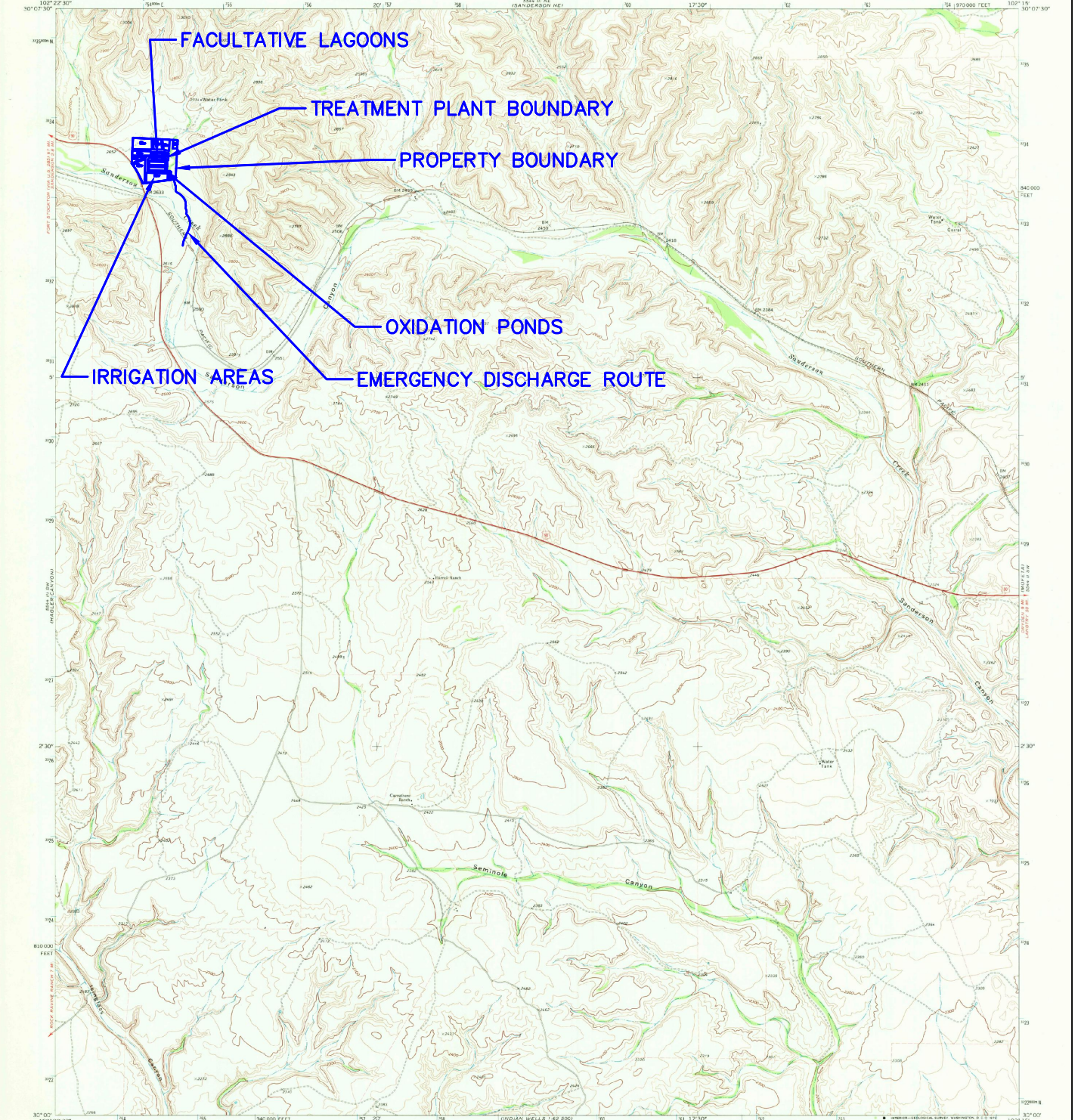
QUADRANGLE LOCATION

ROAD CLASSIFICATION
Primary highway, all-weather
Light-duty road, all-weather
Improved surface
Unimproved road, fair or dry
weather
U.S. Route

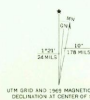
SANDERSON, TEX.
30102 84 11 024

3002-123

1969
DMA 5548 B1 NW-SERIES 5982



Mapped, edited, and published by the Geological Survey
Control by USGS and JSC&S
Topography by photogrammetric methods from aerial
photographs taken 1956. Field checked 1969
Polyconic projection, 1927 North American datum
15,000-foot grid based on Texas coordinate system,
south central zone
1000-meter Universal Transverse Mercator grid ticks,
zone 13, shown in blue
Thin red dashed lines indicate selected fence lines



SCALE 1:24,000
CONTOUR INTERVAL 20 FEET
DATUM IS MEAN SEA LEVEL



ROAD CLASSIFICATION
Primary highway, all weather
Light-duty road, all weather
Hard surface
Improved surface
Unimproved road, fair or dry
weather
U. S. Route

THIS MAP COMPILED WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR WASHINGTON, D. C. 20242
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

