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

LAIN LANGUAGE SUMMARY (PLS)
For TLAP Permit Application – Renewal

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality (TCEQ) 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 federally enforceable representation of the permit application.

Individual Care of Texas (CN601214281) operates the **Individual Care of Texas Wastewater Treatment Plant (RN102287463)**, a privately-owned domestic wastewater treatment facility. The facility is an onsite treatment plant serving an assisted living center, located at **105 Wingo Way**, near the city of **Quinlan**, in **Hunt County**, Texas, **75474**.

This application is for a **renewal of a Texas Land Application Permit (TLAP)** to continue to treat and dispose of up to **10,000 gallons per day (0.010 MGD)** of treated domestic wastewater via subsurface irrigation. **This permit does not authorize a discharge of pollutants into water in the state.**

Discharges from the facility are expected to contain **carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen, nitrate nitrogen, total Kjeldahl nitrogen (TKN), sulfate, chloride, total phosphorus, oil and grease, and E. coli**. Domestic wastewater is treated using a **biological fixed-film process**, including a **lift station, equalization basin, two trickling filters, two clarifiers, and two effluent filters**, followed by storage in a **1,500-gallon tank** before **subsurface land application**.

This treatment process and land disposal method are designed to minimize environmental impact and protect human health by ensuring that no wastewater is discharged to surface waters.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0014236001

APPLICATION. Individual Care of Texas, Inc., P.O. Box 3395, Abilene, Texas 79604, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Land Application Permit (TLAP) No. WQ0014236001 to authorize the disposal of wastewater at a volume not to exceed a daily average flow of 10,000 gallons per day via: non-public access subsurface drip irrigation system with a minimum area of 204,732 square feet. The domestic wastewater treatment facility and disposal area are located at 1655 Private Road 2530, near the city of Quinlan, in Hunt County, Texas 75474. TCEQ received this application on May 27, 2025. The permit application will be available for viewing and copying at Quinlan City Hall, 105 West Main Street, Quinlan, in Hunt 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=-96.166611,32.940325&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 Individual Care of Texas, Inc. at the address stated above or by calling Ms. Natalia Rodriguez, ECG, LLC, at 832-776-5393.

Issuance Date: June 11, 2025

Municipal Wastewater Permit

Application

Facility

Individual Care of Texas

Wastewater Permit No:

WQ0014236001

ENVIRONMENTAL
CONSULTING GROUP

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Individual Care of Texas

PERMIT NUMBER (If new, leave blank): WQ00WQ0014236-001

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region_____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed Check/Money Order Number: Click to enter text.

Check/Money Order Amount: Click to enter text.

Name Printed on Check: Click to enter text.

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

☐ Publicly Owned Domestic Wastewater

☒ Privately-Owned Domestic Wastewater

☐ Conventional Water Treatment

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

☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

e. For amendments or modifications, describe the proposed changes: Click to enter text.

f. For existing permits:

Permit Number: WQ00 14236-001

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

Expiration Date: March 1, 2026

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

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

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

Individual Care of Texas

(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: 601214281

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: Mrs. Last Name, First Name: Petersen, Sandra

Title: Owner Credential: N/A

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

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

N/A

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

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

CN: N/A

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

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

Provide a brief description of the need for a co-permittee: N/A

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. Attachment 2

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: Miss. Last Name, First Name: Rodriguez, Natalia

Title: Consultant Credential: N/A

Organization Name: ECG, LLC

Mailing Address: 4015 Cherrywood Rd City, State, Zip Code: Austin, TX 78722

Phone No.: 832-776-5393 E-mail Address: natalia@environmentalcgroup.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Mrs. Last Name, First Name: Petersen, Sandra

Title: Owner Credential: N/A

Organization Name: Individual Care of Texas

Mailing Address: PO Box 3395 City, State, Zip Code: Abilene, TX 79605

Phone No.: 214-356-7412 E-mail Address: sep4243@sbcglobal.net

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: Mrs. Last Name, First Name: Petersen, Sandra

Title: Owner Credential: n/a

Organization Name: Individual Care of Texas

Mailing Address: PO BOX 3395 City, State, Zip Code: Abilene, TX 79605

Phone No.: 214-356-7412 E-mail Address: sep4243@sbcglobal.net

B. Prefix: Mrs. Last Name, First Name: Yarbrough, Sami

Title: Admin & Owner Credential: Click to enter text.

Organization Name: Individual Care of Texas

Mailing Address: **PO Box 3395** City, State, Zip Code: **Abilene, TX 79605**

Phone No.: **214-356-7412** E-mail Address: Click to enter text.

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: Mrs. Last Name, First Name: Petersen, Sandra

Title: Owner Credential: N/A

Organization Name: Individual Care of Texas

Mailing Address: PO Box 3395 City, State, Zip Code: Abilene, TX 79605

Phone No.: 214-356-7412 E-mail Address: sep4243@sbcglobal.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: Phillips, Rick

Title: Maintenance Credential: Click to enter text.

Organization Name: Individual Care of Texas

Mailing Address: PO Box 1810 City, State, Zip Code: Quinlan, TX 75474

Phone No.: 903-214-7640 E-mail Address: rose@individuacareoftx.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Miss. Last Name, First Name: Rodriguez, Natalia

Title: Consultant Credential: n/a

Organization Name: ECG, LLC

Mailing Address: 4515 Cherrywood rd City, State, Zip Code: Austin, TX 78722

Phone No.: 832-776-5393 E-mail Address: natalia@environmentalCgroup.com

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Miss. Last Name, First Name: Rodriguez, Natalia

Title: Consultant Credential: N/A

Organization Name: ECG,LLC

Mailing Address: 4015 Cherrywood Rd City, State, Zip Code: Austin, TX 78722

Phone No.: 832-776-5393 E-mail Address: natalia@environmentalCgroup.com

D. Public Viewing Information

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

Public building name: City Hall

Location within the building: Quinlan

Physical Address of Building: 105 E Main St

City: Quinlan County: Hunt

Contact (Last Name, First Name): Click to enter text.

Phone No.: 903-356-3306 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. Summary of Application in Plain Language Template

Complete the F. Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS, and include as an attachment.

Attachment: Attachment 3

G. Public Involvement Plan Form

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

Attachment: N/A

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** 102287463

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):

Individual Care of Texas WWTP

C. Owner of treatment facility: Individual Care of Texas, Inc.

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

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

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

Organization Name: Individual Care of Texas Inc.

Mailing Address: PO Box 3395 City, State, Zip Code: Abilene, TX 79605

Phone No.: (903) 356-4526 E-mail Address: info@individualcareoftx.com

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

Attachment: n/a

E. Owner of effluent disposal site:

Prefix: n/a Last Name, First Name: n/a

Title: n/a Credential: n/a

Organization Name: Individual Care of Texas, Inc.

Mailing Address: PO Box 3395 City, State, Zip Code: Abilene, TX 79605

Phone No.: (903) 356-4526 E-mail Address: info@individualcareoftx.com

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

Attachment: 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: N/A Credential: N/A

Organization Name: N/A

Mailing Address: N/A City, State, Zip Code: N/A

Phone No.: N/A E-mail Address: N/A

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

Attachment: 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:

Click to enter text.

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☐ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: Click to enter text.

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☒ Yes ☐ No

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

Click to enter text.

B. City nearest the disposal site: Quinlan

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

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

The secondary effluent flows by gravity to the effluent screen. Final Effluent is discharge into a subsurface field on intermittent basis.

E. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: Basin of Lake Tawakoni – Segment 0507

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: Click to enter text.

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0014236-001

Applicant: Individual Care of Texas, Inc.

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): Sandra Petersen

Signatory title: Owner

Signature: Sandra Petersen Date: 5-1-2025

(Use blue ink)

Subscribed and Sworn to before me by the said Sandra Petersen

on this 1st day of May, 2025.

My commission expires on the 23rd day of May, 2028.

Tracey L. LeMaster

Notary Public

[SEAL]

Taylor

County, Texas

TRACEY L. LEMASTER
Notary Public, State of Texas
Comm. Expires 05-23-2028
Notary ID 134914654

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD):

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): 0.010

2-Hr Peak Flow (MGD): 0.015

Estimated construction start date: 06/01/2004

Estimated waste disposal start date: 06/01/2004

D. Current Operating Phase

Provide the startup date of the facility: Final

Section 2. Treatment Process (Instructions Page 42)

A. Current Operating Phase

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

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

It is a biological fixed film process. Treatment units include a lift station, equalization basin, 2 trickling filters (plastic media), 2 final clarifier + 2 effluent dual media filters. It includes a effluent storage tank with capacity of 1500 gal for storage of treated effluent prior to subsurface irrigation.

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)
Bioraptor Towers	1	24'6"x18'x8'5"
Computer control shed	1	10'x8'

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 43)

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

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

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

- Latitude: 32°56'25.4"N
- Longitude: 96°10'04.1"W

Provide a site drawing for the facility that shows the following:

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

Attachment: Attachment 6

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

Individual Care of Texas is an assisted living facility

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

Collection System Information

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

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 44)

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

A. Summary transmittal

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

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: 05/01/2004

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

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 BOD_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

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 BOD_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☐ No

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

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

If yes, provide effluent analysis data for the listed pollutants. ***Wastewater treatment facilities*** complete Table 1.0(2). **W*ater 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	19.6	19.6	1	Grab	04/15/2025 10:55
Total Suspended Solids, mg/l	16.2	16.2	1	Grab	04/15/2025 10:55
Ammonia Nitrogen, mg/l	5.27	5.27	1	Grab	04/15/2025 10:55
Nitrate Nitrogen, mg/l	1.62	1.62	1	Grab	04/15/2025 10:55
Total Kjeldahl Nitrogen, mg/l	29.1	29.1	1	Grab	04/15/2025 10:55
Sulfate, mg/l	103	103	1	Grab	04/15/2025 10:55
Chloride, mg/l	63.9	63.9	1	Grab	04/15/2025 10:55
Total Phosphorus, mg/l	4.96	4.96	1	Grab	04/15/2025 10:55
pH, standard units	7.5	7.5	1	Grab	04/15/2025 10:55
Dissolved Oxygen*, mg/l	1.9	1.9	1	Grab	04/15/2025 10:55
Chlorine Residual, mg/l	0.04	0.04	1	Grab	04/15/2025 10:55
E.coli (CFU/100ml) freshwater	> 2419.6	> 2419.6	1	Grab	04/15/2025 10:55
Entercocci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	470	470	1	Grab	04/15/2025 10:55
Electrical Conductivity, µmohs/cm, †	858	858	1	Grab	04/15/2025 10:55
Oil & Grease, mg/l	5.23	5.23	1	Grab	04/15/2025 10:55
Alkalinity ($CaCO_3$)*, mg/l	211	211	1	Grab	04/15/2025 10:55

*TPDES permits only
†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity ($CaCO_3$), mg/l					

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Rick Phillips

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 50)

A. WWTP's Sewage Sludge or 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 Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

☐ Other Treatment Process: Click to enter text.

C. Sewage Sludge or Biosolids Management

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Other	Off-site Third-Party Handler or Preparer	Bulk		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): transport to another plant

D. Disposal site

Disposal site name: Greenville Wastewater Reclamation Center

TCEQ permit or registration number: 22480

County where disposal site is located: Hunt

E. Transportation method

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

Name of the hauler: McGee Septic Service

Hauler registration number: 22480

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 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 $1x10^{-7}$ cm/sec?

☐ Yes ☐ No

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

Click to enter text.

D. Site development plan

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

Click to enter text.

Attach the following documents to the application.

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

  Attachment: Click to enter text.
- Copy of the closure plan

  Attachment: Click to enter text.
- Copy of deed recordation for the site

  Attachment: Click to enter text.
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

  Attachment: Click to enter text.
- Description of the method of controlling infiltration of groundwater and surface water from entering the site

  Attachment: Click to enter text.
- Procedures to prevent the occurrence of nuisance conditions

  Attachment: Click to enter text.

E. Groundwater monitoring

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

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

A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: Click to enter text.

Section 14. Laboratory Accreditation (Instructions Page 55)

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

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

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

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

CERTIFICATION:

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

Printed Name: Natalia Rodriguez

Title: Consultant

Signature: _____

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

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

Section 1. Justification for Permit (Instructions Page 56)

A. Justification of permit need

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

Click to enter text.

B. Regionalization of facilities

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

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

1. Municipally incorporated areas

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

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

☐ Yes ☐ No ☐ Not Applicable

If yes, within the city limits of: Click to enter text.

If yes, attach correspondence from the city.

Attachment: Click to enter text.

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

Attachment: Click to enter text.

2. Utility CCN areas

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

☐ Yes ☐ No

[1] https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater

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

Attachment: Click to enter text.

3. ***Nearby WWTPs or collection systems***

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

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

Attachment: Click to enter text.

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

Attachment: Click to enter text.

Section 2. Proposed Organic Loading (Instructions Page 58)

Is this facility in operation?

☐ Yes ☐ No

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

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

A. Current organic loading

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

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

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

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

Click to enter text.

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality		
Subdivision		
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD_5 from all sources		

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

A. Existing/Interim I Phase Design Effluent Quality

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

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

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

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

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

Other: Click to enter text.

B. Interim II Phase Design Effluent Quality

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

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

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

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

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

Other: Click to enter text.

C. Final Phase Design Effluent Quality

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

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

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

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

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

Other: Click to enter text.

D. Disinfection Method

Identify the proposed method of disinfection.

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

Dechlorination process: Click to enter text.

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

☐ Other: Click to enter text.

Section 4. Design Calculations (Instructions Page 58)

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

Attachment: Click to enter text.

Section 5. Facility Site (Instructions Page 59)

A. 100-year floodplain

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

☐ Yes ☐ No

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

Click to enter text.

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

Click to enter text.

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If yes, provide the permit number: Click to enter text.

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

B. Wind rose

Attach a wind rose: Click to enter text.

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

A. Beneficial use authorization

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

☐ Yes ☐ No

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

B. Sludge processing authorization

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

☐ Sludge Composting

☐ Marketing and Distribution of sludge

☐ Sludge Surface Disposal or Sludge Monofill

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

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

Attach a solids management plan to the application.

Attachment: Click to enter text.

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

- Treatment units and processes dimensions and capacities

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☐ No

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

Owner of the drinking water supply: Click to enter text.

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

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

Attachment: Click to enter text.

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

Does the facility discharge into tidally affected waters?

☐ Yes ☐ No

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: Click to enter text.

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

Click to enter text.

C. Sea grasses

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

☐ Yes ☐ No

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

Click to enter text.

Section 3. Classified Segments (Instructions Page 63)

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

☐ Yes ☐ No

If yes, this Worksheet is complete.

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

Section 4. Description of Immediate Receiving Waters (Instructions Page 63)

Name of the immediate receiving waters: Click to enter text.

A. Receiving water type

Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

B. Flow characteristics

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

☐ Intermittent - dry for at least one week during most years

☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☐ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

Click to enter text.

D. Downstream characteristics

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

☐ Yes ☐ No

If yes, discuss how.

Click to enter text.

E. Normal dry weather characteristics

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

Click to enter text.

Date and time of observation: Click to enter text.

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☐ No

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

A. Upstream influences

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

☐ Oil field activities
☐ Upstream discharges
☐ Septic tanks
☐ Urban runoff
☐ Agricultural runoff
☐ Other(s), specify: Click to enter text.

B. Waterbody uses

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

- ☐ Livestock watering
- ☐ Irrigation withdrawal
- ☐ Fishing
- ☐ Domestic water supply
- ☐ Park activities
- ☐ Contact recreation
- ☐ Non-contact recreation
- ☐ Navigation
- ☐ Industrial water supply
- ☐ Other(s), specify: Click to enter text.

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

Section 1. General Information (Instructions Page 65)

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

Stream name: Click to enter text.

Location: Click to enter text.

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

☐ Perennial ☐ Intermittent with perennial pools

Section 2. Data Collection (Instructions Page 65)

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

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

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

Number of riffles: Click to enter text.

Evidence of flow fluctuations (check one):

☐ Minor ☐ moderate ☐ severe

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

Click to enter text.

Stream transects

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

Table 2.1(1) - Stream Transect Records

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

Section 3. Summarize Measurements (Instructions Page 65)

Streambed slope of entire reach, from USGS map in feet/feet: Click to enter text.

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

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

Number of lateral transects made: Click to enter text.

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

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

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

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

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

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

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

Identify the method of land disposal:

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

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

For existing authorizations, provide Registration Number: Click to enter text.

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

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

Table 3.0(1) – Land Application Site Crops

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N
Bermuda Grass	4.7	10,000	N

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

Table 3.0(2) – Storage and Evaporation Ponds

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type
Storage Tank 1		6,000 gal		Concrete

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

Attachment: Click to enter text.

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Click to enter text.

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

Click to enter text.

Section 5. Annual Cropping Plan (Instructions Page 67)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment**: Attachment 7

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

Section 6. Well and Map Information (Instructions Page 68)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment**: Attachment 8

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

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

Table 3.0(3) – Water Well Data

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

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: Attachment 9

Section 7. Groundwater Quality (Instructions Page 68)

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

Attachment: Attachment 10

Are groundwater monitoring wells available onsite? ☐ Yes ☒ No

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

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

Attachment: Click to enter text.

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

A. Soil map

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

Attachment: Attachment 11

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:

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
Leson Clay	72 in	Low to Moderate	0-0.06 in/hr	

Section 9. Effluent Monitoring Data (Instructions Page 70)

Is the facility in operation?