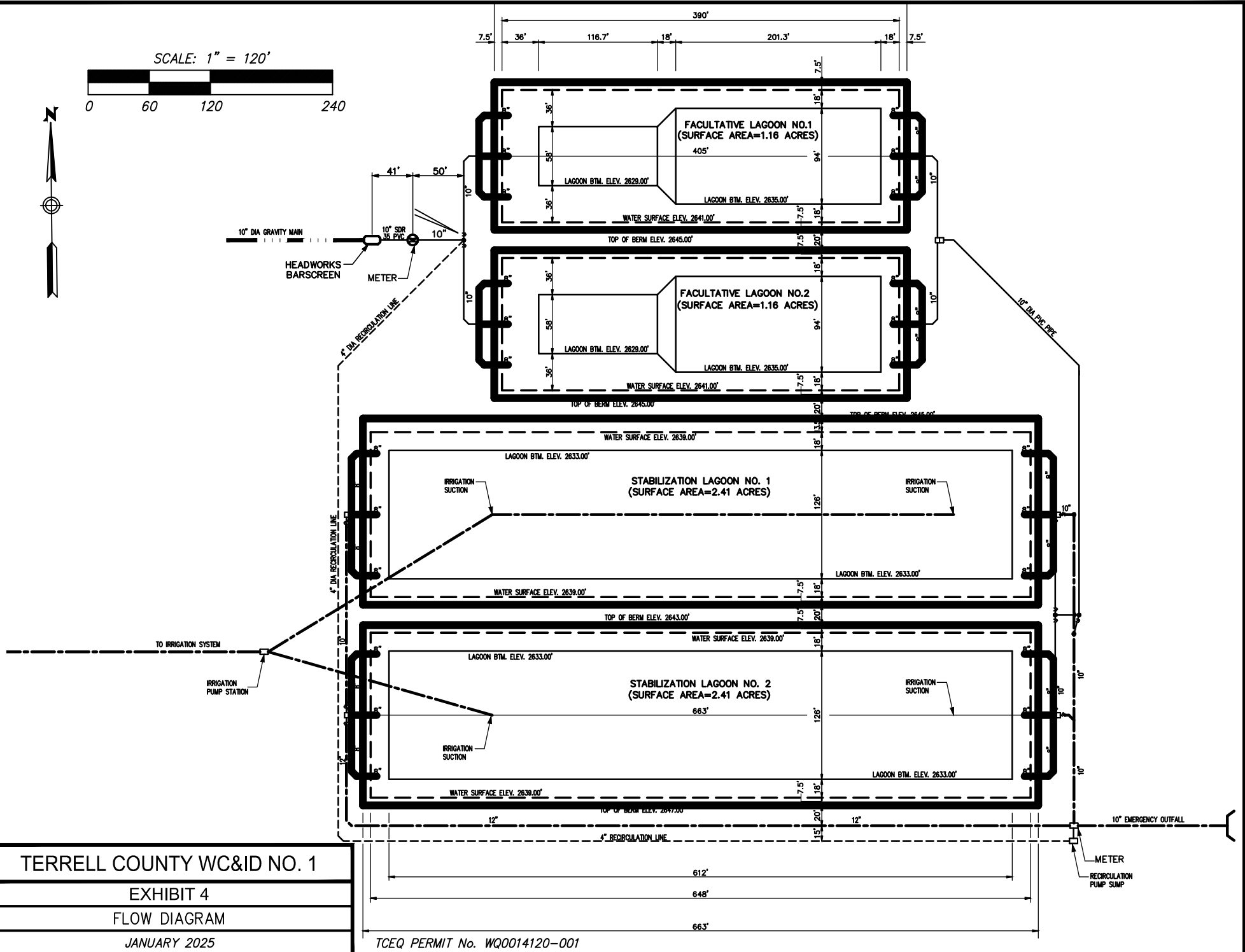
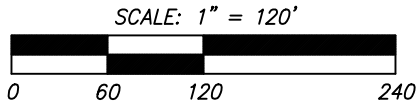
1969
METEOROLOGICAL
DIVISION

SANDERSON SE, TEX.
N3000-W100157.5
1969

NOV 6 1969

TERRELL COUNTY WC&ID No. 1
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

ATTACHMENT 5
PROCESS FLOW DIAGRAM



TERRELL COUNTY WC&ID NO. 1

EXHIBIT 4

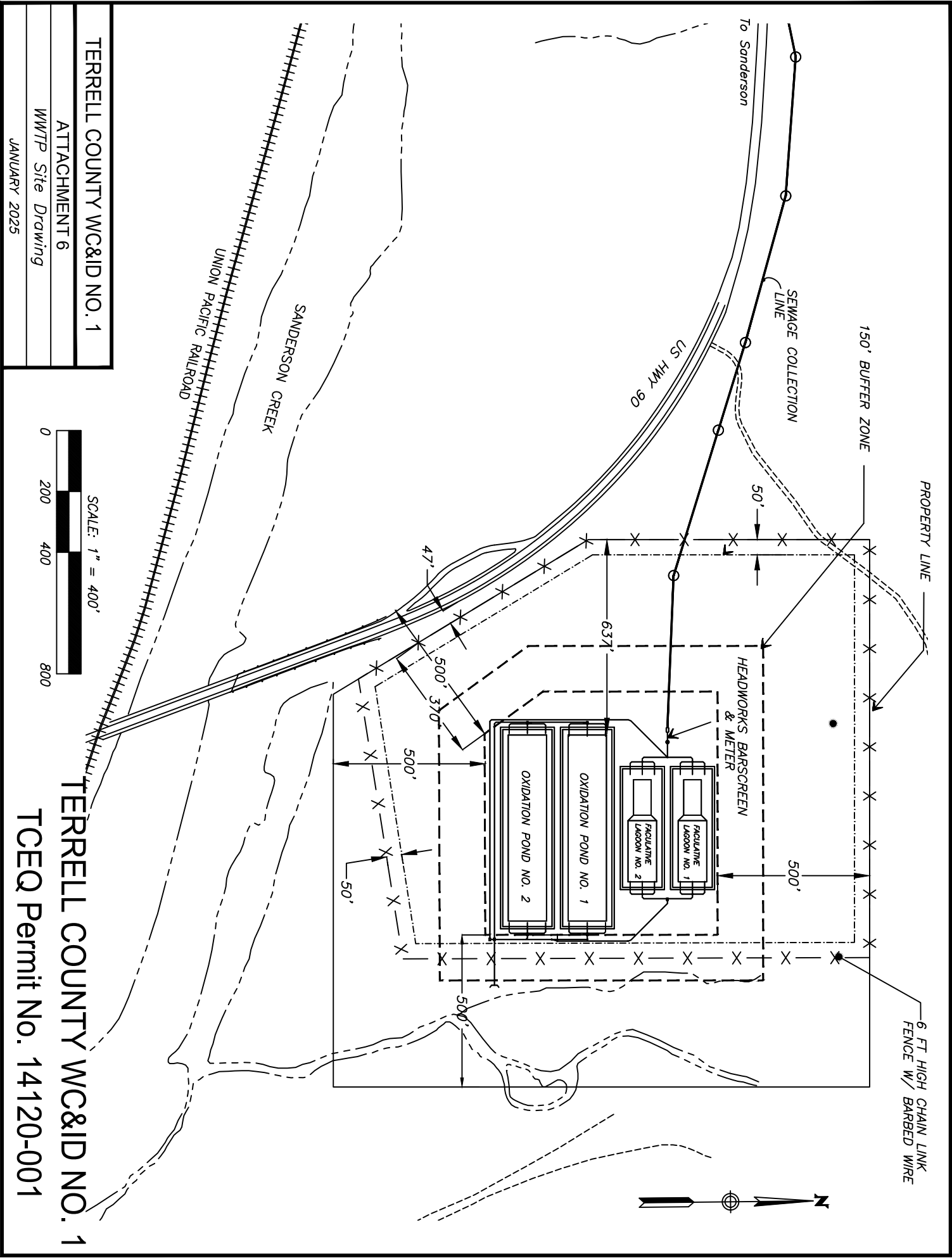
FLOW DIAGRAM

JANUARY 2025

TCEQ PERMIT No. WQ0014120-001

TERRELL COUNTY WC&ID No. 1
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

ATTACHMENT 6
SITE DRAWING



TERRELL COUNTY WC&ID NO. 1
ATTACHMENT 6
WWTP Site Drawing
JANUARY 2025

TERRELL COUNTY WC&ID NO. 1
TCEQ Permit No. 14120-001

TERRELL COUNTY WC&ID No. 1
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

ATTACHMENT 7
TCEQ CORRESPONDENCE

TERRELL COUNTY WC&ID No. 1
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

ATTACHMENT 8
CHEMICAL ANALYSIS OF TREATED EFFLUENT

CITY OF ODESSA LABORATORY SERVICES TEST RESULTS



Laboratory Address: 817 W. 42nd Street
Mailing Address: 817 W. 42nd Street
 Odessa, TX 79764
Contact: Jason Wells
Phone: 432-368-3536
Email: jwells@odessa-tx.gov

Customer: Terrell County WCID
Address: P.O. Box 569
 Sanderson, TX 79848
Sample Location: Sanderson WWTP
Date of Collection: 1/9/2025
Time of Collection: 6:45 AM
Collected by: Tom Lowrance
Sample receipt date: 1/9/2025
Report Number: 011425REP09

Laboratory ID Code	Parameter	Method Number	Date of Analysis	Time of Analysis	Analyst(s)	Results	Units	RL	Batch	Flag
010925348	BOD ₅	SM 5210B	1/9/2025	12:46 PM	LW:LW	25.9	mg/L	1.00	1	

BOD₅ QUALITY CONTROL RESULTS

Batch: 1

Blank		MD Precision		LCS Accuracy	
Limit: ≤ 0.20 mg/L		Limit: ≤ 25.0%		Limit: 84.6 - 115.4%	
Blank	Flag	Sample Reading	MD Reading	RPD	LCS Reading
≤ 0.20 mg/L		7.34	8.11	9.90	199.5
					Conc
					198
					% Recovery
					100.8
					Flag

- Notes:**
- The data for precision and accuracy are generated on a sample analyzed in the same batch as the customer's sample. These values may or may not have been based on the customer's sample.
 - A blank space indicates that it is either not applicable or not performed.
 - These results relate only to the samples listed.
 - This report cannot be reproduced except in full without written approval of the laboratory.
 - The results contained in this report meet all the requirements of the TNI standards for accreditation.
 - MQL = Minimum Quantitation Level, LCS = Laboratory Control Sample, MD = Matrix Duplicate, MS = Matrix Spike
 - MSD = Matrix Spike Duplicate.
 - Samples will be disposed of at the end of the method holding time or 30 days from the date the report is mailed to the customer, whichever is shorter.
 - Explanation of Flags used in this report:

Jason Wells
 Laboratory Management

1/15/25
 Date

Melissa Pipes
 Quality Assurance Officer

1/15/25
 Date

CITY OF ODESSA LABORATORY SERVICES TEST RESULTS



Laboratory Address: 817 W. 42nd Street
Mailing Address: 817 W. 42nd Street
 Odessa, TX 79764
Contact: Jason Wells
Phone: 432-368-3536
Email: jwells@odessa-bx.gov

Customer: Terrell County WCID
Address: P.O. Box 569
 Sanderson, TX 79848
Sample Location: Sanderson WWTP
Date of Collection: 1/9/2025
Time of Collection: 6:45 AM
Collected by: TL
Sample receipt date: 1/9/2025
Report Number: 011625REP01

Laboratory ID Code	Parameter	Method Number	Date of Analysis	Time of Analysis	Analyst(s)	Results	Units	MDL/RL	Batch	Flag
010925348	CBOD ₅	SM 5210 B	1/9/2025	12:47 PM	LW:LW	19.5	mg/L	1.00	1	
010925350	TSS	SM 2540 D	1/9/2025	12:04 PM	MM	40.7	mg/L	0.500	1	
010925351	Ammonia	SM 4500-NH ₃ D	1/10/2025	2:28 PM	MH	7.29	mg/L	0.200	1	
010925350	Nitrate	EPA 300.0	1/9/2025	12:11 PM	MH	< 0.200	mg/L	0.200	1	
010925350	Chloride	EPA 300.0	1/9/2025	12:11 PM	MH	62.8	mg/L	20.0	1	
010925351	t-Phosphorus	SM 4500-P E	1/9/2025	1:00 PM	MH	4.85	mg/L	0.100	1	
010925352	E. coli	Colilert SM 9223 B	1/9/2025	1:19 PM	CP:CP	19.9	MPN/100 mL	1	1	
010925350	TDS	SM 2540 C	1/10/2025	10:00 AM	GL	527	mg/L	95.0	1	
010925350	Alkalinity ^a	SM 2320 B	1/10/2025	1:26 PM	GL	297	mg/L	20.0	1	
010925350	Sulfate	EPA 300.0	1/9/2025	12:11 PM	MH	20.4	mg/L	2.00	1	
010925353	Oil & Grease	EPA 1664, Rev B	1/14/2025	10:46 AM	GL	< 5.0	mg/L	5.00	1	

Notes: 1. The data for precision and accuracy are generated on a sample analyzed in the same batch as the customer's sample.

These values may or may not have been based on the customer's sample.

2. A blank space indicates that it is either not applicable or not performed.

3. These results relate only to the samples listed.

4. This report cannot be reproduced except in full without written approval of the laboratory.

5. The results contained in this report meet all the requirements of the TNI standards for accreditation.

6. MQL = Minimum Quantitation Level, LCS = Laboratory Control Sample, MD = Matrix Duplicate, MS = Matrix Spike

MSD = Matrix Spike Duplicate.

7. Samples will be disposed of at the end of the method holding time or 30 days from the date the report is mailed to the customer, whichever is shorter.