☒ Yes ☐ No

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

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

Table 3.0(5) – Effluent Monitoring Data

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
12/31/24	10,428 gal	129	27.6	7.1	N/A	
11/26/24	12,255 gal	97.6	31	6.9		
10/29/24	10,889 gal	87.7	27.3	7.29		
9/24/24	10,555 gal	48.4	18.4	7.2		
8/27/24	10,981 gal	110	25.5	7.1		
7/30/24	13,029 gal	17.4	14.6	7.0		
6/25/24	12,631 gal	9.58	7.80	6.8		
5/28/24	13,224 gal	15.3	3.70	7.3		
4/30/24	12,981 gal	36.1	34	7.6		
3/26/24	12,732 gal	47.7	16.5	7.4		
2/27/24	9731 gal	24.6	22	7.3		
1/30/24	8596 gal	37.4	38.5	7.3		
12/5/23	8688 gal	31.8	8.4	7.1		

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
1/3/23	n/a	140	32	7.0		
2/7/23	n/a	165	34.7	7.0		
3/7/23	9372 gal	181	42.7	6.9		
4/4/23	9335 gal	29.6	29	7.2		
5/23/23	8819 gal	18.1	10.5	6.2		
6/6/23	8409 gal	55	48.7	7.3		
7/25/23	8744 gal	70.3	13.8	7		
8/15/23	9113 gal	15.4	12.7	7		
9/12/23	9039 gal	40.5	20.8	6.9		
10/3/23	9217 gal	59	20.3	6.9		
11/28/23	8750 gal	21	23.2	7.2		

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

Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

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

Section 1. Surface Disposal (Instructions Page 71)

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

A. Irrigation

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

Design application frequency:

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

Land grade (slope):

average percent (%): Click to enter text.

maximum percent (%): Click to enter text.

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

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

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

Method of application: Click to enter text.

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

Attachment: Click to enter text.

B. Evaporation ponds

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

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

Attachment: Click to enter text.

C. Evapotranspiration beds

Number of beds: Click to enter text.

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

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

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

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

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

Attachment: Click to enter text.

D. Overland flow

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

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

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

Slope length, in feet: Click to enter text.

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

Design application frequency:

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

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

Attachment: Click to enter text.

Section 2. Edwards Aquifer (Instructions Page 72)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

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

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

Section 1. Subsurface Application (Instructions Page 73)

Identify the type of system:

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

Application area, in acres: Click to enter text.

Area of drainfield, in square feet: Click to enter text.

Application rate, in gal/square foot/day: Click to enter text.

Depth to groundwater, in feet: Click to enter text.

Area of trench, in square feet: Click to enter text.

Dosing duration per area, in hours: Click to enter text.

Number of beds: Click to enter text.

Dosing amount per area, in inches/day: Click to enter text.

Infiltration rate, in inches/hour: Click to enter text.

Storage volume, in gallons: Click to enter text.

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

Soil Classification: Click to enter text.

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

Attachment: Click to enter text.

Section 2. Edwards Aquifer (Instructions Page 73)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

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

Section 1. Administrative Information (Instructions Page 74)

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

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

☐ Yes ☐ No

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

Click to enter text.

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

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

☐ Yes ☐ No

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

Click to enter text.

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

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

☐ Yes ☐ No

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

Click to enter text.

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

A. Type of system

☐ Subsurface Drip Irrigation

☐ Surface Drip Irrigation

☐ Other, specify: Click to enter text.

B. Irrigation operations

Application area, in acres: Click to enter text.

Infiltration Rate, in inches/hour: Click to enter text.

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

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

Storage volume, in gallons: Click to enter text.

Major soil series: Click to enter text.

Depth to groundwater, in feet: Click to enter text.

C. Application rate

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

Hydraulic application rate, in gal/square foot/day: Click to enter text.

Nitrogen application rate, in lbs/gal/day: Click to enter text.

D. Dosing information

Number of doses per day: Click to enter text.

Dosing duration per area, in hours: Click to enter text.

Rest period between doses, in hours: Click to enter text.

Dosing amount per area, in inches/day: Click to enter text.

Number of zones: Click to enter text.

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

Section 3. Required Plans (Instructions Page 74)

A. Recharge feature plan

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

Attachment: Click to enter text.

B. Soil evaluation

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

Attachment: Click to enter text.

C. Site preparation plan

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

Attachment: Click to enter text.

D. Soil sampling/testing

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

Attachment: Click to enter text.

Section 4. Floodway Designation (Instructions Page 75)

A. Site location

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

☐ Yes ☐ No

B. Flood map

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

Attachment: Click to enter text.

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

A. Buffer Map

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

Attachment: Click to enter text.

B. Buffer variance request

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

Section 6. Edwards Aquifer (Instructions Page 75)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Toxic Pollutants (Instructions Page 76)

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

Grab ☐ Composite ☐

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

Table 4.0(1) – Toxics Analysis

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

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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Epichlorohydrin				---
Ethylbenzene				10
Ethylene Glycol				---
Fluoride				500
Guthion				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclohexane (alpha)				0.05
Hexachlorocyclohexane (beta)				0.05
gamma-Hexachlorocyclohexane (Lindane)				0.05
Hexachlorocyclopentadiene				10
Hexachloroethane				20
Hexachlorophene				10
4,4'-Isopropylidenediphenol				1
Lead				0.5
Malathion				0.1
Mercury				0.005
Methoxychlor				2
Methyl Ethyl Ketone				50
Methyl tert-butyl ether				---
Mirex				0.02
Nickel				2
Nitrate-Nitrogen				100
Nitrobenzene				10
N-Nitrosodiethylamine				20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10
Polychlorinated Biphenyls (PCB's) **(*3)**				0.2
Pyridine				20
Selenium				5
Silver				0.5
1,2,4,5-Tetrachlorobenzene				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Thallium				0.5
Toluene				10
Toxaphene				0.3
2,4,5-TP (Silvex)				0.3
Tributyltin (see instructions for explanation)				0.01
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

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

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

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

Section 2. Priority Pollutants

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

Grab ☐ Composite ☐

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

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

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

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

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

Table 4.0(2)B – Volatile Compounds

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

Table 4.0(2)C – Acid Compounds

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

Table 4.0(2)D – Base/Neutral Compounds

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

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

Table 4.0(2)E – Pesticides

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

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

Section 3. Dioxin/Furan Compounds

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

☐ 2,4,5-trichlorophenoxy acetic acid

Common Name 2,4,5-T, CASRN 93-76-5

☐ 2-(2,4,5-trichlorophenoxy) propanoic acid

Common Name Silvex or 2,4,5-TP, CASRN 93-72-1

☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate

Common Name Erbon, CASRN 136-25-4

☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate

Common Name Ronnel, CASRN 299-84-3

☐ 2,4,5-trichlorophenol

Common Name TCP, CASRN 95-95-4

☐ hexachlorophene

Common Name HCP, CASRN 70-30-4

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

Click to enter text.

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

☐ Yes ☐ No

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

Click to enter text.

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

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

Grab ☐ Composite ☐

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

Table 4.0(2)F – Dioxin/Furan Compounds

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Required Tests

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

7-day Chronic: Click to enter text.

48-hour Acute: Click to enter text.

Section 2. Toxicity Reduction Evaluations (TREs)

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

☐ Yes ☐ No

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

Click to enter text.

Section 3. Summary of WET Tests

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

Table 5.0(1) Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following **is required** for **all publicly owned treatment works**.

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: Click to enter text.

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

Significant IUs – non-categorical:

Number of IUs: Click to enter text.

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

Other IUs:

Number of IUs: Click to enter text.

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

B. Treatment plant interference

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

☐ Yes ☐ No

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

Click to enter text.

C. Treatment plant pass through

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

☐ Yes ☐ No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☐ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☐ No

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

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

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

A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

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

A. General information

Company Name: Click to enter text.

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 *i*nstructions?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Category: Subcategories: Click to enter text.

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

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

F. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

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

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

Section 1. General Information (Instructions Page 90)

1. TCEQ Program Area

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

Program ID: Click to enter text.

Contact Name: Click to enter text.

Phone Number: Click to enter text.

2. Agent/Consultant Contact Information

Contact Name: Click to enter text.

Address: Click to enter text.

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

Phone Number: Click to enter text.

3. Owner/Operator Contact Information

☐ Owner ☐ Operator

Owner/Operator Name: Click to enter text.

Contact Name: Click to enter text.

Address: Click to enter text.

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

Phone Number: Click to enter text.

4. Facility Contact Information

Facility Name: Click to enter text.

Address: Click to enter text.

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

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

Facility Contact Person: Click to enter text.

Phone Number: Click to enter text.

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

Latitude: Click to enter text.

Longitude: Click to enter text.

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

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

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

Number of Injection Wells: Click to enter text.

7. **Purpose**

Detailed Description regarding purpose of Injection System:

Click to enter text.

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

8. **Water Well Driller/Installer**

Water Well Driller/Installer Name: Click to enter text.

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

Phone Number: Click to enter text.

License Number: Click to enter text.

Section 2. Proposed Down Hole Design

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

Table 7.0(1) – Down Hole Design Table

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

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

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

System(s) Dimensions: Click to enter text.

System(s) Construction: Click to enter text.

Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: Click to enter text.

2. Receiving Formation Name of Injection Zone: Click to enter text.

3. Well/Trench Total Depth: Click to enter text.

4. Surface Elevation: Click to enter text.

5. Depth to Ground Water: Click to enter text.

6. Injection Zone Depth: Click to enter text.

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

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

Name: Click to enter text.

Thickness: Click to enter text.

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

Attach as Attachment E.

9. Horizontal and Vertical extent of contamination and injection plume

Attach as Attachment F.

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

Attach as Attachment G.

11. Injection Fluid Chemistry in PPM at point of injection

Attach as Attachment H.

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

13. Maximum injection Rate/Volume/Pressure: Click to enter text.

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

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

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

17. Sampling frequency: Click to enter text.

18. Known hazardous components in injection fluid: Click to enter text.

Section 5. Site History

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

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

Class V Injection Well Designations

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

ENVIRONMENTAL
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Attachments

1. Check
2. Core Data Form - TCEQ 10400
3. PLS
4. USGS Map
5. Flow Diagram
6. Facility Map
7. Annual Cropping Plan
8. Wells Information
9. Wells log info
10. Groundwater Quality Technical Report
11. USDA Soil survey map
12. Lab Analysis

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:** WQ0014236-001

1. Check or Money Order Number: CK # 5033
2. Check or Money Order Amount: $315.00
3. Date of Check or Money Order: May 1, 2025
4. Name on Check or Money Order: TO: TCEQ ~~FROM~~: Individual Care of TX
5. APPLICATION INFORMATION

   Name of Project or Site: Individual Care of Texas

   Physical Address of Project or Site: 1655 Private Road 2530, in Hunt County, Texas 75474.

   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.

[redacted]

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

☐ Other

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 601214281		RN 102287463

SECTION II: Customer Information

4. General Customer Information | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy)

☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

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

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

Individual Care of Texas, Inc

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
0076425300	15-2051482		

11. Type of Customer: ☒ Corporation ☐ Individual ☐ Partnership: ☐ General ☐ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated?
☒ **Yes** ☐ **No**

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

☐ Owner ☐ Operator ☒ Owner & Operator ☐ Other:
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant

15. Mailing Address: PO Box 3395

City	Abilene	State	TX	ZIP	79605	ZIP + 4	

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*
	info@individualcareoftx.com

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(903) 356-4544		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

Individual Care of Texas WWTP

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	1655 Private Rd 2530							
	City	Quinlan	**State**	TX	**ZIP**	75474	**ZIP + 4**	
24. County	Hunt							

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

25. Description to Physical Location:	N/A				
26. Nearest City			**State**		**Nearest ZIP Code**

Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).

27. Latitude (N) In Decimal:	32°56'25.42"N		**28. Longitude (W) In Decimal:**	96°10'4.07"W	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

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)
8361		623312	

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

Assited Living

34. Mailing Address:	**PO Box 3395**							
	City	**Abilene**	**State**	**TX**	**ZIP**	**79605**	**ZIP + 4**	
35. E-Mail Address:	**info@individualcareoftx.com**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(903) 356-4526		**(903) 356-4544**

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

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☐ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0014236-001			

SECTION IV: Preparer Information

40. Name:	Natalia Rodriguez	**41. Title:**	Consultant discharge route

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(832) 776-5393		( ) -	natalia@environmentalcgroup.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:	Individual Care of Texas	**Job Title:**	Owner
Name *(In Print):*	Sandra ~~Peterson~~ Petersen	**Phone:**	(214) 356- **7412**
Signature:	Sandra Petersen	**Date:**	May 1, 2025

LAIN LANGUAGE SUMMARY (PLS)
For TLAP Permit Application – Renewal

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality (TCEQ) 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 federally enforceable representation of the permit application.

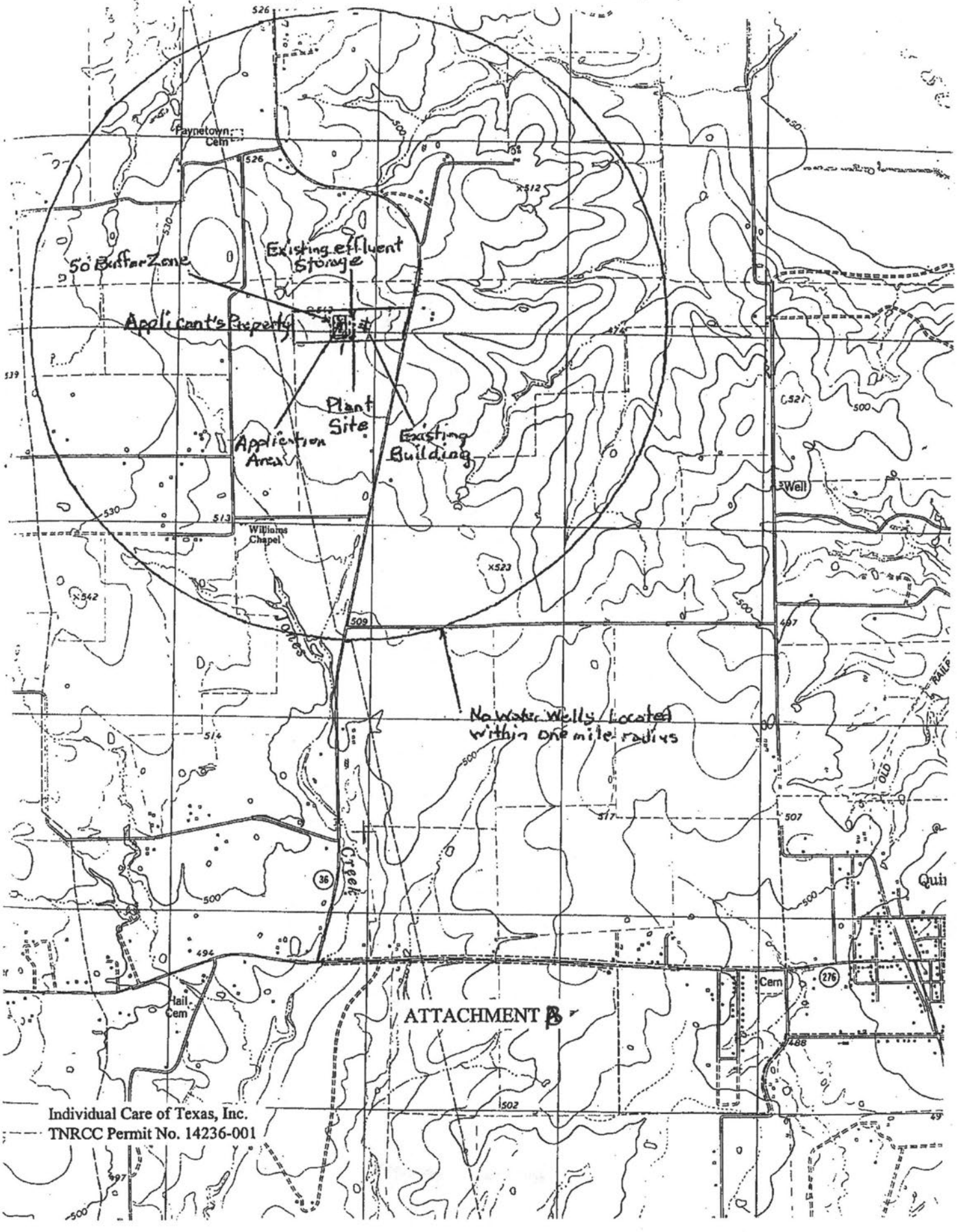
Individual Care of Texas (CN601214281) operates the **Individual Care of Texas Wastewater Treatment Plant (RN102287463)**, a privately-owned domestic wastewater treatment facility. The facility is an onsite treatment plant serving an assisted living center, located at **105 Wingo Way**, near the city of **Quinlan**, in **Hunt County**, Texas, **75474**.