8. The Alkalinity reported as mg/L CaCO₃ to a pH of 4.5 equals the Alkalinity result(s) listed above.

9. Analysis performed by City of Odessa's Contract Lab.

10. Explanation of Flags used in this report:

Jason Wells
 Laboratory Management

1/16/25
 Date

Melissa Pipes
 Quality Assurance Officer

1/17/25
 Date

Project
1132551

ODES-W

City of Odessa
Jason Wells
817 West 42nd St.
Odessa, TX 79764

Printed 01/17/2025
14:27

TABLE OF CONTENTS

This report consists of this Table of Contents and the following pages:

<u>Report Name</u>	<u>Description</u>	<u>Pages</u>
1132551_r02_01_ProjectSamples	SPL Kilgore Project P:1132551 C:ODES Project Sample Cross Reference t:304	1
1132551_r03_03_ProjectResults	SPL Kilgore Project P:1132551 C:ODES Project Results t:304 PO: 22201773 - 01	2
1132551_r10_05_ProjectQC	SPL Kilgore Project P:1132551 C:ODES Project Quality Control Groups	1
1132551_r99_09_CoC__1_of_1	SPL Kilgore CoC ODES 1132551_1_of_1	2
Total Pages:		6





SAMPLE CROSS REFERENCE

Project
1132551

City of Odessa
Jason Wells
817 West 42nd St.
Odessa, TX 79764

Printed 1/17/2025 Page 1 of 1

Sample	Sample ID	Taken	Time	Received
2372928	SANDERSON WWTP	01/09/2025	06:45:00	01/15/2025

Bottle 01 8 oz Plastic H2SO4 pH < 2
Bottle 02 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1156329) Volume: 20.00000 mL <== Derived from 01 (20 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 351.2 2	02	1156329	01/16/2025	1156672	01/17/2025

Email: Kilgore.ProjectManagement@spllabs.com

ODES-W

City of Odessa
Jason Wells
817 West 42nd St.
Odessa, TX 79764

Page 1 of 2

Project
1132551

Printed: 01/17/2025

RESULTS

Sample Results

2372928 SANDERSON WWTP

Received: 01/15/2025

Non-Potable Water

Collected by: Client
Taken: 01/09/2025

City of Odessa
06:45:00

PO: 22201773 - 01

EPA 351.2 2

Prepared: 1156329 01/16/2025 08:16:18 Analyzed 1156672 01/17/2025 07:02:00 AMB

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Total Kjeldahl Nitrogen	12.4	mg/L	0.250		7727-37-9	02

Sample Preparation

2372928 SANDERSON WWTP

Received: 01/15/2025

22201773 - 01

01/09/2025

Prepared: 01/15/2025 18:01:32 Calculated 01/15/2025 18:01:32 CAL

Environmental Fee (per Sampling)

Verified

EPA 351.2, Rev 2.0

Prepared: 1156329 01/16/2025 08:16:18 Analyzed 1156329 01/16/2025 08:16:18 MEG

NELAC TKN Block Digestion	20/20	ml				01
---------------------------	-------	----	--	--	--	----



Report Page 3 of 7

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914



ODES-W

Page 2 of 2

City of Odessa
Jason Wells
817 West 42nd St.
Odessa, TX 79764

Project
1132551

Printed: 01/17/2025

Qualifiers:

We report results on an As Received (or Wet) basis unless marked Dry Weight.

Unless otherwise noted, testing was performed at SPL, Inc.- Kilgore laboratory which holds International, Federal, and state accreditations. Please see our Websites for details.

(N)ELAC - Covered in our NELAC scope of accreditation

z -- Not covered by our NELAC scope of accreditation

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAC.

RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.

Bill Peery, MS, VP Technical Services



Report Page 4 of 7

QUALITY CONTROL



ODES-W

City of Odessa
Jason Wells
817 West 42nd St.
Odessa, TX 79764

Page 1 of 1

Project
1132551

Printed 01/17/2025

Analytical Set 1156672

EPA 351.2 2

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1156329	ND	0.00712	0.050	mg/L	127224634

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.24	5.00	mg/L	105	90.0 - 110	127224620
Total Kjeldahl Nitrogen	5.27	5.00	mg/L	105	90.0 - 110	127224621
Total Kjeldahl Nitrogen	5.35	5.00	mg/L	107	90.0 - 110	127224622
Total Kjeldahl Nitrogen	5.32	5.00	mg/L	106	90.0 - 110	127224623
Total Kjeldahl Nitrogen	5.34	5.00	mg/L	107	90.0 - 110	127224632
Total Kjeldahl Nitrogen	5.33	5.00	mg/L	107	90.0 - 110	127224643
Total Kjeldahl Nitrogen	5.35	5.00	mg/L	107	90.0 - 110	127224654
Total Kjeldahl Nitrogen	5.37	5.00	mg/L	107	90.0 - 110	127224660
Total Kjeldahl Nitrogen	5.36	5.00	mg/L	107	90.0 - 110	127224661
Total Kjeldahl Nitrogen	5.36	5.00	mg/L	107	90.0 - 110	127224663

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Kjeldahl Nitrogen	2372007	ND	ND	mg/L		20.0
Total Kjeldahl Nitrogen	2372015	1.45	1.13	mg/L	24.8 *	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.37	5.00	mg/L	107	90.0 - 110	127224619

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1156329	5.11	5.00	5.00	90.0 - 110	102	100	mg/L	2.18	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File	
Total Kjeldahl Nitrogen	2372007	0.023	ND	5.00	mg/L	0	80.0 - 120	127224639	*
Total Kjeldahl Nitrogen	2372015	5.63	1.13	5.00	mg/L	90.0	80.0 - 120	127224642	

* Out RPD is Relative Percent Difference: $\text{abs}(r_1 - r_2) / \text{mean}(r_1, r_2) * 100\%$

Recover% is Recovery Percent: $\text{result} / \text{known} * 100\%$

Blank - Method Blank (reagent water or other blank matrices that contains all reagents except standard(s) and is processed simultaneously with and under the same conditions as samples; carried through preparation and analytical procedures exactly like a sample; monitors); CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); ICV - Initial Calibration Verification; LCS Dup - Laboratory Control Sample Duplicate (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.)

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 5 of 7

SPL
ANALAB
CORP.
THE COMPLETE SERVICE LAB

Mailing:
P O Box 9000
Kilgore, TX 75663
Fax: 903.984.5914
e-mail: corp@ana-lab.com

<u>Rio Grand Valley</u>	<u>Louisiana</u>	<u>Gulf Coast</u>
956.831.6437	318.219.9300	281.333.9414

Samples Received on Ice? ☐ Yes ☐ No Cooler/Sample Secure? ☐ Yes ☐ No ##comments
Method of Shipment ☐ Bus ☒ FedEx ☐ Lone Star ☐ UPS ☐ Hand Delivered ☐ Airborne ☐ Other
Tracking or Shipping Number _____ Requested TAT ☒ Routine ☐ 3 day ☐ 2 Day ☐ Next Day

Ana-Lab personnel collect samples as specified by Ana-Lab SOP #000323.

Sample analysis will be provided according to Ana-Lab's Standard Terms and Conditions of Agreement, available upon request and at www.ana-lab.com. Any other terms proposed by Client are deemed material alterations and are rejected unless expressly agreed to in writing by Ana-Lab.

1132551 CoC Print Group 001 of 001

FedEx
TRK# 8:80 5787 1166
WED - 15 JAN AA
PRIORITY OVERNIGHT
XS GGGA
75662
TX-US
SHV

Yes up to \$50,000
new tools, parts
and equipment
are insured
with FedEx
Signature
Service

Free Signature
Service
on Priority
Overnight
Shipments
for delivery
before 8:30
AM

By, see the FedEx Service Guide

Other
date
X Other

Aircraft Only

Obtain receipt
FedEx Account No.

It's Copy

1/15/15 KN
Date: 1/15/15 Time: 1:10 Tech: C
Therm#: 6443 Corr Fact: -0.3 C

Francesca Findlay

From: Francesca Findlay
Sent: Monday, March 31, 2025 9:59 AM
To: Diego TCWCID 1
Cc: Amanda Frazier
Subject: RE: Nori WQ0014120001 Terrell County Water Control Improvement District No. 1

Follow Up Flag: Follow up
Flag Status: Flagged

Good morning,

As I was reviewing your application, I noticed that the last permit was a TLAP. On the information that was provided you are requesting this to be a TPDES renewal. Under further review if you are wanting to amend the discharge this would be considered a Major Amendment with Renewal.

We would also need to provide another NOD once the new application was submitted.

If you are requesting a Major Amendment with Renewal. We would need the following documents.

- Submit an additional \$35.00 payment for the major amendment application fee to TCEQ, Revenue Section (MC 214), P.O. Box 13088, Austin, Texas 78711-3088. Please reference the type of application, name of the applicant, the permit number, and that the fee is an additional application fee. Please provide a copy of this check with your response to this letter.
- Submit Administrative Report 1.1 on pages 21-23 of the administrative report.
- Submit all pages of the Technical Report and Worksheets that are applicable to Major Amendment applications.
- Item 1.a: Please submit a landowners map indicating the applicant's complete property boundaries, location of the treatment facility within the applicant's property, the distance the buffer zone falls into adjacent properties and the property boundaries of any landowners located within the buffer zone, the property boundaries of all landowners surrounding the applicant's property, point of discharge, the highlighted discharge route for one mile downstream from the point of discharge, the property boundaries of all landowners surrounding the point of discharge and adjacent to the discharge route for one mile downstream.
-
- Item 1.b: Please submit the mailing list by either submitting it electronically on a read/write compact disk (CD-RW) using Microsoft Word, or as 4 sets of printed labels. The list should be in Avery 5160 label format (3 columns across, 10 rows down) and follow US Postal Service guidelines for machine readability.
-
- Item 2.a: Please submit a buffer zone map that includes the applicant's property boundary, the required buffer zone, each treatment unit and the distance from each treatment unit to the property boundaries.

Please let me know if you have any questions.

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>.

Francesca Findlay

From: Juan Granados <Juan.Granados@burgessniple.com>
Sent: Monday, March 31, 2025 2:44 PM
To: Francesca Findlay
Cc: Amanda Frazier; Alicia Gonzales
Subject: Re: Nori WQ0014120001 Terrell County Water Control Improvement District No. 1

Francesca,

I see the 2015 permit is for land application of treated domestic effluent at 0.15 MGD. Changing to TPDES was a mistake on my part after review with my supervisor. There have been no changes to the existing treatment system since the last permit was filed so we will proceed with the same permit type as shown on your records. To confirm, we will keep TLAP disposal based off of the existing 2015 permit.

From your letter dated March 10, 2025, line item 4 requests verification of TPDES for the permit. Please disregard our response to this. Please refer to our original submission dated 2/24/2025 with the correct TLAP disposal section. I can provide a copy of this if you no longer have access to it.

Please let me know if this satisfies your needs for administrative approval.

Thank you,

Juan Granados, E.I.T.
Water/Wastewater Engineer III
Burgess & Niple, Inc.

o. 614.459.2050
c. 205.461.7922
10801-2 N. Mopac Expressway - Suite 340
Austin, TX 78759
burgessniple.com



From: Amanda Frazier
Sent: Monday, March 31, 2025 10:01 AM
To: Juan Granados; Alicia Gonzales
Subject: Fw: Nori WQ0014120001 Terrell County Water Control Improvement District No. 1

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Monday, March 31, 2025 9:58:52 AM
To: Diego TCWCID 1 <tcwcid1@bigbend.net>
Cc: Amanda Frazier <Amanda.Frazier@burgessniple.com>
Subject: RE: Nori WQ0014120001 Terrell County Water Control Improvement District No. 1

Good morning,

As I was reviewing your application, I noticed that the last permit was a TLAP. On the information that was provided you are requesting this to be a TPDES renewal. Under further review if you are wanting to amend the discharge this would be considered a Major Amendment with Renewal.

We would also need to provide another NOD once the new application was submitted.

If you are requesting a Major Amendment with Renewal. We would need the following documents.

- **Submit an additional \$35.00 payment for the major amendment application fee to TCEQ, Revenue Section (MC 214), P.O. Box 13088, Austin, Texas 78711-3088. Please reference the type of application, name of the applicant, the permit number, and that the fee is an additional application fee. Please provide a copy of this check with your response to this letter.**
- **Submit Administrative Report 1.1 on pages 21-23 of the administrative report.**
- **Submit all pages of the Technical Report and Worksheets that are applicable to Major Amendment applications.**
- **Item 1.a: Please submit a landowners map indicating the applicant's complete property boundaries, location of the treatment facility within the applicant's property, the distance the buffer zone falls into adjacent properties and the property boundaries of any landowners located within the buffer zone, the property boundaries of all landowners surrounding the applicant's property, point of discharge, the highlighted discharge route for one mile downstream from the point of discharge, the property boundaries of all landowners surrounding the point of discharge and adjacent to the discharge route for one mile downstream.**
- **Item 1.b: Please submit the mailing list by either submitting it electronically on a read/write compact disk (CD-RW) using Microsoft Word, or as 4 sets of printed labels. The list should be in Avery 5160 label format (3 columns across, 10 rows down) and follow US Postal Service guidelines for machine readability.**
- **Item 2.a: Please submit a buffer zone map that includes the applicant's property boundary, the required buffer zone, each treatment unit and the distance from each treatment unit to the property boundaries.**

Please let me know if you have any questions.