This application is for a **renewal of a Texas Land Application Permit (TLAP)** to continue to treat and dispose of up to **10,000 gallons per day (0.010 MGD)** of treated domestic wastewater via subsurface irrigation. **This permit does not authorize a discharge of pollutants into water in the state.**

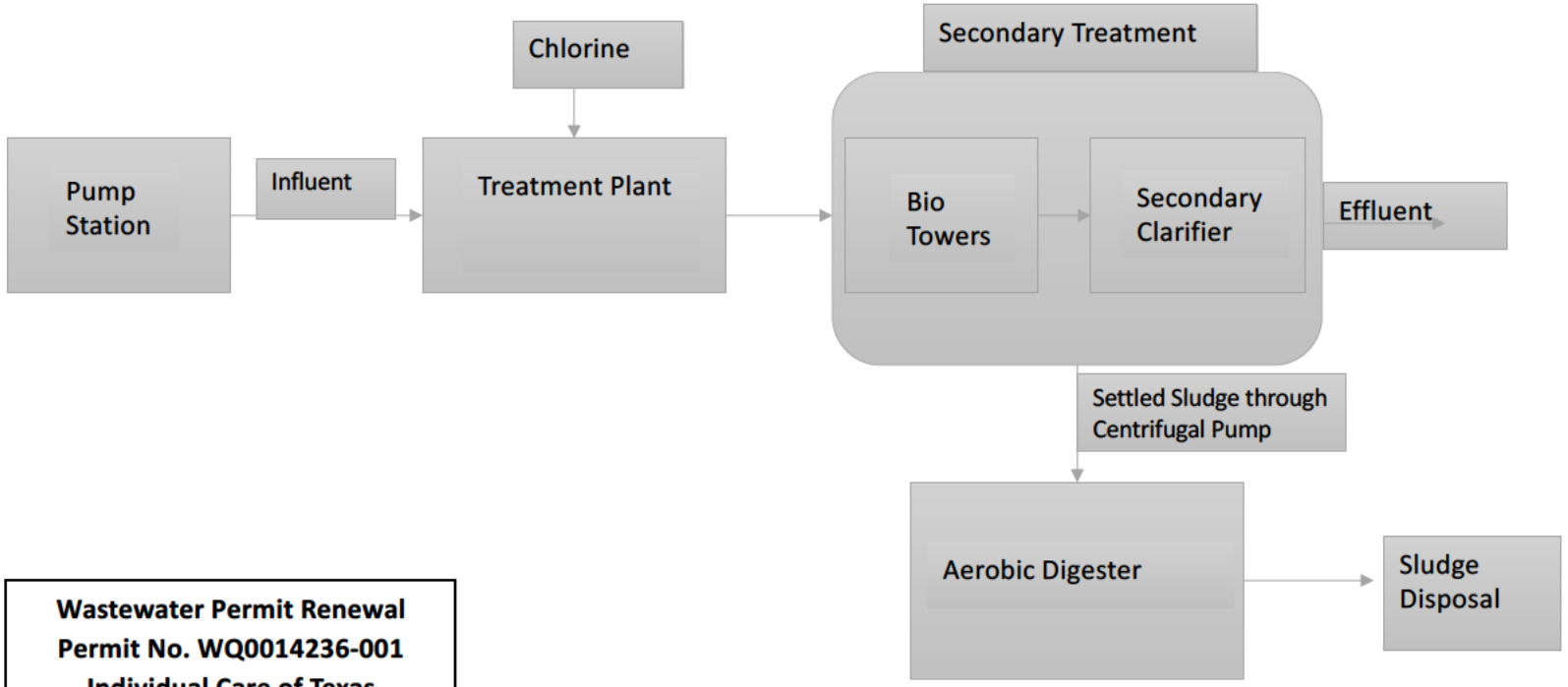
Discharges from the facility are expected to contain **carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen, nitrate nitrogen, total Kjeldahl nitrogen (TKN), sulfate, chloride, total phosphorus, oil and grease, and E. coli**. Domestic wastewater is treated using a **biological fixed-film process**, including a **lift station, equalization basin, two trickling filters, two clarifiers, and two effluent filters**, followed by storage in a **1,500-gallon tank** before **subsurface land application**.

This treatment process and land disposal method are designed to minimize environmental impact and protect human health by ensuring that no wastewater is discharged to surface waters.

Attachment # B



Individual Care of Texas, Inc.
TNRCC Permit No. 14236-001



Wastewater Permit Renewal
Permit No. WQ0014236-001
Individual Care of Texas
Flow Diagram

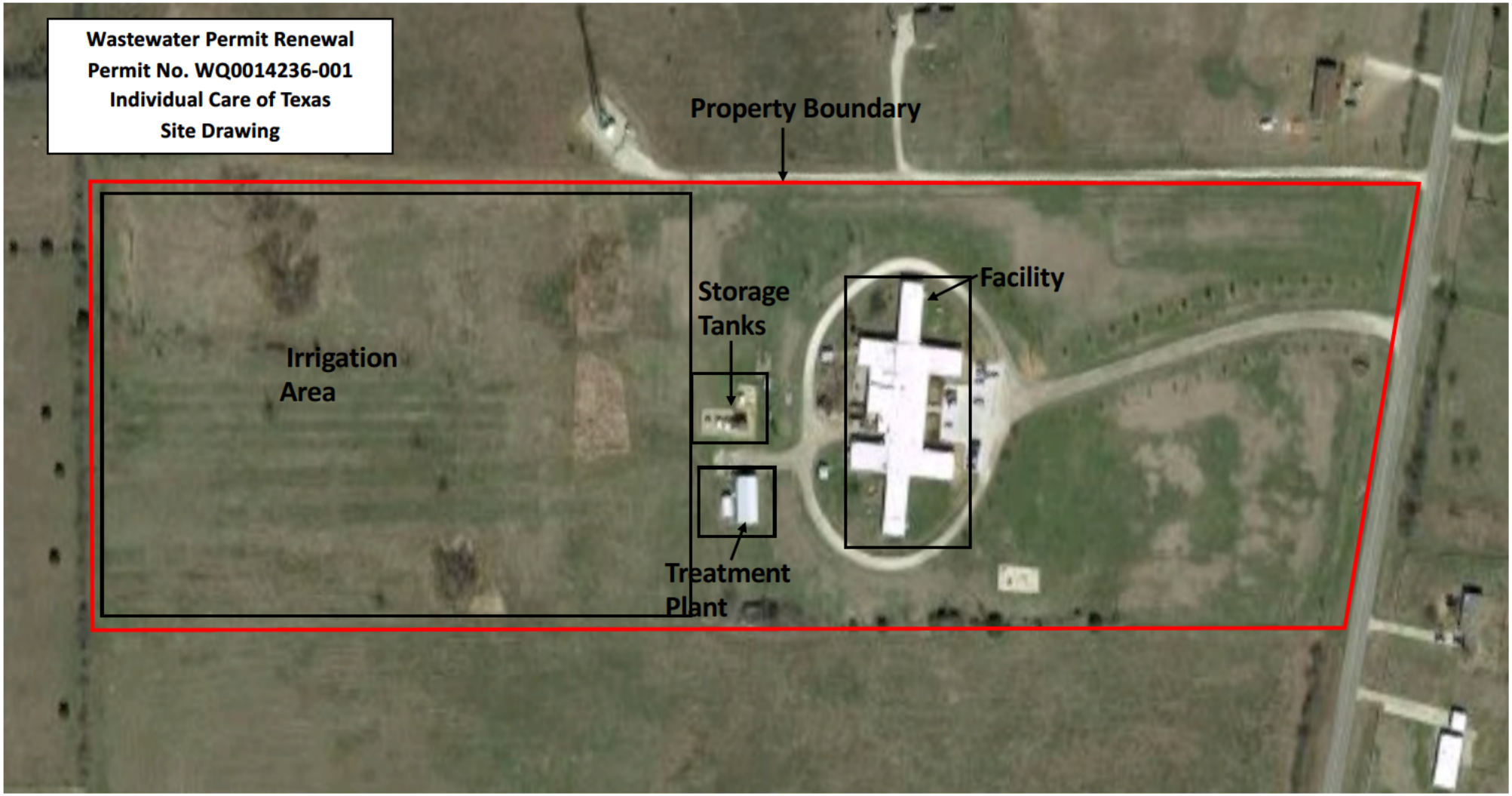
Individual Care Of Texas
Wastewaster Permit Renewal
WQ0014236-001

Operating Description

Flow enters the pump station wet well where wastewater (influent) is pumped into the treatment plant. At this point a small amount of chlorine is pumped into the treatment plant. At this point a small amount of chlorine is added to reduce facility odors and to prevent Bio-Raptor corrosion. In the treatment process, wastewater undergoes secondary treatment by the trickling filter process. In the treatment plant wastewater first flows through the Bio towers where dissolved and suspended solids are converted to settleable solids. This water then flows into the secondary clarifier. In the clarifier, sedimentation takes place and the sludge settles leaving clear water on top (effluent). This water is discharged into the pond is called secondary effluent. Settled sludge on the bottom of the clarifier is removed by a centrifugal pump to the aerated sludge holding tank/ aerobic digester. In the aerobic digester the liquid is called aerobic sludge. After digestion, sludge can be separated and disposed of properly. Here the sludge settles leaving clear water on top. When this water is removed it is termed decant. Removal of the sludge that has settled in the digester is by sludge removal trucks. This sludge is called digested sludge. From the Raptor clarifier secondary effluent flows by gravity to the effluent screen Final Effluent. Final Effluent is discharged into the subsurface field on intermittent basis.

In Summary:

Wastewater into the facility is termed INFLUENT.
Treated clear water on top of the clarifier leaving the facility is called EFFLUENT.
Sludge Wasted into digester is called WS (waste sludge).
Clear water removed from the aerobic digesters is called DECANT.
Settled sludge removed from the aerobic digesters is called DIGESTED SLUDGE.
Treated wastewater discharged from the plant is called SECONDARY EFFLUENT.
Polished secondary effluent is called FINAL EFFLUENT.


Wastewater Permit Renewal
Permit No. WQ0014236-001
Individual Care of Texas
Site Drawing
Property Boundary
Irrigation Area
Storage Tanks
Facility
Treatment Plant

Individual Care of Texas
Wastewaster Permit Renewal
WQ0014236-001

Attachment F: Annual Cropping Plan

a. Type of Grass:
The cropping plan involves with effluent land application on vegetated are with Bermuda grass and alfalfa.

b. Crop Growing Season:
Grass will be grown all year round with peak growing period to be expected from February through November.

c. Harvesting Method:
The crop will be harvested every 3-5 weeks depends on weather condition. It should be cut when it reaches 12"- 15" tall.

d. Nitrogen Requirement of Crop:

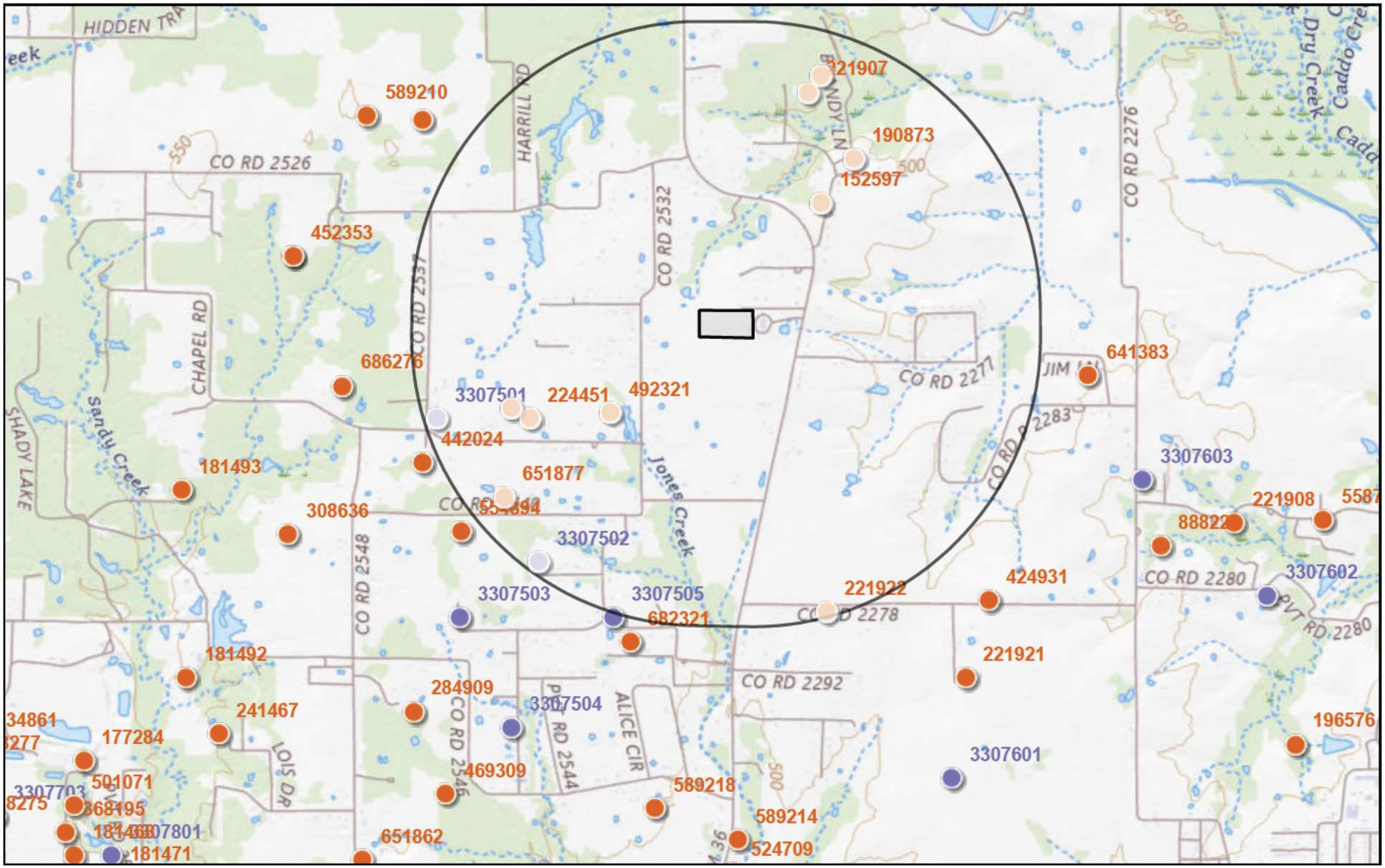
Crop	Nitrogen-N (lbs/ac-harvest)
Bermuda Grass	350 – 600
Ryegrass	200 – 480

e. Additional Fertilizer Requirements:
None is anticipated at this moment. Soil data such as pH, N, P, K and macronutrients will be collected and analyzed during wet and dry growing season. Additional fertilization will be performed based on the soil testing result.

f. Supplemental Watering Requirements:
None is required

g. Crop Salt Tolerances:
9.5 mmmho/cm with no anticipated reduction yield.
12.0 mmmho/cm with up to 25% reduction in yield.
(Source: 30 TAC 309.20 Table 3. Decrease in yield to be expected for forage and field crops resulting from high electrical conductivity in irrigation water)

Groundwater Data, Texas



Texas Water Development Board

April 3, 2025

- Well Reports
- TWDB Groundwater

0 0.3 0.6 1.2 mi

0 0.47 0.95 1.9 km

1:36,112

USGS The National Map: National Boundaries Dataset, 3DEP Elevation Program, Geographic Names Information System, National Hydrography

TEXAS WATER DEVELOPMENT BOARD

96° 10' 14" W

96° 10' 1" W

32° 56' 28" N

32° 56' 21" N

Map Scale: 1:1,520 if printed on A landscape (11" x 8.5") sheet.

N

0 20 40 80 120 Meters

0 50 100 200 300 Feet

Map projection: Web Mercator Corner coordinates: WGS84

MAP LEGEND

Area of Interest (AOI)
- Area of Interest (AOI)

Soils
- Soil Map Unit Polygons
- Soil Map Unit Lines
- Soil Map Unit Points

Special Point Features
- Blowout
- Borrow Pit
- Clay Spot
- Closed Depression
- Gravel Pit
- Gravelly Spot
- Landfill
- Lava Flow
- Marsh or swamp
- Mine or Quarry
- Miscellaneous Water
- Perennial Water
- Rock Outcrop
- Saline Spot
- Sandy Spot
- Severely Eroded Spot
- Sinkhole
- Slide or Slip
- Sodic Spot
- Spoil Area
- Stony Spot
- Very Stony Spot
- Wet Spot
- Other
- Special Line Features

Water Features
- Streams and Canals

Transportation
- Rails
- Interstate Highways
- US Routes
- Major Roads
- Local Roads

Background
- Aerial Photography

MAP INFORMATION

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

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

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

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

Source of Map: Natural Resources Conservation Service
Web Soil Survey URL: http://websoilsurvey.nrcs.usda.gov
Coordinate System: Web Mercator (EPSG:3857)

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

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

Soil Survey Area: Hunt County, Texas
Survey Area Data: Version 11, Sep 30, 2014

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

Date(s) aerial images were photographed: Dec 13, 2010—Feb 28, 2011

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

Map Unit Legend

Hunt County, Texas (TX231)			
Map Unit Symbol	**Map Unit Name**	**Acres in AOI**	**Percent of AOI**
21	Leson clay, 1 to 3 percent slopes	10.8	100.0%
Totals for Area of Interest		**10.8**	**100.0%**

Well Summary Table – Individual Care of Texas

The following table lists known wells near the Individual Care of Texas facility. It includes the well ID, current use, production status, casing information, and proposed best management practices (BMPs) in compliance with TCEQ guidelines and 30 TAC §309.13.

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
3307501	Domestic	Y	Cased (PVC 0–120 ft)	Verify casing integrity; maintain sanitary seal; monitor drawdown.
3307502	Public Supply	Y	Cased (PVC 0–275 ft, screened at 235–275 ft)	Ensure casing and pump remain sealed; protect from surface runoff.
152597	Domestic	Y	Cased (PVC 0–224 ft)	Check seal/grout; inspect wellhead protection; maintain setback.
190873	Domestic	Y	Cased (PVC 0–255 ft)	Confirm screen integrity; avoid chemical use nearby; record inspections.
221864	Domestic	Y	Cased (PVC 0–265 ft)	Maintain buffer from irrigation zones; monitor for leaks; label well clearly.
221907	Domestic	Y	Cased (PVC 0–255 ft)	Maintain casing and seals; ensure distance from aerobic system.
221922	Domestic	Y	Cased (PVC 0–192 ft)	Maintain buffer zone; inspect for leaks; confirm proper grouting.
224451	Domestic	Y	Cased (PVC 0–	Monitor

			240 ft)	drawdown; maintain distance from septic field.
461750	Domestic	Y	Cased (PVC 0–150 ft)	Inspect screen integrity; record water levels; label well.
492321	Domestic	Y	Cased (PVC 0–197 ft)	Ensure protection from runoff; confirm annual inspection.
651877	Domestic	Y	Cased (PVC 0–386 ft)	Monitor for pressure drop; verify distance from contamination sources.

Groundwater Quality Technical Report

Facility Name: Individual Care of Texas
Permit Number: WQ0014236-001
TCEQ Regulated Entity Number: RN102287463
Site Coordinates: 32°56'25.4"N, 96°10'04.1"W

---

1. Purpose of the Report

This report evaluates the potential impact of the wastewater treatment and disposal system on groundwater resources at the Individual Care of Texas facility. It considers existing water wells, the wastewater application rate, and pond liner information, as required under 30 TAC §309.13.