Thank you,

**Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441**

Texas Commission on Environmental Quality



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Note:
These electronic documents are provided by Burgess & Niple (B&N) as a convenience to our clients. It is our professional opinion that this electronic information provides information current as of the date of its release. Any use of this information is at the sole risk and liability of the user. The user is responsible for updating information to reflect any changes in the information following the preparation date of this transmittal. The delivery of this information in electronic format is for the benefit of the owner for whom the services have been performed. Nothing in the transfer should be construed to provide any right to third parties to rely on the information provided, or that the use of this information implies the review and approval of Burgess & Niple.

Francesca Findlay

From: Juan Granados <Juan.Granados@burgessniple.com>
Sent: Friday, March 28, 2025 3:50 PM
To: Francesca Findlay
Cc: Amanda Frazier; Alicia Gonzales
Subject: Re: WQ0014120001 Terrell County Water Control Improvement District No. 1

Francesca,

0.25 MILES NORTH OF THE INTERSECTION OF US 90 AND SOUTHERN PACIFIC RAILROAD 2.5 MILES SOUTHEAST OF SANDERSON is the correct address we are using for this application.

Thank you,

Juan Granados, E.I.T.
Water/Wastewater Engineer III
Burgess & Niple, Inc.

o. 614.459.2050
c. 205.461.7922
10801-2 N. Mopac Expressway - Suite 340
Austin, TX 78759
burgessniple.com



From: Amanda Frazier
Sent: Friday, March 28, 2025 11:14 AM
To: Juan Granados; Alicia Gonzales
Subject: Fw: WQ0014120001 Terrell County Water Control Improvement District No. 1

Amanda Frazier, P.E.
Project Engineer

Burgess & Niple, Inc.
512.306.9266 x6403
cell 225.200.2906
10801-2 N. Mopac Expressway | Suite 340
Austin, TX 78759
burgessniple.com

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Friday, March 28, 2025 10:57 AM
To: tcwcid1@bigbend.net <tcwcid1@bigbend.net>
Cc: Amanda Frazier <Amanda.Frazier@burgessniple.com>
Subject: RE: WQ0014120001 Terrell County Water Control Improvement District No. 1

You don't often get email from francesca.findlay@tceq.texas.gov. [Learn why this is important](#)

Good morning,

I am in the process of admin. completing your application and want to make sure the address that was given on the Core Data Form is correct. The last permit has a different address.

The address on the Core Data Form:

The domestic wastewater treatment facility is located approximately 0.25 miles north of the intersection of U.S. 90 and southern pacific railroad in the city of Sanderson, in Terrell County, Texas 79848.

The address on the last permit:

The domestic wastewater is located approximately 4.3 miles southeast of the intersection of U.S. Highway 285 and U.S.

Highway 90 along U.S. Highway 90 on of the northeast side of the road, in Terrell County, Texas 79848.

Please verify the address that you would like to use on your Core Data Form. If the address needs to be updated, please provide an updates Core Data Form with new Latitude and Longitude and the updated address.

Please let me know if you have any questions.

Thank you,

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



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

From: Francesca Findlay
Sent: Monday, March 10, 2025 1:57 PM
To: tcwcid1@bigbend.net
Cc: amanda.frazier@burgessniple.com
Subject: FW: WQ0014120001 Terrell County Water Control Improvement District No. 1

Dear Mr. Gonzales:

The attached Notice of Deficiency letter sent on March 10, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention March 24, 2025.

Thank you,

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



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Amanda Frazier, P.E.
Project Engineer

Burgess & Niple, Inc.
512.306.9266 x6403
cell 225.200.2906
10801-2 N. Mopac Expressway | Suite 340
Austin, TX 78759
burgessniple.com

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Sent: Friday, March 28, 2025 10:57 AM
To: tcwcid1@bigbend.net <tcwcid1@bigbend.net>
Cc: Amanda Frazier <Amanda.Frazier@burgessniple.com>
Subject: RE: WQ0014120001 Terrell County Water Control Improvement District No. 1

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Thank you,

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



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To: tcwcid1@bigbend.net
Cc: amanda.frazier@burgessniple.com
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Thank you,

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



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

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

- ☐ E-mail Address
☐ Fax
☒ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: MR. Last Name, First Name: GONZALES, DIEGO
Title: GENERAL MANAGER Credential: Click to enter text.
Organization Name: TERRELL COUNTY WC&ID No.1
Mailing Address: P.O. BOX 569 City, State, Zip Code: SANDERSON, TX 79848
Phone No.: 432-345-2501 E-mail Address: TCWCID1@BIGBEND.NET

D. Public Viewing Information

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

Public building name: TERRELL COUNTY COURTHOUSE
Location within the building: CLERK'S OFFICE
Physical Address of Building: 105 EAST HACKBERRY
City: SANDERSON County: TERRELL
Contact (Last Name, First Name): GONZALES, DIEGO
Phone No.: 432-345-2501 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

F. Plain Language Summary Template

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

Attachment: ATTACHEMENT 2

G. Public Involvement Plan Form

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

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

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 102886926

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

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

SANDERSON WASTEWATER TREATMENT PLANT

C. Owner of treatment facility: TERRELL COUNTY WC&ID No.1

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

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

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

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

Organization Name: TERRELL COUNTY WC&ID No.1

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

Phone No.: [Click to enter text.](#) E-mail Address: TCWCID1@BIGBEND.NET

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

Attachment: N/A

E. Owner of effluent disposal site:

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

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

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

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

Organization Name: TERRELL COUNTY WC&ID No.1

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

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

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

E-mail Address: TCWCID1@BIGBEND.NET

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

Attachment: N/A

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

Prefix: N/A

Last Name, First Name: N/A

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

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

Organization Name: N/A

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

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

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

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

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

Attachment: N/A

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

THE SANDERSON WASTEWATER TREATMENT PLANT IS LOCATED 4.3 MILE SOUTHEAST OF THE INTERSECTION OF STATE HIGHWAY 285 AND STATE HIGHWAY 90 ALONG STATE HIGHWAY 90. THE PLANT IS ON THE NORTHEAST SIDE OF THE ROAD.