---

2. Well Evaluation

A total of 11 wells were identified in proximity to the facility (see attached **Well Summary Table** and **Wells Map 1**). All wells are cased and currently in production. Their use includes domestic and public supply. Below is a summary of recommended Best Management Practices (BMPs) for protection:

Well ID	Use	Status	Depth (ft)	BMP Summary
3307501	Domestic	Producing	120 (PVC)	Verify casing integrity, monitor drawdown
3307502	Public Supply	Producing	275 (PVC)	Protect from surface runoff
152597	Domestic	Producing	224 (PVC)	Inspect wellhead protection
190873	Domestic	Producing	255 (PVC)	Avoid chemical use nearby
221864	Domestic	Producing	265 (PVC)	Maintain buffer from irrigation
221907	Domestic	Producing	255 (PVC)	Ensure aerobic system setback
221922	Domestic	Producing	192 (PVC)	Confirm proper grouting
224451	Domestic	Producing	240 (PVC)	Maintain distance from septic field
461750	Domestic	Producing	150 (PVC)	Record water levels
492321	Domestic	Producing	197 (PVC)	Annual inspections recommended
651877	Domestic	Producing	386 (PVC)	Monitor for pressure drop, label well

---

3. Wastewater Application Rate

As stated in Technical Report 1.0, the final permitted design flow is **0.010 MGD** (10,000 gallons/day), with a **2-hour peak of 0.015 MGD**. Wastewater is treated using a fixed film

process and is disposed of via **subsurface irrigation**. The low volume and disposal method reduce the likelihood of groundwater infiltration.

---

4. Pond Liners and Storage

The treatment system includes a **1,500-gallon effluent storage tank** prior to irrigation, not open ponds. There are **no sludge lagoons** in operation, and sludge is managed off-site via aerobic digestion and transport to the Greenville Wastewater Reclamation Center.

---

5. Groundwater Protection Measures

- All identified wells are cased and located at varying distances from the facility, with BMPs in place to minimize risk.
- Subsurface irrigation reduces potential vertical migration to groundwater.
- No unlined ponds or sludge lagoons are used.
- Annual inspections and seal integrity checks are recommended for all wells.
- The treatment plant has no direct discharge to surface water and no known history of groundwater contamination.

---

6. Conclusion

Based on the proximity and condition of surrounding wells, controlled application rate, subsurface irrigation method, and lack of unlined holding ponds or lagoons, the current wastewater treatment and disposal system does **not present a significant threat to groundwater quality** at this time.

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ANALYTICAL REPORT

March 05, 2024

3 Ss
4 Cn
5 Sr
6 Qc
7 Gl
8 Al
9 Sc

Ana-Lab Corp

Sample Delivery Group:	L1710719
Samples Received:	03/01/2024
Project Number:	
Description:	ICT1-A 104
Report To:	Ana-Lab Corp PO Box 9000 Kilgore, TX 75663

Entire Report Reviewed By: Reagan Johnson

Reagan Johnson
Project Manager

Pace Analytical Services, LLC -Dallas
400 W. Bethany Drive Suite 190 Allen, TX 75013 972-727-1123 800-767-5859 www.pacenational.com

TABLE OF CONTENTS

SAMPLE SUMMARY

2274462 L1710719-01 WW

Collected by: Client | Collected date/time: 02/20/24 10:00 | Received date/time: 03/01/24 09:40

Method	Batch	Dilution	Preparation date/time	Analysis date/time	Analyst	Location
Wet Chemistry by Method 353.2	WG2238970	1	03/04/24 13:32	03/04/24 13:32	EIG	Allen, TX

2274463 L1710719-02 WW

Collected by: Client | Collected date/time: 02/20/24 10:15 | Received date/time: 03/01/24 09:40

Method	Batch	Dilution	Preparation date/time	Analysis date/time	Analyst	Location
Wet Chemistry by Method 353.2	WG2238970	1	03/04/24 13:34	03/04/24 13:34	EIG	Allen, TX

2274464 L1710719-03 WW

Collected by: Client | Collected date/time: 02/20/24 10:30 | Received date/time: 03/01/24 09:40

Method	Batch	Dilution	Preparation date/time	Analysis date/time	Analyst	Location
Wet Chemistry by Method 353.2	WG2238970	1	03/04/24 13:35	03/04/24 13:35	EIG	Allen, TX

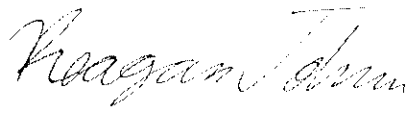
2276775 BLANK L1710719-04 WW

Collected by: Client | Collected date/time: 02/20/24 00:00 | Received date/time: 03/01/24 09:40

Method	Batch	Dilution	Preparation date/time	Analysis date/time	Analyst	Location
Wet Chemistry by Method 353.2	WG2238970	1	03/04/24 13:35	03/04/24 13:35	EIG	Allen, TX

CASE NARRATIVE

All sample aliquots were received at the correct temperature, in the proper containers, with the appropriate preservatives, and within method specified holding times, unless qualified or notated within the report. Where applicable, all MDL (LOD) and RDL (LOQ) values reported for environmental samples have been corrected for the dilution factor used in the analysis. All Method and Batch Quality Control are within established criteria except where addressed in this case narrative, a non-conformance form or properly qualified within the sample results. By my digital signature below, I affirm to the best of my knowledge, all problems/anomalies observed by the laboratory as having the potential to affect the quality of the data have been identified by the laboratory, and no information or data have been knowingly withheld that would affect the quality of the data.



Reagan Johnson
Project Manager

Wet Chemistry by Method 353.2

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Nitrate-Nitrite	<0.0500	T8	0.0500	1	03/04/2024 13:32	WG2238970
Nitrate	<0.0500	T8	0.0500	1	03/04/2024 13:32	WG2238970
Nitrite	<0.0500	T8	0.0500	1	03/04/2024 13:32	WG2238970

Wet Chemistry by Method 353.2

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Nitrate-Nitrite	<0.0500	T8	0.0500	1	03/04/2024 13:34	WG2238970
Nitrate	<0.0500	T8	0.0500	1	03/04/2024 13:34	WG2238970
Nitrite	<0.0500	T8	0.0500	1	03/04/2024 13:34	WG2238970

Wet Chemistry by Method 353.2

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Nitrate-Nitrite	<0.0500	T8	0.0500	1	03/04/2024 13:35	WG2238970
Nitrate	<0.0500	T8	0.0500	1	03/04/2024 13:35	WG2238970
Nitrite	<0.0500	T8	0.0500	1	03/04/2024 13:35	WG2238970

2276775 BLANK

Collected date/time: 02/20/24 00:00

SAMPLE RESULTS - 04

L1710719

Wet Chemistry by Method 353.2

Analyte	Result	Qualifier	RDL	Dilution	Analysis	Batch
	mg/l		mg/l		date / time	
Nitrate-Nitrite	<0.0500	I8	0.0500	1	03/04/2024 13:35	WG2238970
Nitrate	<0.0500	I8	0.0500	1	03/04/2024 13:35	WG2238970
Nitrite	<0.0500	I8	0.0500	1	03/04/2024 13:35	WG2238970

WG2238970

Wet Chemistry by Method 353.2

QUALITY CONTROL SUMMARY

L1710719-01,02,03,04

Method Blank (MB)

(MB) R4041149-1 03/04/24 13:10

	MB Result	MB Qualifier	MB MDL	MB RDL
Analyte	mg/l		mg/l	mg/l
Nitrate-Nitrite	<0.0300		0.0300	0.0500
Nitrite	<0.0300		0.0300	0.0500

Laboratory Control Sample (LCS)

(LCS) R4041149-2 03/04/24 13:17

	Spike Amount	LCS Result	LCS Rec.	Rec. Limits	LCS Qualifier
Analyte	mg/l	mg/l	%	%	
Nitrate-Nitrite	2.50	2.63	105	90.0-110	
Nitrite	2.50	2.64	106	90.0-110	

L1710416-02 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1710416-02 03/04/24 13:18 • (MS) R4041149-3 03/04/24 13:36 • (MSD) R4041149-4 03/04/24 13:37

	Spike Amount	Original Result	MS Result	MSD Result	MS Rec.	MSD Rec.	Dilution	Rec. Limits	MS Qualifier	MSD Qualifier	RPD	RPD Limits
Analyte	mg/l	mg/l	mg/l	mg/l	%	%		%			%	%
Nitrate-Nitrite	2.50	<0.0500	2.68	2.70	107	108	1	90.0-110			0.743	20
Nitrite	2.50	<0.0500	2.74	2.70	110	108	1	90.0-110			1.47	20

L1710431-02 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1710431-02 03/04/24 13:20 • (MS) R4041149-5 03/04/24 13:38 • (MSD) R4041149-6 03/04/24 13:38

	Spike Amount	Original Result	MS Result	MSD Result	MS Rec.	MSD Rec.	Dilution	Rec. Limits	MS Qualifier	MSD Qualifier	RPD	RPD Limits
Analyte	mg/l	mg/l	mg/l	mg/l	%	%		%			%	%
Nitrate-Nitrite	2.50	2.49	4.78	4.79	91.6	92.0	1	90.0-110			0.209	20
Nitrite	2.50	0.0742	2.67	2.71	104	105	1	90.0-110			1.49	20

GLOSSARY OF TERMS

Guide to Reading and Understanding Your Laboratory Report

The information below is designed to better explain the various terms used in your report of analytical results from the Laboratory. This is not intended as a comprehensive explanation, and if you have additional questions please contact your project representative.

Results Disclaimer - Information that may be provided by the customer, and contained within this report, include Permit Limits, Project Name, Sample ID, Sample Matrix, Sample Preservation, Field Blanks, Field Spikes, Field Duplicates, On-Site Data, Sampling Collection Dates/Times, and Sampling Location. Results relate to the accuracy of this information provided, and as the samples are received.

Abbreviations and Definitions

MDL	Method Detection Limit.
RDL	Reported Detection Limit.
Rec.	Recovery.
RPD	Relative Percent Difference.
SDG	Sample Delivery Group.
Analyte	The name of the particular compound or analysis performed. Some Analyses and Methods will have multiple analytes reported.
Dilution	If the sample matrix contains an interfering material, the sample preparation volume or weight values differ from the standard, or if concentrations of analytes in the sample are higher than the highest limit of concentration that the laboratory can accurately report, the sample may be diluted for analysis. If a value different than 1 is used in this field, the result reported has already been corrected for this factor.
Limits	These are the target % recovery ranges or % difference value that the laboratory has historically determined as normal for the method and analyte being reported. Successful QC Sample analysis will target all analytes recovered or duplicated within these ranges.
Original Sample	The non-spiked sample in the prep batch used to determine the Relative Percent Difference (RPD) from a quality control sample. The Original Sample may not be included within the reported SDG.
Qualifier	This column provides a letter and/or number designation that corresponds to additional information concerning the result reported. If a Qualifier is present, a definition per Qualifier is provided within the Glossary and Definitions page and potentially a discussion of possible implications of the Qualifier in the Case Narrative if applicable.
Result	The actual analytical final result (corrected for any sample specific characteristics) reported for your sample. If there was no measurable result returned for a specific analyte, the result in this column may state "ND" (Not Detected) or "BDL" (Below Detectable Levels). The information in the results column should always be accompanied by either an MDL (Method Detection Limit) or RDL (Reporting Detection Limit) that defines the lowest value that the laboratory could detect or report for this analyte.
Uncertainty (Radiochemistry)	Confidence level of 2 sigma.
Case Narrative (Cn)	A brief discussion about the included sample results, including a discussion of any non-conformances to protocol observed either at sample receipt by the laboratory from the field or during the analytical process. If present, there will be a section in the Case Narrative to discuss the meaning of any data qualifiers used in the report.
Quality Control Summary (Qc)	This section of the report includes the results of the laboratory quality control analyses required by procedure or analytical methods to assist in evaluating the validity of the results reported for your samples. These analyses are not being performed on your samples typically, but on laboratory generated material.
Sample Chain of Custody (Sc)	This is the document created in the field when your samples were initially collected. This is used to verify the time and date of collection, the person collecting the samples, and the analyses that the laboratory is requested to perform. This chain of custody also documents all persons (excluding commercial shippers) that have had control or possession of the samples from the time of collection until delivery to the laboratory for analysis.
Sample Results (Sr)	This section of your report will provide the results of all testing performed on your samples. These results are provided by sample ID and are separated by the analyses performed on each sample. The header line of each analysis section for each sample will provide the name and method number for the analysis reported.
Sample Summary (Ss)	This section of the Analytical Report defines the specific analyses performed for each sample ID, including the dates and times of preparation and/or analysis.

Qualifier	Description
T8	Sample(s) received past/too close to holding time expiration.

ACCREDITATIONS & LOCATIONS

Pace Analytical Services, LLC - Dallas 400 W. Bethany Drive Suite 190, Allen, TX 75013

Arkansas	88-0647	Kansas	E10388
Florida	E871118	Texas	T104704232-23-39
Iowa	408	Oklahoma	8727
Louisiana	30686		

[1] Drinking Water [2] Underground Storage Tanks [3] Aquatic Toxicity [4] Chemical/Microbiological [5] Mold [6] Wastewater n/a Accreditation not applicable

* Not all certifications held by the laboratory are applicable to the results reported in the attached report.

* Accreditation is only applicable to the test methods specified on each scope of accreditation held by Pace Analytical.

[3] Ss
[4] Cn
[5] Sr
[6] Qc
[7] Gl
[8] Al
[9] Sc

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

SUBCONTRACT CHAIN OF CUSTODY

02/29/2024 —

Pace Analytical Dallas
400 West Bethany Drive
Suite 190
Allen, TX 75013

ICT1-A
104

Phone: 214 356-7412

PACU

PO Number
TAT 5+d

Soil Monitoring 0-6"

LM10719

Matrix: Solid & Chemical Materials

Sampler Printed Name Client
Sampler Affiliation
Sampler Signature

Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

1 Glass 8 oz w/Teflon lined lid

NTTN Subcontract IN3K Nitrate-nitrogen SUB(KCl Prep) EPA 353.3 CAS.PACU (28.0 days)

Ana-Lab #	Sample ID	Bottles	Date	Time	Notes
	2274462	1	2/20/24	1000	01
	463	1	1	1015	02
	464	1	1	1030	03
	2276775 Blank	1			04

Ambient Conditions/Comments

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02/29/2024

Pace Analytical Dallas
400 West Bethany Drive
Suite 190
Allen, TX 75013

Phone 214-356-7412
PACE

ICT1-A
104

Soil Monitoring 0-6"

Date	Time	Relinquished	Received
2/29/24	1500	Printed Name / Affiliation: Kathy Tarver SPL, Inc. Signature: [signature]	Printed Name / Affiliation: Signature:
3/11/24	0940	Printed Name / Affiliation: UPS Signature:	Printed Name: Alejandra Gallegos Affiliation: PACE Signature: [signature]
		Printed Name / Affiliation: Signature:	Printed Name / Affiliation: Signature:
		Printed Name / Affiliation: Signature:	Printed Name / Affiliation: Signature:

Sample Recieved on Ice? [ ] Yes [ ] No Method of Shipment: [ ] UPS [ ] Bus [ ] FedEx [ ] Lone Star [ ] Hand Delivered [ ] Other
Cooler/Sample Secure? [ ] Yes [ ] No If Shipped, Tracking Number & Temp: See Attached Hand Delivered to Region [ ]

The accredited column designates accreditation by A = A2LA, N = NELAC, or Z = not listed under scope of accreditation. Unless otherwise specified, ANA-LAB shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement (available for download from Ana-Lab's website at http://www.ana-lab.com). Ana-Lab personnel collect samples as specified by Ana-Lab SOP #000323.

Comments

Please send acknowledgements and reports to projectmanager@ana-lab.com.
Please send invoices to projectmanager@ana-lab.com & ar@ana-lab.com

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24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
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COC REPORTING LIMITS

(ug/kg)

Test	Name	MDL	MQL	Target MAL	Method
ICT1	104	Soil Monitoring 0-6"		Solid & Chemical Materials	

EPA 353.1 CAN PACT

NO3K Nitrate-nitrogen SUB(KCl Prep)

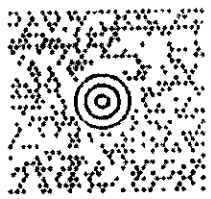
Achievable reporting limits may vary with dilutions in accord with the sample matrix and listed method requirements

MQL is the Method Quantitation Limit and corresponds to a low standard
SDL is Sample Detection Limit and is the opposite (MDL=sample specific dilutions, dry weight)
MAL is minimum analytical limit and is the selected target limit

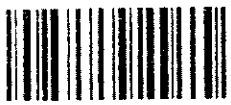
FROM:
MIKE GRIBBLE
[illegible]
[illegible]
[illegible]
[illegible]

23 LBS 1 OF 1

DWT 17 17 17

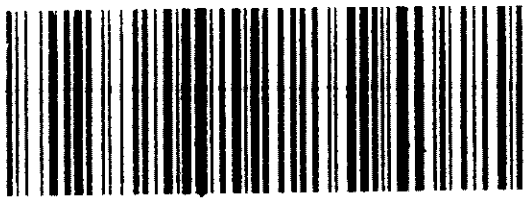


TX 753 5-77



UPS NEXT DAY AIR 1

TRACKING # 1Z C41 445 01 4048 8056



BILLING P/P

SHIP TO:

SAMPLES - SUBCONTRACTS
(972) 727-1123
PACE ANALYTICAL DALLAS
SUITE 190
400 WEST BETHANY DRIVE
ALLEN TX 75013

[illegible]

	Document Name: Sample Condition Upon Receipt Document No.: F-DAL-C-001-rev.24	Effective Date: 7-27-24 Page 1 of 1 Issuing Authority: Pace Dallas Quality Office

Sample Condition Upon Receipt

☑Dallas ☐Ft Worth ☐Corpus Christi ☐Austin

Client Name: SPL Project Work order (place label):

Courier: FedEX ☐ UPS ☑ USPS ☐ Client ☐ LSO ☐ PACE ☐ Other: ____

Tracking #: 12 C41 445 01 4048 8056

Custody Seal on Cooler/Box: Yes ☐ No ☑

Received on ice: Wet ☑ Blue ☐ No ice ☐

Receiving Lab 1 Thermometer Used: IR19 Cooler Temp °C: 3.4 (Recorded) +0.2 (Correction Factor) 3.6 (Actual)

Receiving Lab 2 Thermometer Used: ____ Cooler Temp °C: ____ (Recorded) ____ (Correction Factor) ____ (Actual)

Temperature should be above freezing to 6 °C unless collected same day as receipt in which evidence of cooling is acceptable

Triage Person AG Date: 3/1/24

Chain of Custody relinquished	Yes ☑ No ☐
Sampler name & signature on COC	Yes ☐ No ☑
Short HT analyses (<72 hrs)	Yes ☑ No ☐

Login Person OC Date 3/1

Sufficient Volume received	Yes ☑ No ☐
Correct Container used	Yes ☑ No ☐
Container Intact	Yes ☑ No ☐
Sample pH Acceptable pH Strips: ____ Residual Chlorine Present Cl Strips: ____ Sulfide Present Lead Acetate Strips: ____	Yes ☐ No ☐ NA ☑ Yes ☐ No ☐ NA ☑ Yes ☐ No ☐ NA ☑
Are soil samples (volatiles, TPH) received in 5035A Kits (not applicable to TCLP VOA or PST Program TPH)	Yes ☐ No ☐ NA ☑
Unpreserved 5035A soil frozen within 48 hrs	Yes ☐ No ☐ NA ☑
Headspace in VOA (>6mm)	Yes ☐ No ☐ NA ☑
Project sampled in USDA Regulated Area outside of Texas State Sampled: ____	Yes ☐ No ☐ NA ☑
Non Conformance(s):	Yes ☐ No ☑

Labeling Person (if different than log-in) ____ Date: ____

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24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

Project
1092475

ICT1-A

Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

Printed 04/02/2025
10:24

TABLE OF CONTENTS

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

Email: Kilgore.ProjectManagement@spllabs.com

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

SAMPLE CROSS REFERENCE

Project
1092475

Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

Sample	Sample ID	Taken	Time	Received
2274462	*Soil Monitoring 0-6"*	02/20/2024	10:00:00	02/20/2024

Bottle 01 Glass Qt w/Teflon lined lid
Bottle 02 Glass 8 oz w/Teflon lined lid
Bottle 03 Prepared Bottle: Special Preparation (Batch 1105344) Volume: 100.00000 mL <== Derived from 01 (10.1 grams)
Bottle 04 Prepared Bottle: MPe Extraction (Batch 1105477) Volume: 15.00000 mL <== Derived from 01 (1.6 grams)
Bottle 05 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1105573) Volume: 20.00000 mL <== Derived from 01 (1.0 grams)
Bottle 06 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1105573) Volume: 20.00000 mL <== Derived from 01 (1.0 grams)
Bottle 07 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1105573) Volume: 20.00000 mL <== Derived from 01 (1.0 grams)
Bottle 08 Prepared Bottle: 2 mL Glass vial (Batch 1105743) Volume: 50.00000 mL <== Derived from 02 (5 grams)
Bottle 09 Prepared Bottle: 2 mL Glass vial (Batch 1105743) Volume: 50.00000 mL <== Derived from 02 (5 grams)
Bottle 10 Prepared Bottle: 2 mL Glass vial (Batch 1105743) Volume: 50.00000 mL <== Derived from 02 (5 grams)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 353.3			03/04/2024		03/04/2024
EPA 9056	08	1105743	02/22/2024	1105924	02/22/2024
EPA 6010B	04	1105477	02/21/2024	1105828	02/22/2024
EPA 6010B	04	1105477	02/21/2024	1105623	02/22/2024
EPA 9050	01	1106310	02/23/2024	1106310	02/23/2024
EPA 9056			03/06/2024		03/06/2024
EPA 351.2 2	05	1105573	02/22/2024	1105763	02/22/2024
Calculation	05	1105573	02/22/2024	1105763	03/04/2024
SM2540 G-1997 /MOD	01	1105836	02/22/2024	1105836	02/22/2024
EPA 9045D 4	01	1106311	02/23/2024	1106311	02/23/2024

Sample	Sample ID	Taken	Time	Received
2274463	*Soil Monitoring 6-18"*	02/20/2024	10:15:00	02/20/2024

Bottle 01 Glass Qt w/Teflon lined lid
Bottle 02 Glass 8 oz w/Teflon lined lid
Bottle 03 Prepared Bottle: Special Preparation (Batch 1105344) Volume: 100.00000 mL <== Derived from 01 (10.0 grams)
Bottle 04 Prepared Bottle: MPe Extraction (Batch 1105477) Volume: 15.00000 mL <== Derived from 01 (1.5 grams)
Bottle 05 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1105573) Volume: 20.00000 mL <== Derived from 01 (1.0 grams)
Bottle 06 Prepared Bottle: 2 mL Glass vial (Batch 1105743) Volume: 50.00000 mL <== Derived from 02 (5 grams)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 353.3			03/04/2024		03/04/2024
EPA 9056	06	1105743	02/22/2024	1105924	02/22/2024
EPA 6010B	04	1105477	02/21/2024	1105828	02/22/2024
EPA 6010B	04	1105477	02/21/2024	1105623	02/22/2024

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SAMPLE CROSS REFERENCE

Project
1092475

Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

Sample	Sample ID	Taken	Time	Received
2274463	*Soil Monitoring 6-18"*	02/20/2024	10:15:00	02/20/2024

Bottle 01 Glass Qt w/Teflon lined lid
Bottle 02 Glass 8 oz w/Teflon lined lid
Bottle 03 Prepared Bottle: Special Preparation (Batch 1105344) Volume: 100.00000 mL <== Derived from 01 (10.0 grams)
Bottle 04 Prepared Bottle: MPe Extraction (Batch 1105477) Volume: 15.00000 mL <== Derived from 01 (1.5 grams)
Bottle 05 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1105573) Volume: 20.00000 mL <== Derived from 01 (1.0 grams)
Bottle 06 Prepared Bottle: 2 mL Glass vial (Batch 1105743) Volume: 50.00000 mL <== Derived from 02 (5 grams)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 9050	01	1106310	02/23/2024	1106310	02/23/2024
EPA 9056			03/06/2024		03/06/2024
EPA 351.2 2	05	1105573	02/22/2024	1106215	02/26/2024
Calculation	05	1105573	02/22/2024	1106215	03/04/2024
SM2540 G-1997 /MOD	01	1105836	02/22/2024	1105836	02/22/2024
EPA 9045D 4	01	1106311	02/23/2024	1106311	02/23/2024

Sample	Sample ID	Taken	Time	Received
2274464	*Soil Monitoring 18-30"*	02/20/2024	10:30:00	02/20/2024

Bottle 01 Glass Qt w/Teflon lined lid
Bottle 02 Glass 8 oz w/Teflon lined lid
Bottle 03 Prepared Bottle: Special Preparation (Batch 1105344) Volume: 100.00000 mL <== Derived from 01 (10 grams)
Bottle 04 Prepared Bottle: MPe Extraction (Batch 1105477) Volume: 15.00000 mL <== Derived from 01 (1.6 grams)
Bottle 05 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1105573) Volume: 20.00000 mL <== Derived from 01 (1.0 grams)
Bottle 06 Prepared Bottle: 2 mL Glass vial (Batch 1105743) Volume: 50.00000 mL <== Derived from 02 (5 grams)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 353.3			03/04/2024		03/04/2024
EPA 9056	06	1105743	02/22/2024	1105924	02/22/2024
EPA 6010B	04	1105477	02/21/2024	1105828	02/22/2024
EPA 6010B	04	1105477	02/21/2024	1105623	02/22/2024
EPA 9050	01	1106310	02/23/2024	1106310	02/23/2024
EPA 9056			03/06/2024		03/06/2024
EPA 351.2 2	05	1105573	02/22/2024	1106215	02/26/2024
Calculation	05	1105573	02/22/2024	1106215	03/04/2024
SM2540 G-1997 /MOD	01	1105836	02/22/2024	1105836	02/22/2024
EPA 9045D 4	01	1106311	02/23/2024	1106311	02/23/2024

Sample	Sample ID	Taken	Time	Received

Email: Kilgore.ProjectManagement@spllabs.com

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1

SAMPLE CROSS REFERENCE

Project
1092475

Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

2276775	*KCl Extract Blank*	02/20/2024	10:00:00		02/20/2024

Bottle 01 KCl Extract BLANK

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 353.3			03/04/2024		03/04/2024

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SPL The Science of Sure

1
2

ICT1-A

Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

Project
1092475

Report Date: 03/06/2024
Printed: 04/02/2025

RESULTS

Sample Results

2274462 **Soil Monitoring 0-6"** Received: 02/20/2024

Solid & Chemical Materials | Collected by: ABW | SPL Kilgore | PO:
Taken: 02/20/2024 10:00:00

Outlet Type: null | Floor: null
Room/Location: null | Last Used: 12/31/1899

Prepared: 02/21/2024 10:40:07 Calculated 02/21/2024 10:40:07 CAL

	Parameter	Results	Units	RL	Flags	CAS	Bottle
z	SUB Shipped	Verified					

Calculation — Prepared: 1105573 02/22/2024 09:14:09 Calculated 1105763 03/04/2024 17:07:40 CAL

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Total Nitrogen (as N)	1940.667 *	mg/kg	13.8	E		05
	* Dry Weight Basis						

EPA 351.2 2 — Prepared: 1105573 02/22/2024 09:14:09 Analyzed 1105763 02/22/2024 15:57:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Total Kjeldahl Nitrogen	1940 *	mg/kg	13.8	P	7727-37-9	05
	* Dry Weight Basis						

EPA 353.3 — Prepared: 03/04/2024 13:32:00 Analyzed 03/04/2024 13:32:00 SUB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Nitrate-nitrogen SUB(KCl Prep)	0.05	mg/l	0.05		PACU	

EPA 6010B — Prepared: 1105477 02/21/2024 14:00:00 Analyzed 1105828 02/22/2024 10:52:00 KB1

	Parameter	Results	Units	RL	Flags	CAS	Bottle
z	Potassium, Mehlich-3 extract	811 *	mg/kg	33.3		7440-09-7	04

EPA 6010B — Prepared: 1105477 02/21/2024 14:00:00 Analyzed 1105623 02/22/2024 11:05:00 KB1

Parameter	Results	Units	RL	Flags	CAS	Bottle

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SPL The Science of Sure

1
2

ICT1-A

Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

Project
1092475

Report Date: 03/06/2024
Printed: 04/02/2025

2274462 **Soil Monitoring 0-6"** Received: 02/20/2024

Solid & Chemical Materials Collected by: ABW SPL Kilgore PO:
Taken: 02/20/2024 10:00:00

Outlet Type: null Floor: null
Room/Location: null Last Used: 12/31/1899

EPA 6010B Prepared: 1105477 02/21/2024 14:00:00 Analyzed 1105623 02/22/2024 11:05:00 KB1

	Parameter	Results	Units	RL	Flags	CAS	Bottle
z	**Phosphorus, Mehlich-3 extract**	**<33.3 ***	**mg/kg**	33.3			04

* Dry Weight Basis

EPA 9045D 4 Prepared: 1106311 02/23/2024 10:20:00 Analyzed 1106311 02/23/2024 10:20:00 ALH

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**pH Measured in Water/2:1 water:s**	**6.4@20C**	**SU**			**12408-02-5**	01

EPA 9050 Prepared: 1106310 02/23/2024 10:20:00 Analyzed 1106310 02/23/2024 10:20:00 ALH

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Conductivity (soluble) (2:1)**	**26.6**	**umhos/cm**			**CONDSOL2:1**	01

EPA 9056 Prepared: 03/06/2024 15:36:36 Calculated 03/06/2024 15:36:36 CAL

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Nitrate-Nitrogen (KCl Extract)**	**<1.41 ***	**mg/kg**	1.41		**14797-55-8**	

EPA 9056 Prepared: 1105743 02/22/2024 15:42:09 Analyzed 1105924 02/22/2024 17:58:00 NAZ

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Nitrate-Nitrogen**	**0.667 ***	**mg/kg**	0.319	P	**14797-55-8**	08

* Dry Weight Basis

SM2540 G-1997 /MOD Prepared: 1105836 02/22/2024 08:00:00 Analyzed 1105836 02/22/2024 08:00:00 JK1

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Solids for Dry Wt Conversi**	**70.8**	**%**	0.010			01

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SPL The Science of Sure

ICT1-A

Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

Project
1092475

Report Date: 03/06/2024
Printed: 04/02/2025

2274463 **Soil Monitoring 6-18"** Received: 02/20/2024

Solid & Chemical Materials | Collected by: ABW | SPL Kilgore | PO:
Taken: 02/20/2024 10:15:00

Outlet Type: null | Floor: null
Room/Location: null | Last Used: 12/31/1899

Prepared: 02/21/2024 10:40:09 | Calculated 02/21/2024 10:40:09 CAL

	Parameter	Results	Units	RL	Flags	CAS	Bottle
z	**SUB Shipped**	**Verified**					

Calculation — Prepared: 1105573 02/22/2024 09:14:09 | Calculated 1106215 03/04/2024 17:07:40 CAL

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Nitrogen (as N)**	**1550 ***	**mg/kg**	27.3			05
	* Dry Weight Basis						

EPA 351.2 2 — Prepared: 1105573 02/22/2024 09:14:09 | Analyzed 1106215 02/26/2024 09:17:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Kjeldahl Nitrogen**	**1550 ***	**mg/kg**	27.3		**7727-37-9**	05
	* Dry Weight Basis						

EPA 353.3 — Prepared: 03/04/2024 13:34:00 | Analyzed 03/04/2024 13:34:00 SUB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Nitrate-nitrogen SUB(KCl Prep)**	**0.05**	**mg/l**	0.05		**PACU**	

EPA 6010B — Prepared: 1105477 02/21/2024 14:00:00 | Analyzed 1105828 02/22/2024 11:05:00 KB1

	Parameter	Results	Units	RL	Flags	CAS	Bottle
z	**Potassium, Mehlich-3 extract**	**693 ***	**mg/kg**	33.9		**7440-09-7**	04

EPA 6010B — Prepared: 1105477 02/21/2024 14:00:00 | Analyzed 1105623 02/22/2024 11:08:00 KB1

	Parameter	Results	Units	RL	Flags	CAS	Bottle
z	**Phosphorus, Mehlich-3 extract**	**<33.9 ***	**mg/kg**	33.9			04
	* Dry Weight Basis						

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ICT1-A

Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

Project
1092475

Report Date: 03/06/2024
Printed: 04/02/2025

2274463 Soil Monitoring 6-18"

Received: 02/20/2024

Solid & Chemical Materials | Collected by: ABW | SPL Kilgore | PO:
Taken: 02/20/2024 10:15:00

Outlet Type: null | Floor: null
Room/Location: null | Last Used: 12/31/1899

EPA 9045D 4 — Prepared: 1106311 02/23/2024 10:20:00 — Analyzed: 1106311 02/23/2024 10:20:00 — ALH

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	pH Measured in Water/2:1 water:s	6.6@20C	SU			12408-02-5	01

EPA 9050 — Prepared: 1106310 02/23/2024 10:20:00 — Analyzed: 1106310 02/23/2024 10:20:00 — ALH

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Conductivity (soluble) (2:1)	36.8	umhos/cm			CONDSOL2:1	01

EPA 9056 — Prepared: 03/06/2024 15:36:36 — Calculated: 03/06/2024 15:36:36 — CAL

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Nitrate-Nitrogen (KCl Extract)	<1.37 *	mg/kg	1.37		14797-55-8	

EPA 9056 — Prepared: 1105743 02/22/2024 15:42:09 — Analyzed: 1105924 02/22/2024 19:09:00 — NAZ

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Nitrate-Nitrogen	<0.310 *	mg/kg	0.310		14797-55-8	06

* Dry Weight Basis

SM2540 G-1997 /MOD — Prepared: 1105836 02/22/2024 08:00:00 — Analyzed: 1105836 02/22/2024 08:00:00 — JK1

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Total Solids for Dry Wt Conversi	72.9	%	0.010			01

2274464 Soil Monitoring 18-30"

Received: 02/20/2024

Solid & Chemical Materials | Collected by: ABW | SPL Kilgore | PO:
Taken: 02/20/2024 10:30:00

Outlet Type: null | Floor: null
Room/Location: null | Last Used: 12/31/1899

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Project
1092475

Report Date: 03/06/2024
Printed: 04/02/2025

2274464 **Soil Monitoring 18-30"** *Received:* 02/20/2024

Solid & Chemical Materials *Collected by:* ABW SPL Kilgore *PO:*
Taken: 02/20/2024 10:30:00

Outlet Type: null Floor: null
Room/Location: null Last Used: 12/31/1899

Prepared: *02/21/2024* *10:40:10* *Calculated* *02/21/2024* *10:40:10* *CAL*

	Parameter	Results	Units	RL	Flags	CAS	Bottle
z	**SUB Shipped**	**Verified**					

Calculation *Prepared:* *1105573* *02/22/2024* *09:14:09* *Calculated* *1106215* *03/04/2024* *17:07:40* *CAL*

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Nitrogen (as N)**	**1270 ***	**mg/kg**	26.7			05
	* Dry Weight Basis						

EPA 351.2 2 *Prepared:* *1105573* *02/22/2024* *09:14:09* *Analyzed* *1106215* *02/26/2024* *09:17:00* *AMB*