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

☒ Yes ☐ No

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

[Click to enter text.](#)

City nearest the outfall(s): SANDERSON

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

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

Francesca Findlay

From: Juan Granados <Juan.Granados@burgessniple.com>
Sent: Wednesday, March 26, 2025 3:54 PM
To: Francesca Findlay
Cc: Amanda Frazier; Alicia Gonzales
Subject: Re: WQ0014120001 Terrell County Water Control Improvement District No. 1
Attachments: Re-Submission-3.26.25.pdf

Francesca,

Pages 6-8 of 17 of the Administrative report are attached. Please let me know if this satisfies your needs.

Juan Granados, E.I.T.

Water/Wastewater Engineer III

Burgess & Niple, Inc.

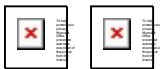
o. 614.459.2050

c. 205.461.7922

10801-2 N. Mopac Expressway - Suite 340

Austin, TX 78759

burgessniple.com



From: Amanda Frazier

Sent: Wednesday, March 26, 2025 2:23 PM

To: Juan Granados; Alicia Gonzales

Subject: Fw: WQ0014120001 Terrell County Water Control Improvement District No. 1

Amanda Frazier, P.E.

Project Engineer

Burgess & Niple, Inc.

512.306.9266 x6403

cell 225.200.2906

10801-2 N. Mopac Expressway | Suite 340

Austin, TX 78759

burgessniple.com

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>

Sent: Wednesday, March 26, 2025 2:18 PM

To: tcwcid1@bigbend.net <tcwcid1@bigbend.net>
Cc: Amanda Frazier <Amanda.Frazier@burgessniple.com>
Subject: RE: WQ0014120001 Terrell County Water Control Improvement District No. 1

You don't often get email from francesca.findlay@tceq.texas.gov. [Learn why this is important](#)

Good afternoon,

I am in the process of admin completing your application, I notice on my review that some of the pages are missing from the application with the updates. Pages 6-8 are missing with the notice information. Please provide the missing pages. Please let me know if you have any questions.

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>.

From: Francesca Findlay
Sent: Monday, March 10, 2025 1:57 PM
To: tcwcid1@bigbend.net
Cc: amanda.frazier@burgessniple.com
Subject: FW: WQ0014120001 Terrell County Water Control Improvement District No. 1

Dear Mr. Gonzales:

The attached Notice of Deficiency letter sent on March 10, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention March 24, 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>.

Note:
These electronic documents are provided by Burgess & Niple (B&N) as a convenience to our clients.
It is our professional opinion that this electronic information provides information current as of the date of its release. Any use of this information is at the sole risk and liability of the user. The user is responsible for updating information to reflect any changes in the information following the preparation date of this transmittal. The delivery of this information in electronic format is for the benefit of the owner for whom the services have been performed. Nothing in the transfer should be construed to provide any right to third parties to rely on the information provided, or that the use of this information implies the review and approval of Burgess & Niple.

BURGESS & NIPLE

1801-2 N. Mopac Expressway Suite 340 Austin, TX 78759 | 512.306.9266 | burgessniple.com

Response to March, 10 2025 Letter

RE: Application to Renew for Permit No.: WQ0014120001

Applicant Name: Terrell County Water Control Improvement District No. 1 (CN600686398)

Site Name: Sanderson WWTP (RN102886926)

Type of Application: Renewal without changes

To whom it may concern,

We have received the TCEQ's response to the renewal permit application submitted on behalf of the Terrell County Water Control & Improvements District Number 1 for permit WQ0014120001. Please see our responses recorded **in red** below. Additional attachments are attached in the appendix of this document.

Administrative Report 1.0, Section 3-A: Please provide the name of the person who signed the application.

Blair Chriesman, President. See updated Administrative Report Section 3 Page.

Administrative Report 1.0, Section 8, item D: Please verify that the application will be available for viewing and copying in a public place. A public place is one built and/or maintained with taxpayer funds (e.g. Public Library, Court House, City Hall). The public place must be located in the county in which the facility is located. Please submit revised pages providing the name and physical address (post office box addresses are not acceptable) of a publicly owned facility where the application will be made available for viewing and copying.

The permit will be available for public viewing at the Terrell County Clerk's office.

Administrative Report 1.0, Section 8, item D: Please verify that the address for the public viewing area. The address found on the Website has 119 West Oak Street, if this is the correct address please update the application with the updated address.

**District and County Clerk
Terrell County Courthouse
105 East Hackberry
Sanderson, TX 79848
Phone: 432-345-2391**

Section 10: Please verify that the application is a TPDES application. If the application is not a TPDES application, please provide an updated page.

This is TPDES permit renewal with EPA ID TX0119555. Section 11 TLAP Disposal Information is updated and attached.

Section 10.e on page 10 of the administrative report: TCEQ records indicate an outstanding balance of \$986.81 for consolidated water quality (CWQ) fee account number 89920777. This fee must be paid before we can process your application. Please be advised that this amount includes several late fees and that additional late fees are accrued on the 1st of each month.

TCWCID No. 1 has issued payment for this fee as of 3/11/2025.

Core Data Form, Section II, Item 11: Please verify the type of customer is a corporation.

Updated Core Data Form Section II to be Other – Other Government

Core Data Form, Section III, item 24: Please provide the County.

See updated Core Data Form

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. Terrell County Water Control Improvement District No. 1, P.O. Box 569, Sanderson, Texas 79848, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollution Discharge Elimination System (TPDES) No. WQ0014120001 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 150,000 gallons per day via: surface irrigation of 28 acres of non-public access native range grassland within the fenced in boundary of the plant. The domestic wastewater treatment facility and disposal area are located approximately 4.3 miles southeast of the intersection of U.S. Highway 285 and U.S. Highway 90 along U.S. Highway 90 on the northeast side of the road in the city of Sanderson, in Terrell County, Texas 79848. TCEQ received this application on March 5, 2025. The permit application will be available for viewing and copying at the Terrell County Courthouse at 105 East Hackberry Sanderson, TX 79848, prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-102.365555,30.108333&level=18>

Further information may also be obtained from Terrell County Water Control Improvement District No. 1 at the address stated above or by calling Mr. Diego Gonzales, General Manager, at 432-345-2501.

Signed,



Juan Granados, EIT
Graduate Engineer
Burgess & Niple, Inc.

c. Check the box next to the appropriate permit type.

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

d. Check the box next to the appropriate application type

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

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

f. **For existing permits:**

Permit Number: WQ00 14120001

EPA I.D. (TPDES only): TX 0119555

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

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

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

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

TERRELL COUNTY WC&ID No. 1

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)

If the applicant is currently a customer with the TCEQ, what is the Customer Number (CN)?