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Kjeldahl Nitrogen**	**1270 ***	**mg/kg**	26.7		**7727-37-9**	05
	* Dry Weight Basis						

EPA 353.3 *Prepared:* *03/04/2024* *13:35:00* *Analyzed* *03/04/2024* *13:35:00* *SUB*

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Nitrate-nitrogen SUB(KCl Prep)**	**0.05**	**mg/l**	0.05		**PACU**	

EPA 6010B *Prepared:* *1105477* *02/21/2024* *14:00:00* *Analyzed* *1105828* *02/22/2024* *11:08:00* *KB1*

	Parameter	Results	Units	RL	Flags	CAS	Bottle
z	**Potassium, Mehlich-3 extract**	**594 ***	**mg/kg**	33.0		**7440-09-7**	04

EPA 6010B *Prepared:* *1105477* *02/21/2024* *14:00:00* *Analyzed* *1105623* *02/22/2024* *11:11:00* *KB1*

	Parameter	Results	Units	RL	Flags	CAS	Bottle
z	**Phosphorus, Mehlich-3 extract**	**<33.0 ***	**mg/kg**	33.0			04
	* Dry Weight Basis						

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Report Date: 03/06/2024
Printed: 04/02/2025

2274464 Soil Monitoring 18-30"

Received: 02/20/2024

Solid & Chemical Materials | Collected by: ABW | SPL Kilgore | PO:
Taken: 02/20/2024 10:30:00

Outlet Type: null | Floor: null
Room/Location: null | Last Used: 12/31/1899

EPA 9045D 4 — Prepared: 1106311 02/23/2024 10:20:00 — Analyzed: 1106311 02/23/2024 10:20:00 ALH

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	pH Measured in Water/2:1 water:s	7.0@20C	SU			12408-02-5	01

EPA 9050 — Prepared: 1106310 02/23/2024 10:20:00 — Analyzed: 1106310 02/23/2024 10:20:00 ALH

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Conductivity (soluble) (2:1)	66.4	umhos/cm			CONDSOL2:1	01

EPA 9056 — Prepared: 03/06/2024 15:36:36 — Calculated: 03/06/2024 15:36:36 CAL

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Nitrate-Nitrogen (KCl Extract)	<1.36 *	mg/kg	1.36		14797-55-8	

EPA 9056 — Prepared: 1105743 02/22/2024 15:42:09 — Analyzed: 1105924 02/22/2024 19:33:00 NAZ

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Nitrate-Nitrogen	<0.308 *	mg/kg	0.308		14797-55-8	06

* Dry Weight Basis

SM2540 G-1997 /MOD — Prepared: 1105836 02/22/2024 08:00:00 — Analyzed: 1105836 02/22/2024 08:00:00 JK1

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Total Solids for Dry Wt Conversi	73.4	%	0.010			01

2276775 KCl Extract Blank

Received: 02/20/2024

Solid & Chemical Materials | Collected by: ABW | SPL Kilgore | PO:
Taken: 02/20/2024 10:00:00

Outlet Type: null | Floor: null
Room/Location: null | Last Used: 12/31/1899

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Report Date: 03/06/2024
Printed: 04/02/2025

2276775 **KCl Extract Blank** Received: 02/20/2024

Solid & Chemical Materials Collected by: ABW SPL Kilgore PO:
Taken: 02/20/2024 10:00:00

Outlet Type: null Floor: null
Room/Location: null Last Used: 12/31/1899

EPA 353.3 Prepared: 03/04/2024 13:35:00 Analyzed 03/04/2024 13:35:00 SUB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Nitrate-nitrogen SUB(KCl Prep)**	**0.05**	**mg/l**	0.05		**PACU**	

* Dry Weight Basis

Sample Preparation

2274462 **Soil Monitoring 0-6"** Received: 02/20/2024

02/20/2024

Outlet Type: null Floor: null
Room/Location: null Last Used: 12/31/1899

Prepared: 03/06/2024 10:40:07 Calculated 03/06/2024 10:40:07 CAL

z	**Enviro Fee (per Sampling Group)**	**Verified**

Black 84.2 Prepared: 1105344 02/21/2024 09:06:28 Analyzed 1105344 02/21/2024 09:06:28 MEG

z	**KCl Extraction**	**100/10.06**	**grams**	01

Calculation Prepared: 03/06/2024 15:35:21 Calculated 03/06/2024 15:35:21 CAL

As Received to Dry Weight Basis	**Calculated**

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Report Date: 03/06/2024
Printed: 04/02/2025

2274462 Soil Monitoring 0-6"

Received: 02/20/2024

02/20/2024

Outlet Type: null Floor: null
Room/Location: null Last Used: 12/31/1899

EPA 351.2 2	*Prepared:*	*1105573*	*02/22/2024*	*09:14:09*	*Analyzed*	*1105573*	*02/22/2024*	*09:14:09*	*SRJ*	
NELAC **TKN Block Digestion**	**20/1.0248**	**grams**								01
EPA 9056	*Prepared:*	*1105743*	*02/22/2024*	*15:42:09*	*Analyzed*	*1105743*	*02/22/2024*	*15:42:09*	*PEV*	
Water Extract-Ion Chromatography	**50/5.0**	**grams**								02
Mehlich-3 Extraction	*Prepared:*	*1105477*	*02/21/2024*	*14:00:00*	*Analyzed*	*1105477*	*02/21/2024*	*14:00:00*	*TES*	
z **Mehlich-3 Extraction**	**15/1.59**	**grams**								01
SM 2540 G-1997	*Prepared:*	*1105300*	*02/22/2024*	*08:00:00*	*Analyzed*	*1105300*	*02/22/2024*	*08:00:00*	*JK1*	
NELAC **Total Solids Start Code**	**Started**									

2274463 Soil Monitoring 6-18"

Received: 02/20/2024

02/20/2024

Outlet Type: null Floor: null
Room/Location: null Last Used: 12/31/1899

Black 84.2	*Prepared:*	*1105344*	*02/21/2024*	*09:06:28*	*Analyzed*	*1105344*	*02/21/2024*	*09:06:28*	*MEG*	
z **KCl Extraction**	**100/10.03**	**grams**								01

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Report Date: 03/06/2024
Printed: 04/02/2025

2274463 Soil Monitoring 6-18"

Received: 02/20/2024

02/20/2024

Outlet Type: null Floor: null
Room/Location: null Last Used: 12/31/1899

Calculation	*Prepared:*		*03/06/2024*	*15:35:21*	*Calculated*		*03/06/2024*	*15:35:21*	*CAL*
As Received to Dry Weight Basis	**Calculated**								
EPA 351.2 2	*Prepared:*	*1105573*	*02/22/2024*	*09:14:09*	*Analyzed*	*1105573*	*02/22/2024*	*09:14:09*	*SRJ*
NELAC **TKN Block Digestion**	**20/1.0060**	**grams**							01
EPA 9056	*Prepared:*	*1105743*	*02/22/2024*	*15:42:09*	*Analyzed*	*1105743*	*02/22/2024*	*15:42:09*	*PEV*
Water Extract-Ion Chromatography	**50/5.0**	**grams**							02
Mehlich-3 Extraction	*Prepared:*	*1105477*	*02/21/2024*	*14:00:00*	*Analyzed*	*1105477*	*02/21/2024*	*14:00:00*	*TES*
z **Mehlich-3 Extraction**	**15/1.52**	**grams**							01
SM 2540 G-1997	*Prepared:*	*1105300*	*02/22/2024*	*08:00:00*	*Analyzed*	*1105300*	*02/22/2024*	*08:00:00*	*JK1*
NELAC **Total Solids Start Code**	**Started**								

2274464 Soil Monitoring 18-30"

Received: 02/20/2024

02/20/2024

Outlet Type: null Floor: null
Room/Location: null Last Used: 12/31/1899

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2

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Individual Care of Texas
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Project
1092475

Report Date: 03/06/2024
Printed: 04/02/2025

2274464 **Soil Monitoring 18-30"** *Received:* 02/20/2024

02/20/2024

Outlet Type: null Floor: null
Room/Location: null Last Used: 12/31/1899

Black 84.2	*Prepared:*	*1105344*	*02/21/2024*	*09:06:28*	*Analyzed*	*1105344*	*02/21/2024*	*09:06:28*	*MEG*	
z **KCl Extraction**	**100/10.00**	**grams**								01
Calculation	*Prepared:*		*03/06/2024*	*15:35:21*	*Calculated*		*03/06/2024*	*15:35:21*	*CAL*	
As Received to Dry Weight Basis	**Calculated**									
EPA 351.2 2	*Prepared:*	*1105573*	*02/22/2024*	*09:14:09*	*Analyzed*	*1105573*	*02/22/2024*	*09:14:09*	*SRJ*	
NELAC **TKN Block Digestion**	**20/1.0220**	**grams**								01
EPA 9056	*Prepared:*	*1105743*	*02/22/2024*	*15:42:09*	*Analyzed*	*1105743*	*02/22/2024*	*15:42:09*	*PEV*	
Water Extract-Ion Chromatography	**50/5.0**	**grams**								02
Mehlich-3 Extraction	*Prepared:*	*1105477*	*02/21/2024*	*14:00:00*	*Analyzed*	*1105477*	*02/21/2024*	*14:00:00*	*TES*	
z **Mehlich-3 Extraction**	**15/1.55**	**grams**								01
SM 2540 G-1997	*Prepared:*	*1105300*	*02/22/2024*	*08:00:00*	*Analyzed*	*1105300*	*02/22/2024*	*08:00:00*	*JK1*	
NELAC **Total Solids Start Code**	**Started**									

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ICT1-A

Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

Project
1092475

Report Date: 03/06/2024
Printed: 04/02/2025

2274465 **Soil sample/transport** *Received:* 02/20/2024

02/20/2024

Outlet Type: null Floor: null
Room/Location: null Last Used: 12/31/1899

Prepared: *02/21/2024* *10:40:11* *Calculated* *02/21/2024* *10:40:11* *CAL*

Technician Hourly Rate/$75	**Verified**						

2276775 **KCl Extract Blank** *Received:* 02/20/2024

02/20/2024

Outlet Type: null Floor: null
Room/Location: null Last Used: 12/31/1899

Black 84.2 *Prepared:* *1105344* *02/21/2024* *09:06:28* *Analyzed* *1105344* *02/21/2024* *09:06:28* *MEG*

z	**KCl Extraction**	**100/10.06**	**grams**					01

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Project
1092475

Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

Report Date: 03/06/2024
Printed: 04/02/2025

Qualifiers:

E - Estimated Value P - Spike recovery outside control limits due to matrix effects.

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

QUALITY CONTROL

ICT1-A

Individual Care of Texas
Sandy Peterson
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Project
1092475

Printed 04/02/2025

Analytical Set 1105763 — EPA 351.2 2

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1105573	ND	0.378	1.00	mg/kg	126019974

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.38	5.00	mg/kg	108	90.0 - 110	126019973
Total Kjeldahl Nitrogen	5.46	5.00	mg/kg	109	90.0 - 110	126019981
Total Kjeldahl Nitrogen	5.46	5.00	mg/kg	109	90.0 - 110	126019982

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Kjeldahl Nitrogen	2274462	1300	1370	mg/kg	5.24	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.35	5.00	mg/kg	107	90.0 - 110	126019972

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1105573	98.8	94.1	100	90.0 - 110	98.8	94.1	mg/kg	4.87	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File	
Total Kjeldahl Nitrogen	2274462	1460	1370	965	mg/kg	9.33	80.0 - 120	126019979	*

Analytical Set 1106215 — EPA 351.2 2

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1105573	ND	0.378	1.00	mg/kg	126034322

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.38	5.00	mg/kg	108	90.0 - 110	126034321
Total Kjeldahl Nitrogen	5.39	5.00	mg/kg	108	90.0 - 110	126034325
Total Kjeldahl Nitrogen	5.37	5.00	mg/kg	107	90.0 - 110	126034327
Total Kjeldahl Nitrogen	5.42	5.00	mg/kg	108	90.0 - 110	126034331
Total Kjeldahl Nitrogen	5.39	5.00	mg/kg	108	90.0 - 110	126034332
Total Kjeldahl Nitrogen	5.36	5.00	mg/kg	107	90.0 - 110	126034335
Total Kjeldahl Nitrogen	5.37	5.00	mg/kg	107	90.0 - 110	126034336
Total Kjeldahl Nitrogen	5.36	5.00	mg/kg	107	90.0 - 110	126034338
Total Kjeldahl Nitrogen	5.36	5.00	mg/kg	107	90.0 - 110	126034349
Total Kjeldahl Nitrogen	5.37	5.00	mg/kg	107	90.0 - 110	126034357
Total Kjeldahl Nitrogen	5.35	5.00	mg/kg	107	90.0 - 110	126034365
Total Kjeldahl Nitrogen	5.40	5.00	mg/kg	108	90.0 - 110	126034367

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%

Email: Kilgore.ProjectManagement@spllabs.com

QUALITY CONTROL

ICT1-A

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1092475

Printed 04/02/2025

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Kjeldahl Nitrogen	2274462	1450	1490	mg/kg	2.72	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.20	5.00	mg/kg	104	90.0 - 110	126034320

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1105573	107	109	100	90.0 - 110	107	109	mg/kg	1.85	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File	
Total Kjeldahl Nitrogen	2274462	1590	1490	1930	mg/kg	5.18	80.0 - 120	126034340	*

Analytical Set 1105836 — SM2540 G-1997 /MOD

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Solids for Dry Wt Conversi	1105836	0.0001			grams	126021760

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Solids for Dry Wt Conversi	2273495	81.2	80.5	%	0.866	20.0
Total Solids for Dry Wt Conversi	2273867	81.8	82.6	%	0.973	20.0
Total Solids for Dry Wt Conversi	2274930	84.0	83.9	%	0.119	20.0

Analytical Set 1105924 — EPA 9056

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Nitrate-Nitrogen	1105743	ND	0.00185	0.0226	mg/kg	126024458

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Nitrate-Nitrogen	2.29	2.26	mg/kg	101	90.0 - 110	126024457
Nitrate-Nitrogen	2.29	2.26	mg/kg	101	90.0 - 110	126024474
Nitrate-Nitrogen	2.28	2.26	mg/kg	101	90.0 - 110	126024483

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Nitrate-Nitrogen	1105743	1.14	1.12	1.13	75.0 - 120	101	99.1	mg/kg	1.77	20.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Nitrate-Nitrogen	2274462	2.26	2.33	0.472	2.26	80.0 - 120	79.1 *	82.2	mg/kg	3.84	20.0

Analytical Set 1105623 — EPA 6010B

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File

Email: Kilgore.ProjectManagement@spllabs.com

QUALITY CONTROL

ICT1-A

Individual Care of Texas
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Project
1092475

Printed 04/02/2025

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Phosphorus, Mehlich-3 extract	1105477	ND	0.100	0.100	mg/kg	126018040

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus, Mehlich-3 extract	0.989	1.00	mg/kg	98.9	90.0 - 110	126018021
Phosphorus, Mehlich-3 extract	0.992	1.00	mg/kg	99.2	90.0 - 110	126018039
Phosphorus, Mehlich-3 extract	1.01	1.00	mg/kg	101	90.0 - 110	126018044
Phosphorus, Mehlich-3 extract	1.09	1.00	mg/kg	109	90.0 - 110	126018051

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Phosphorus, Mehlich-3 extract	2272067	15.9	15.3	mg/kg	3.85	20.0

ICL

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus, Mehlich-3 extract	25.1	25.0	mg/kg	100	95.0 - 105	126018019

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus, Mehlich-3 extract	1.03	1.00	mg/kg	103	90.0 - 110	126018020

Analytical Set 1105828 — EPA 6010C

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Potassium, Mehlich-3 extract	1105477	ND	0.284	0.500	mg/kg	126021038

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Potassium, Mehlich-3 extract	24.6	25.0	mg/kg	98.4	90.0 - 110	126021019
Potassium, Mehlich-3 extract	23.6	25.0	mg/kg	94.4	90.0 - 110	126021037
Potassium, Mehlich-3 extract	23.4	25.0	mg/kg	93.6	90.0 - 110	126021046
Potassium, Mehlich-3 extract	24.3	25.0	mg/kg	97.2	90.0 - 110	126021049

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Potassium, Mehlich-3 extract	2272067	621	579	mg/kg	7.00	20.0

ICL

Parameter	Reading	Known	Units	Recover%	Limits%	File
Potassium, Mehlich-3 extract	48.1	50.0	mg/kg	96.2	95.0 - 105	126021013

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Potassium, Mehlich-3 extract	24.6	25.0	mg/kg	98.4	90.0 - 110	126021017

Analytical Set 1106310 — EPA 9050

QUALITY CONTROL

ICT1-A

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AWRL/LOQ C

Parameter	Reading	Known	Units	Recover%	Limits%	File
Conductivity (soluble) (2:1)	1.06	1.03	umhos/cm	103	70.0 - 130	126036465

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Conductivity (soluble) (2:1)	1106310	0.798			umhos/cm	126036461

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Conductivity (soluble) (2:1)	2273527	165	165	umhos/cm	0	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Conductivity (soluble) (2:1)	13600	12900	umhos/cm	105	90.0 - 110	126036464

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Conductivity (soluble) (2:1)	1106310	1420	1410	umhos/cm	101	90.0 - 110	126036462
Conductivity (soluble) (2:1)	1106310	100	100	umhos/cm	100	90.0 - 110	126036463
Conductivity (soluble) (2:1)	1106310	1410	1410	umhos/cm	100	90.0 - 110	126036477

Analytical Set 1106311 — EPA 9045D 4

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
pH Measured in Water/2:1 water:s	2273527	5.00	5.00	SU	0	20.0

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
pH Measured in Water/2:1 water:s	1106311	7.01	7.00	SU	100	90.0 - 110	126036478
pH Measured in Water/2:1 water:s	1106311	4.00	4.00	SU	100	90.0 - 110	126036479
pH Measured in Water/2:1 water:s	1106311	9.99	10.0	SU	99.9	90.0 - 110	126036480
pH Measured in Water/2:1 water:s	1106311	5.97	6.00	SU	99.5	90.0 - 110	126036481
pH Measured in Water/2:1 water:s	1106311	7.95	8.00	SU	99.4	90.0 - 110	126036482
pH Measured in Water/2:1 water:s	1106311	5.99	6.00	SU	99.8	90.0 - 110	126036494
pH Measured in Water/2:1 water:s	1106311	7.95	8.00	SU	99.4	90.0 - 110	126036495

* Out RPD is Relative Percent Difference: abs(r1-r2) / mean(r1,r2) * 100% Recover% is Recovery Percent: result / 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.); MSD - Matrix Spike Duplicate (replicate of the matrix spike; same solution and amount of target analyte added to the MS is added to a third aliquot of sample; quantifies matrix bias and precision.); AWRL/LOQ C - Ambient Water Reporting Limit/LOQ Check Std

1092475 CoC Print Group 001 of 001

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SPL
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SUBCONTRACT CHAIN OF CUSTODY

02/29/2024 Page 1 of 2

Pace Analytical Dallas
400 West Bethany Drive
Suite 190
Allen, TX 75013

ICT1-A
104

Phone 214/356-7412

PO Number PACU
TAT 5+d

Soil Monitoring 0-6"

Matrix: Solid & Chemical Materials

Sampler Printed Name Client
Sampler Affiliation
Sampler Signature

Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

1 Glass 8 oz w/Teflon lined lid

NELAC Subcontract !N3K Nitrate-nitrogen SUB(KCl Prep) EPA 353.3 CAS:PACU (28.0 days)

Ana-Lab #	Sample ID	Bottles	Date	Time	Notes
	2274462	1	2/20/24	1000	
	463	1	1	1015	
	464	1	1	1030	
	2276775 Blank	1			

Ambient Conditions/Comments

1092475 CoC Print Group 001 of 001

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02/29/2024 Page 2 of 2

Pace Analytical Dallas
400 West Bethany Drive
Suite 190
Allen, TX 75013

ICT1-A
104

Phone 214/356-7412

PACU

Soil Monitoring 0-6"

Date	Time	Relinquished		Received	
2/29/24	1500	Printed Name: Kathy Tarver SPL, Inc.	Affiliation	Printed Name	Affiliation
		Signature		Signature	
		Printed Name	Affiliation	Printed Name	Affiliation
		Signature		Signature	
		Printed Name	Affiliation	Printed Name	Affiliation
		Signature		Signature	
		Printed Name	Affiliation	Printed Name	Affiliation
		Signature		Signature	

Sample Recieved on Ice? [ ] Yes [ ] No Method of Shipment: [ ] UPS [ ] Bus [ ] FedEx [ ] Lone Star [ ] Hand Delivered [ ] Other
Cooler/Sample Secure? [ ] Yes [ ] No If Shipped: Tracking Number & Temp - See Attached
Hand Delivered to Region [ ]

The accredited column designates accreditation by A - A2LA, N - NELAC, or z - not listed under scope of accreditation. Unless otherwise specified, ANA-LAB shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement (available for download from the welcome page at <http://www.ana-lab.com>). Ana-Lab personnel collect samples as specified by Ana-Lab SOP #000323.

Comments

Please send acknowledgements and reports to projectmanager@ana-lab.com.
Please send invoices to projectmanager@ana-lab.com & ar@ana-lab.com

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COC REPORTING LIMITS

Printed 02/29/2024 Page 1 of 1

(ug/kg)

Test	Name	MDL	MQL	Target/MAL	Method
[redacted]	[redacted]	Soil Monitoring 0-6"		Solid & Chemical Materials	
___TRRP GW & Soil (ing) - Residential 0.5 Acre 03-04-16					
!N3K	Nitrate-nitrogen SUB(KCl Prep)				EPA 353.3 CAS:PACU

Achievable reporting limits may vary with dilutions in accord with the sample matrix and listed method requirements

MQL is the Method Quantitation Limit and corresponds to a low standard
SDL is Sample Detection Limit and is the adjusted MDL (sample specific dilutions, dry weight)
MAL is minimum analytical limit and is the selected target limit
COC is Chain of Custody
MDL is Method Detection Limit (40 CFR 136 Appendix B)
ug/L is micrograms per liter

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CHAIN OF CUSTODY

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Lab Number 2274462

Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

ICT1-A
104

PO Number

Phone 214/356-7412

Soil Monitoring 0-6"

☐ Hand Delivered by Client to Region or LAB

Matrix: Solid & Chemical Materials

Sample Collection Start

Date: 2-20-24 Time: 1000

Sampler Printed Name: Ben Worshan

Sampler Affiliation: SPL

Sampler Signature: [signature]

Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

1 Glass Qt w/Teflon lined lid

	*Kn	Potassium, Mehlich-3 extract	EPA 6010B CAS:7440-09-7 (180 days)
	*MPe	Mehlich-3 Extraction	Mehlich-3 Extraction (180 days)
	*Pm	Phosphorus, Mehlich-3 extract	EPA 6010B (180 days)

1 Glass 8 oz w/Teflon lined lid

NELAC Subcontract	!N3K	Nitrate-nitrogen SUB(KCl Prep)	EPA 353.3 CAS:PACL (28.0 days)

1 Glass 4 oz w/Teflon lined lid

	*KCL	KCl Extraction	Black 84.2 (180 days)
NELAC	CONZ	Conductivity (soluble) (2:1)	EPA 9050 CAS:CONDSOL2:1 (180 days)
NELAC	N3KS	Nitrate-Nitrogen (KCl Extract)	EPA 9056 CAS:14797-55-8 (28.0 days)
NELAC	pHLZ	pH Measured in Water/2:1 water:s	EPA 9045D 4 CAS:12408-02-5 (180 days)
NELAC	TKN	Total Kjeldahl Nitrogen	EPA 351.2 2 CAS:7727-37-9 (28.0 days)
NELAC	TS%	Total Solids for Dry Wt Conversi	SM2540 G-1997 /MOD

0 Z -- No bottle required

	ARDW	As Received to Dry Weight Basis	Calculation
Subcontract	S50	SUB Shipped	

1092475 CoC Print Group 001 of 001

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CHAIN OF CUSTODY

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Individual Care of Texas
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ICT1-A
104

SKL Sub Hold: PM Attn

NELAC TNit Total Nitrogen (as N) Calculation (28.0 days)

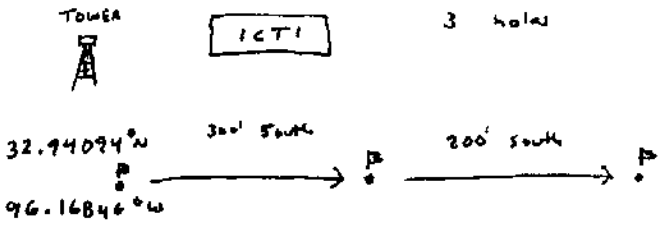
Ambient Conditions Comments

Date	Time	Relinquished		Received	
		Printed Name Ben Worsham - SPL, Inc.	*Affiliation*	*Printed Name* McCabe Wheeler SPL, Inc.	*Affiliation*
2.20-24	1650	*Signature*		*Signature*	
		Printed Name	*Affiliation*	*Printed Name*	*Affiliation*
		Signature		*Signature*	
		Printed Name	*Affiliation*	*Printed Name*	*Affiliation*
		Signature		*Signature*	
		Printed Name	*Affiliation*	*Printed Name*	*Affiliation*
		Signature		*Signature*	

Sample Received on Ice? ☐ Yes ☐ No
Cooler/Sample Secure? ☐ Yes ☐ No If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A = ATL, N = NELAC, or - = not listed under scope of accreditation. Unless otherwise specified, ANALYSIS shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement (available for download from the website page at <https://www.ana-lab.com>). Analytical personnel collect samples as specified by Ana-Lab SOP #000323.

Comments



02/20/2024 1759 MMV

Temp: 2.2 / 2.2 C

Therm#: 6205 Corr Fact: 0.0 C

1092475 CoC Print Group 001 of 001

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CHAIN OF CUSTODY

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Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

ICT1-A
105

Lab Number 2274463
PO Number
Phone 214-356-7412

Soil Monitoring 6-18"

☐ Hand Delivered by Client to Region or LAB

Matrix: Solid & Chemical Materials

Sample Collection Start

Date: 2-20-24 Time: 1015

Sampler Printed Name: Bea Worsham

Sampler Affiliation: SPL

Sampler Signature:

Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

1	**Glass Qt w/Teflon lined lid**		
	*Kn	Potassium, Mehlich-3 extract	EPA 6010B CAS:7440-09-7 (180 days)
	*MPe	Mehlich-3 Extraction	Mehlich-3 Extraction (180 days)
	*Pm	Phosphorus, Mehlich-3 extract	EPA 6010B (180 days)
1	**Glass 8 oz w/Teflon lined lid**		
MEAC	Subcontract	!N3K	Nitrate-nitrogen SUB(KCl Prep)	EPA 353.3 CAS:PACU (28.0 days)
1	**Glass 4 oz w/Teflon lined lid**		
	*KCL	KCl Extraction	Black 84.2 (180 days)
MEAC		CONZ	Conductivity (soluble) (2:1)	EPA 9050 CAS:CONDSOL2:1 (180 days)
MEAC		N3KS	Nitrate-Nitrogen (KCl Extract)	EPA 9056 CAS:14797-55-8 (28.0 days)
MEAC		pHLZ	pH Measured in Water/2:1 waters	EPA 9045D 4 CAS:12408-02-5 (180 days)
MEAC		TKN	Total Kjeldahl Nitrogen	EPA 351.2 2 CAS:7727-37-9 (28.0 days)
MEAC		TS%	Total Solids for Dry Wt Conversi	SM2540 G-1997 /MOD
0	**Z -- No bottle required**		
		ARDW	As Received to Dry Weight Basis	Calculation
	Subcontract	S50	SUB Shipped	

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CHAIN OF CUSTODY

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Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

ICT1-A
105

	SKL	Sub Hold: PM Attn	
NELAC	TNit	Total Nitrogen (as N)	Calculation (28.0 days)

Ambient Conditions Comments

Date	Time	Relinquished	Received
2-20-24	1600	Printed Name / Affiliation: Ben Worsham - SPL, Inc.	Printed Name / Affiliation: McCabe Wheeler SPL, Inc.
		Signature: [signature]	Signature: mccabe [signature]
		Printed Name / Affiliation	Printed Name / Affiliation
		Signature	Signature
		Printed Name / Affiliation	Printed Name / Affiliation
		Signature	Signature
		Printed Name / Affiliation	Printed Name / Affiliation
		Signature	Signature

Sample Received on Ice? ☑ Yes ☐ No
Cooler/Sample Secure? ☑ Yes ☐ No If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NELAC, or z - not listed under scope of accreditation. Unless otherwise specified, ANA-LAB shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement (available for download from the welcome page at < https://www.ana-lab.com >). Ana-Lab personnel collect samples as specified by Ana-Lab SOP #000323.

Comments

02/20/2024 1759 MMV

Temp: 2.2 / 2.2 C

Therm#: 6205 Corr Fact: 0.0 C

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ICT1-A
106

Lab Number 2274464
PO Number
Phone 214/356-7412

Soil Monitoring 18-30"

☐ Hand Delivered by Client to Region or LAB

Matrix: Solid & Chemical Materials

Sample Collection Start

Date: 2-20-24 Time: 1030

Sampler Printed Name: Ben Werth

Sampler Affiliation: SPL

Sampler Signature: [signature]

Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

	1 Glass Qt w/Teflon lined lid			
		*Kn	Potassium, Mehlich-3 extract	EPA 6010B CAS:7440-09-7 (180 days)
		*MPe	Mehlich-3 Extraction	Mehlich-3 Extraction (180 days)
		*Pm	Phosphorus, Mehlich-3 extract	EPA 6010B (180 days)
	1 Glass 8 oz w/Teflon lined lid			
NELAC	Subcontract	!N3K	Nitrate-nitrogen SUB(KCl Prep)	EPA 353.3 CAS:PACU (28.0 days)
	1 Glass 4 oz w/Teflon lined lid			
		*KCL	KCl Extraction	Black 84.2 (180 days)
NELAC		CONZ	Conductivity (soluble) (2:1)	EPA 9050 CAS:CONDSOL2:1 (180 days)
NELAC		N3KS	Nitrate-Nitrogen (KCl Extract)	EPA 9056 CAS:14797-55-8 (28.0 days)
NELAC		pHLZ	pH Measured in Water/2:1 water:s	EPA 9045D 4 CAS:12408-02-5 (180 days)
NELAC		TKN	Total Kjeldahl Nitrogen	EPA 351.2 2 CAS:7727-37-9 (28.0 days)
NELAC		TS%	Total Solids for Dry Wt Conversi	SM2540 G-1997 /MOD
	0 Z -- No bottle required			
		ARDW	As Received to Dry Weight Basis	Calculation
	Subcontract	S50	SUB Shipped	

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CHAIN OF CUSTODY

Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

ICT1-A
106

	SKL	Sub Hold: PM Attn	
NELAC	TNit	Total Nitrogen (as N)	Calculation (28.0 days)

Ambient Conditions Comments

Date	Time	Relinquished	Received
2-20-24	1650	*Printed Name* Ben Worsham *Affiliation* SPL, Inc.	*Printed Name* McCabe Wheeler *Affiliation* SPL, Inc.
		Signature [signature]	*Signature* McCabe [signature]
		Printed Name *Affiliation*	*Printed Name* *Affiliation*
		Signature	*Signature*
		Printed Name *Affiliation*	*Printed Name* *Affiliation*
		Signature	*Signature*
		Printed Name *Affiliation*	*Printed Name* *Affiliation*
		Signature	*Signature*

Sample Received on Ice? ☒ Yes ☐ No
Cooler/Sample Secure? ☒ Yes ☐ No If Shipped: Tracking Number & Temp - See Attached

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Comments

02/20/2024 1759 MMV

Temp: 2.2 / 2.2 C

Therm#: 6205 Corr Fact: 0.0 C

1092475 CoC Print Group 001 of 001

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CHAIN OF CUSTODY

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Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

ICT1-A
110

Lab Number 2274469

PO Number

Phone 214.356-7412

Soil sample/transport

☐ Hand Delivered by Client to Region or LAB

Matrix: Non-Potable Water

Sample Collection Start

Date: 2-20-24 Time: 1030

Sampler Printed Name: Ben Worsham

Sampler Affiliation: SPL

Sampler Signature:

Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

0 Z -- No bottle required

TR75 Technician Hourly Rate/$75

Ambient Conditions/Comments

Date	Time	Relinquished		Received	
		Printed Name: Ben Worsham - SPL, inc.	Affiliation	Printed Name	Affiliation
2.20.24	1650	Signature		Signature	
		Printed Name	Affiliation	Printed Name	Affiliation
		Signature		Signature	
		Printed Name	Affiliation	Printed Name	Affiliation
		Signature		Signature	
		Printed Name	Affiliation	Printed Name	Affiliation
		Signature		Signature	

Sample Received on Ice? ☐ Yes ☐ No

Cooler/Sample Secure? ☐ Yes ☐ No If Shipped: Tracking Number & Temp - See Attached

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Comments

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24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

SAMPLE CROSS REFERENCE

Project
1143884

Individual Care of Texas
Sandy Peterson
P.O. Box 3395
Abilene, TX 79604

Sample	Sample ID	Taken	Time	Received
2399569	*WW Permit*	04/15/2025	10:55:00	04/15/2025

Bottle 01 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized
Bottle 02 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized
Bottle 03 Polyethylene 1/2 gal (White)
Bottle 04 Polyethylene Quart
Bottle 05 16 oz HNO3 Metals Plastic
Bottle 06 8 oz Plastic H2SO4 pH < 2
Bottle 07 H2SO4 to pH <2 Glass Qt w/Teflon lined lid
Bottle 08 H2SO4 to pH <2 Glass Qt w/Teflon lined lid
Bottle 09 BOD Titration Beaker A (Batch 1170507) Volume: 100.00000 mL <== Derived from 03 (100 ml)
Bottle 10 BOD Analytical Beaker B (Batch 1170507) Volume: 100.00000 mL <== Derived from 03 (100 ml)
Bottle 11 BOD Titration Beaker A (Batch 1170507) Volume: 100.00000 mL <== Derived from 03 (100 ml)
Bottle 12 BOD Analytical Beaker B (Batch 1170507) Volume: 100.00000 mL <== Derived from 03 (100 ml)
Bottle 13 Prepared Bottle: ICP Preparation for Metals (Batch 1170528) Volume: 50.00000 mL <== Derived from 05 (50 ml)
Bottle 14 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1170588) Volume: 20.00000 mL <== Derived from 06 (20 ml)
Bottle 15 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1170631) Volume: 6.00000 mL <== Derived from 06 (6 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	04	1170902	04/16/2025	1170902	04/16/2025
EPA 200.8 5.4	13	1170528	04/16/2025	1170836	04/16/2025
SM 2320 B-2011	03	1171334	04/21/2025	1171334	04/21/2025
SM 5210 B-2016 (TCMP Inhibitor)	03	1170507	04/21/2025	1170507	04/21/2025
SM 2510 B-2011	04	1170817	04/16/2025	1170817	04/16/2025
SM 4500-Cl G-2011		1170461	04/15/2025	1170461	04/15/2025
SM 4500-O G-2016		1170462	04/15/2025	1170462	04/15/2025
EPA 1664B (HEM)	08	1171453	04/22/2025	1171453	04/22/2025
SM 9223 B (Colilert-18 QT)-2016	01	1170481	04/16/2025	1170481	04/16/2025
SM 9223 B (Colilert-18 QT)-2016	01	1170480	04/16/2025	1170480	04/16/2025
EPA 350.1 2	15	1170631	04/16/2025	1170923	04/17/2025
SM 2540 C-2015	04	1171899	04/22/2025	1171899	04/22/2025
EPA 351.2 2	14	1170588	04/16/2025	1171872	04/24/2025
SM 4500-P E-2011	06	1171113	04/21/2025	1171113	04/21/2025
SM 2540 D-2015	03	1171127	04/17/2025	1171127	04/17/2025
SM 4500-H+ B-2011		1170463	04/15/2025	1170463	04/15/2025