You may search for your CN on the TCEQ website at <http://www15.tceq.texas.gov/crpub/>

CN: 600686398

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

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

Last Name, First Name: Chriesman, Blain

Title: President

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

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

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

[Click to enter text.](#)

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: MR.

Last Name, First Name: GONZALES, DIEGO

Title: GENERAL MANAGER

Credential: Click to enter text.

Organization Name: TERRELL COUNTY WC&ID No. 1

Mailing Address: P.O. BOX 569

City, State, Zip Code: SANDERSON, TX 79848

Phone No.: 432-345-2501

E-mail Address: TCWCID1@BIGBEND.NET

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: MS.

Last Name, First Name: FRAZIER, AMANDA

Title: ENGINEER

Credential: P.E.

Organization Name: BURGESS & NIPLE, INC.

Mailing Address: 10801-2 N MOPAC EXPRESSWAY, SUITE 340
TX 78759

City, State, Zip Code: AUSTIN,

Phone No.: 512-518-0232

E-mail Address: AMANDA.FRAZIER@BURGESSNIPLE.COM

Check one or both: ☐ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: MR.

Last Name, First Name: GONZALES, DIEGO

Title: GENERAL MANAGER

Credential: Click to enter text.

Organization Name: TERRELL COUNTY WC&ID No.1

Mailing Address: P.O. BOX 569

City, State, Zip Code: SANDERSON, TX 79848

Phone No.: 432-345-2501

E-mail Address: TCWCID1@BIGBEND.NET

B. Prefix: MS.

Last Name, First Name: FRAZIER, AMANDA

Title: ENGINEER

Credential: P.E.

Organization Name: BURGESS & NIPLE, INC.

Mailing Address: 10801-2 N. MOPAC EXPRESSWAY, SUITE 340 City, State, Zip Code: AUSTIN, TX 78759

Phone No.: 512-518-0232

E-mail Address: AMANDA.FRAZIER@BURGESSNIPLE.COM

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: MR.

Last Name, First Name: GONZALES, DIEGO

Title: GENERAL MANAGER

Credential: Click to enter text.

Organization Name: TERRELL COUNTY WC&ID No.1

Mailing Address: P.O. BOX 569

City, State, Zip Code: SANDERSON, TX 79848

Phone No.: 432-345-2501

E-mail Address: TCWCID1@BIGBEND.NET

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

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

Prefix: MR.

Last Name, First Name: GONZALES, DIEGO

Title: GENERAL MANAGER

Credential: Click to enter text.

Organization Name: Terrell County WC&ID No.1

Mailing Address: P.O. BOX 569

City, State, Zip Code: SANDERSON, TX 79848

Phone No.: 432-345-2501

E-mail Address: TCWCID1@BIGBEND.NET

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: MR.

Last Name, First Name: GONZALES, DIEGO

Title: GENERAL MANAGER

Credential: Click to enter text.

Organization Name: TERRELL COUNTY WC&ID No.1

Mailing Address: P.O. BOX 569

City, State, Zip Code: SANDERSON, TX 79848

Phone No.: 432-345-2501

E-mail Address: TCWCID1@BIGBEND.NET

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: N/A

- D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: N/A

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

Click to enter text.

- B. City nearest the disposal site: Click to enter text.

- C. County in which the disposal site is located: Click to enter text.

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

Click to enter text.

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☒ Yes ☐ No ☐ Not Applicable

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

Click to enter text.



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600686398		RN 102886926

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership				
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)				
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>				
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>	
TERRELL COUNTY WATER CONTROL AND IMPROVEMENTS No. 1				
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits) 74-6025248	10. DUNS Number (if applicable)
11. Type of Customer:		<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input checked="" type="checkbox"/> Other: Other Government
12. Number of Employees			13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following				
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:				
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant				
15. Mailing Address:	PO. BOX 569			
	City	SANDERSON	State	TX
	ZIP	79848	ZIP + 4	
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)	
			TCWCID1@BIGBEND.NET	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)

SECTION III: Regulated Entity Information

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

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

25. Description to Physical Location:		0.25 MILES NORTH OF THE INTERSECTION OF US 90 AND SOUTHERN PACIFIC RAILROAD 2.5 MILES SOUTHEAST OF SANDERSON					
26. Nearest City				State		Nearest ZIP Code	
SANDERSON				TX		79848	
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>							
27. Latitude (N) In Decimal:		30.108583		28. Longitude (W) In Decimal:		102.363125	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
30	6	30.90	102	21	47.25		
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)	
4952				221320			
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
Wastewater Collection and Treatment							
34. Mailing Address:		PO Box 569					
	City	SANDERSON	State	TX	ZIP	79848	ZIP + 4
35. E-Mail Address:		TCWCID1@BIGBEND.NET					
36. Telephone Number			37. Extension or Code			38. Fax Number <i>(if applicable)</i>	
(432) 345-2501						() -	

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

Francesca Findlay

From: Juan Granados <Juan.Granados@burgessniple.com>
Sent: Monday, March 17, 2025 10:49 AM
To: Francesca Findlay
Cc: Amanda Frazier; Diego TCWCID 1
Subject: Re: WQ0014120001 Terrell County Water Control Improvement District No. 1
Attachments: 1st Denial Response_3.17.25.pdf

Good morning Francesca,

Please see our response attached. Thank you!

Juan Granados, E.I.T.
Water/Wastewater Engineer III
Burgess & Niple, Inc.
o. 614.459.2050
c. 205.461.7922
10801-2 N. Mopac Expressway - Suite 340
Austin, TX 78759
burgessniple.com



From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Monday, March 10, 2025 1:36 PM
To: tcwid1@bigbend.net <tcwid1@bigbend.net>
Cc: Amanda Frazier <Amanda.Frazier@burgessniple.com>
Subject: FW: WQ0014120001 Terrell County Water Control Improvement District No. 1

You don't often get email from francesca.findlay@tceq.texas.gov. [Learn why this is important](#)

Dear Mr. Gonzales:

The attached Notice of Deficiency letter sent on March 10, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention March 24, 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>.

Note:
These electronic documents are provided by Burgess & Niple (B&N) as a convenience to our clients.
It is our professional opinion that this electronic information provides information current as of the date of its release. Any use of this information is at the sole risk and liability of the user. The user is responsible for updating information to reflect any changes in the information following the preparation date of this transmittal. The delivery of this information in electronic format is for the benefit of the owner for whom the services have been performed. Nothing in the transfer should be construed to provide any right to third parties to rely on the information provided, or that the use of this information implies the review and approval of Burgess & Niple.