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1143884

Printed: 04/25/2025

RESULTS

Sample Results

2399569 **WW Permit** Received: 04/15/2025

Non-Potable Water Collected by: RRF SPL Kilgore PO:
Taken: 04/15/2025 10:55:00

EPA 1664B (HEM) Prepared: 1171453 04/22/2025 07:26:00 Analyzed 1171453 04/22/2025 07:26:00 MAX

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Oil and Grease (HEM)	5.23	mg/L	4.65			08

EPA 200.8 5.4 Prepared: 1170528 04/16/2025 06:00:00 Analyzed 1170836 04/16/2025 14:59:00 ESG

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Aluminum, Total	0.0437	mg/L	0.005		7429-90-5	13

EPA 300.0 2.1 Prepared: 1170902 04/16/2025 13:40:00 Analyzed 1170902 04/16/2025 13:40:00 KRA

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Chloride	63.9	mg/L	3.00			04
NELAC	Fluoride	0.54	mg/L	0.5			04
NELAC	Nitrate-Nitrogen Total	1.62	mg/L	0.226		14797-55-8	04
NELAC	Sulfate	103	mg/L	3.00			04

EPA 350.1 2 Prepared: 1170631 04/16/2025 12:15:26 Analyzed 1170923 04/17/2025 12:49:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Ammonia Nitrogen	5.27	mg/L	0.020			15

EPA 351.2 2 Prepared: 1170588 04/16/2025 10:18:41 Analyzed 1171872 04/24/2025 15:04:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Total Kjeldahl Nitrogen	29.1	mg/L	1.00		7727-37-9	14

SM 2320 B-2011 Prepared: 1171334 04/21/2025 13:36:00 Analyzed 1171334 04/21/2025 13:36:00 TRC

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Total Alkalinity (as CaCO3)	211	mg/L	1.00			03

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2399569 **WW Permit** Received: 04/15/2025

Non-Potable Water Collected by: RRF SPL Kilgore PO:
Taken: 04/15/2025 10:55:00

SM 2510 B-2011 Prepared: 1170817 04/16/2025 05:30:00 Analyzed 1170817 04/16/2025 05:30:00 JMJ

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Lab Spec. Conductance at 25 C	858	umhos/cm				04

SM 2540 C-2015 Prepared: 1171899 04/22/2025 07:15:00 Analyzed 1171899 04/22/2025 07:15:00 JMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Total Dissolved Solids	470	mg/L	50.0			04

SM 2540 D-2015 Prepared: 1171127 04/17/2025 06:43:00 Analyzed 1171127 04/17/2025 06:43:00 LSM

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Total Suspended Solids	16.2	mg/L	4.00			03

SM 4500-Cl G-2011 Prepared: 1170461 04/15/2025 11:00:00 Analyzed 1170461 04/15/2025 11:00:00 RRF

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	0.04	mg/L	0.05			

SM 4500-H+ B-2011 Prepared: 1170463 04/15/2025 11:00:00 Analyzed 1170463 04/15/2025 11:00:00 RRF

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	pH (Onsite)	7.5	SU				

SM 4500-O G-2016 Prepared: 1170462 04/15/2025 11:00:00 Analyzed 1170462 04/15/2025 11:00:00 RRF

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Dissolved Oxygen Onsite	1.9	mg/L	1.0			

SM 4500-P E-2011 Prepared: 1171113 04/21/2025 07:45:00 Analyzed 1171113 04/21/2025 07:45:00 ANC

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Phosphorus (as P), total	4.96	mg/L	0.600		7723-14-0	06

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Non-Potable Water Collected by: RRF SPL Kilgore PO:
Taken: 04/15/2025 10:55:00

SM 5210 B-2016 (TCMP Inhibitor) Prepared: 1170507 04/16/2025 Analyzed 1170507 04/21/2025 13:17:17 JW1

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**BOD Carbonaceous**	**19.6**	**mg/L**	2.00			03

SM 9223 B (Colilert-18 QT)-2016 Prepared: 1170480 04/16/2025 11:24:00 Analyzed 1170480 04/16/2025 11:24:00 MDM

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**MPN, Total Coliform, Non-Pot**	**>2419.6**	**MPN/100mL**	1.00			01

SM 9223 B (Colilert-18 QT)-2016 Prepared: 1170481 04/16/2025 11:24:00 Analyzed 1170481 04/16/2025 11:24:00 MDM

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**MPN, E.coli, Col.-18 - Non-Pot**	**>2419.6**	**MPN/100mL**	1.00			01

Sample Preparation

2399569 **WW Permit** Received: 04/15/2025

04/15/2025

Prepared: 04/15/2025 16:47:40 Calculated 04/15/2025 16:47:40 CAL

z	**Enviro Fee (per Sampling Group)**	**Verified**

EPA 1664B (HEM) Prepared: 1171220 04/22/2025 07:26:00 Analyzed 1171220 04/22/2025 07:26:00 MAX

NELAC	**O&G HEM Started**	**Started**

EPA 200.2 2.8 Prepared: 1170528 04/16/2025 06:00:00 Analyzed 1170528 04/16/2025 06:00:00 HLT

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2399569 **WW Permit** Received: 04/15/2025

04/15/2025

	EPA 200.2 2.8	*Prepared:*	*1170528*	*04/16/2025*	*06:00:00*	*Analyzed*	*1170528*	*04/16/2025*	*06:00:00*	*HLT*
z	**Liquid Metals Digestion**	**50/50**	**ml**							05
	EPA 350.1, Rev. 2.0	*Prepared:*	*1170631*	*04/16/2025*	*12:15:26*	*Analyzed*	*1170631*	*04/16/2025*	*12:15:26*	*MEG*
NELAC	**Ammonia Distillation**	**6/6**	**ml**							06
	EPA 351.2, Rev 2.0	*Prepared:*	*1170588*	*04/16/2025*	*10:18:41*	*Analyzed*	*1170588*	*04/16/2025*	*10:18:41*	*MEG*
NELAC	**TKN Block Digestion**	**20/20**	**ml**							06
	SM 2540 C-2015	*Prepared:*	*1171188*	*04/22/2025*	*07:15:00*	*Analyzed*	*1171188*	*04/22/2025*	*07:15:00*	*JMB*
NELAC	**Total Dissolved Solids Started**	**Started**								
	SM 2540 D-2011	*Prepared:*	*1170641*	*04/17/2025*	*06:43:00*	*Analyzed*	*1170641*	*04/17/2025*	*06:43:00*	*LSM*
NELAC	**TSS Set Started**	**Started**								
	SM 5210 B-2016 (TCMP Inhibitor)	*Prepared:*	*1170507*	*04/16/2025*		*Analyzed*	*1170507*	*04/16/2025*	*06:18:32*	*JW1*
NELAC	**BODc Set Started**	**Started**								
	SM 9223 B (Colilert-18 QT)-2016	*Prepared:*	*1170478*	*04/15/2025*	*16:31:00*	*Analyzed*	*1170478*	*04/15/2025*	*16:31:00*	*MDM*
NELAC	**MPN (Colilert-18) Start Non-Pot**	**STARTED**								01

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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

QUALITY CONTROL

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Analytical Set 1170480 — SM 9223 B (Colilert-18 QT)-2016

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
MPN, Total Coliform, Non-Pot	1170480	<1.0	1.00	1.00	MPN/100mL	127509060

Micro Dup

Parameter	Sample	Type	Result	Unknown	Unit	Range	Criterion
MPN, Total Coliform, Non-Pot	2399607	Duplicate	52.9	79.8	MPN/100mL	0.179	0.7825

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
P. aeruginosa	1170478	<1.0	<1.0	MPN/100m		-	127509057
Standard E. coli	1170478	>2419.6	>2419.6	MPN/100m		-	127509059
Standard K.varicola	1170478	>2419.6	>2419.6	MPN/100m		-	127509058

Analytical Set 1170481 — SM 9223 B (Colilert-18 QT)-2016

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
MPN, E.coli, Col.-18 - Non-Pot	1170481	<1.0	1.00	1.00	MPN/100mL	127509078

Micro Dup

Parameter	Sample	Type	Result	Unknown	Unit	Range	Criterion
MPN, E.coli, Col.-18 - Non-Pot	2399607	Duplicate	1.0	4.1	MPN/100mL	0.613	0.7825

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
P. aeruginosa	1170478	<1.0	<1.0	MPN/100m		-	127509075
Standard E. coli	1170478	>2419.6	>2419.6	MPN/100m		-	127509077
Standard K.varicola	1170478	<1.0	<1.0	MPN/100m		-	127509076

Analytical Set 1170507 — SM 5210 B-2016 (TCMP Inhibitor)

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1170507	0.2	0.200	0.500	mg/L	127509484
BOD Carbonaceous	1170507	0.2	0.200	0.500	mg/L	127509538

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
BOD Carbonaceous	2399258	4.44	3.40	mg/L	26.5	30.0
BOD Carbonaceous	2399569	19.8	19.6	mg/L	1.02	30.0
BOD Carbonaceous	2399733	150	148	mg/L	1.34	30.0

Seed Drop

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1170507	0.530	0.200	0.500	mg/L	127509486
BOD Carbonaceous	1170507	0.523	0.200	0.500	mg/L	127509540

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Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
BOD Carbonaceous		213	198	mg/L	108	83.7 - 116	127509487
BOD Carbonaceous		196	198	mg/L	99.0	83.7 - 116	127509541

Analytical Set 1170923 — EPA 350.1 2

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Ammonia Nitrogen	1170631	ND	0.00336	0.020	mg/L	127518507

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.13	2.00	mg/L	106	90.0 - 110	127518505
Ammonia Nitrogen	2.20	2.00	mg/L	110	90.0 - 110	127518506
Ammonia Nitrogen	2.16	2.00	mg/L	108	90.0 - 110	127518516
Ammonia Nitrogen	2.18	2.00	mg/L	109	90.0 - 110	127518523
Ammonia Nitrogen	2.17	2.00	mg/L	108	90.0 - 110	127518532
Ammonia Nitrogen	2.19	2.00	mg/L	110	90.0 - 110	127518539
Ammonia Nitrogen	2.19	2.00	mg/L	110	90.0 - 110	127518548
Ammonia Nitrogen	2.16	2.00	mg/L	108	90.0 - 110	127518559
Ammonia Nitrogen	2.08	2.00	mg/L	104	90.0 - 110	127518567
Ammonia Nitrogen	2.08	2.00	mg/L	104	90.0 - 110	127518577
Ammonia Nitrogen	2.05	2.00	mg/L	102	90.0 - 110	127518583
Ammonia Nitrogen	2.03	2.00	mg/L	102	90.0 - 110	127518590
Ammonia Nitrogen	2.06	2.00	mg/L	103	90.0 - 110	127518597
Ammonia Nitrogen	2.06	2.00	mg/L	103	90.0 - 110	127518608
Ammonia Nitrogen	2.10	2.00	mg/L	105	90.0 - 110	127518616

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Ammonia Nitrogen	2399437	ND	ND	mg/L		20.0
Ammonia Nitrogen	2399484	ND	ND	mg/L		20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.12	2.00	mg/L	106	90.0 - 110	127518504

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Ammonia Nitrogen	1170631	2.20	2.19	2.00	90.0 - 110	110	110	mg/L	0.456	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Ammonia Nitrogen	2399437	2.11	ND	2.00	mg/L	106	80.0 - 120	127518512
Ammonia Nitrogen	2399484	2.13	ND	2.00	mg/L	106	80.0 - 120	127518515

Analytical Set 1171872 — EPA 351.2 2

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AWRL/LOQ C

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	0.054	0.050	mg/L	108	75.0 - 125	127536028

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1170588	ND	0.00712	0.050	mg/L	127535955
Total Kjeldahl Nitrogen	1170588	ND	0.00712	0.050	mg/L	127535956
Total Kjeldahl Nitrogen	1170588	ND	0.00712	0.050	mg/L	127535957

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.26	5.00	mg/L	105	90.0 - 110	127535954
Total Kjeldahl Nitrogen	5.45	5.00	mg/L	109	90.0 - 110	127535965
Total Kjeldahl Nitrogen	5.41	5.00	mg/L	108	90.0 - 110	127535976
Total Kjeldahl Nitrogen	5.47	5.00	mg/L	109	90.0 - 110	127535987
Total Kjeldahl Nitrogen	5.45	5.00	mg/L	109	90.0 - 110	127535998
Total Kjeldahl Nitrogen	5.39	5.00	mg/L	108	90.0 - 110	127536009
Total Kjeldahl Nitrogen	5.50	5.00	mg/L	110	90.0 - 110	127536020
Total Kjeldahl Nitrogen	5.48	5.00	mg/L	110	90.0 - 110	127536024
Total Kjeldahl Nitrogen	5.19	5.00	mg/L	104	90.0 - 110	127536029
Total Kjeldahl Nitrogen	5.30	5.00	mg/L	106	90.0 - 110	127536039
Total Kjeldahl Nitrogen	5.24	5.00	mg/L	105	90.0 - 110	127536048
Total Kjeldahl Nitrogen	5.13	5.00	mg/L	103	90.0 - 110	127536055

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Kjeldahl Nitrogen	2399728	ND	ND	mg/L		20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.19	5.00	mg/L	104	90.0 - 110	127535953

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1170588	5.42	5.34	5.00	90.0 - 110	108	107	mg/L	1.49	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Total Kjeldahl Nitrogen	2399728	5.88	ND	5.00	mg/L	118	80.0 - 120	127535962

Analytical Set 1170461 — SM 4500-Cl G-2011

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	2399569	0.040	0.040	mg/L		20

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File

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Standard

Parameter	*Sample*	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1170461	0.240	0.220	mg/L	109.1	90 - 110	
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1170461	1.62	1.59	mg/L	101.9	90 - 110	
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1170461	2.51	2.73	mg/L	91.9	90 - 110	

Analytical Set 1170462 — SM 4500-O G-2016

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
Dissolved Oxygen Onsite	2399605	8.9	8.9	mg/L		20

Analytical Set 1170463 — SM 4500-H+ B-2011

CCV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
pH (Onsite)	6.0	6.0	SU	100	90 - 110	
pH (Onsite)	6.0	6.0	SU	100	90 - 110	

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
pH (Onsite)	2399608	7.2	7.2	SU		20

Standard

Parameter	*Sample*	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
pH (Onsite)	1170463	7.9	8.0	SU	98.8	90 - 110	
pH (Onsite)	1170463	8.0	8.0	SU	100	90 - 110	

Analytical Set 1171127 — SM 2540 D-2015

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Suspended Solids	1171127	ND	2	2	mg/L	127522202

ControlBlk

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Suspended Solids	1171127	-0.0001			grams	127522201

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
Total Suspended Solids	2399640	4440	4540	mg/L	2.23	20.0
Total Suspended Solids	2399641	70.7	68.7	mg/L	2.87	20.0
Total Suspended Solids	2399714	1330	1230	mg/L	7.81	20.0

LCS

Parameter	*PrepSet*	*Reading*	*Known*	*Units*	*Recover%*	*Limits*	*File*
Total Suspended Solids	1171127	47.0	50.0	mg/L	94.0	90.0 - 110	127522235

Standard

Parameter	*Sample*	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*

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Standard

Parameter	*Sample*	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Total Suspended Solids		90.0	100	mg/L	90.0	90.0 - 110	127522234

Analytical Set 1171453 — EPA 1664B (HEM)

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Oil and Grease (HEM)	1171453	ND	0.804	4.00	mg/L	127527630

ControlBlk

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Oil and Grease (HEM)	1171453	0			grams	127527629
Oil and Grease (HEM)	1171453	0			grams	127527654

LCS

Parameter	*PrepSet*	*Reading*	*Known*	*Units*	*Recover%*	*Limits*	*File*
Oil and Grease (HEM)	1171453	34.3	40.0	mg/L	85.8	78.0 - 114	127527631

MS

Parameter	*Sample*	*MS*	*MSD*	*UNK*	*Known*	*Limits*	*MS%*	*MSD%*	*Units*	*RPD*	*Limit%*
Oil and Grease (HEM)	2399273	37.3	0	ND	40.0	78.0 - 114	93.2		mg/L		20.0

Analytical Set 1171899 — SM 2540 C-2015

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Dissolved Solids	1171899	ND	5.00	5.00	mg/L	127536333

ControlBlk

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Dissolved Solids	1171899	0.0003			grams	127536320

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
Total Dissolved Solids	2399569	420	470	mg/L	11.2	20.0

LCS

Parameter	*PrepSet*	*Reading*	*Known*	*Units*	*Recover%*	*Limits*	*File*
Total Dissolved Solids	1171899	204	200	mg/L	102	85.0 - 115	127536321

Analytical Set 1170902 — EPA 300.0 2.1

AWRL/LOQ C

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Fluoride	0.104	0.100	mg/L	104	70.0 - 130	127518034

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Chloride	1170902	ND	0.0593	0.300	mg/L	127518035
Fluoride	1170902	ND	0.0112	0.100	mg/L	127518035
Nitrate-Nitrogen Total	1170902	ND	0.00331	0.0226	mg/L	127518035

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Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Sulfate	1170902	ND	0.0605	0.300	mg/L	127518035

CCB

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Chloride	1170902	0.017	0.0593	0.300	mg/L	127518031
Chloride	1170902	0.019	0.0593	0.300	mg/L	127518051
Chloride	1170902	0.020	0.0593	0.300	mg/L	127518063
Fluoride	1170902	0	0.0112	0.100	mg/L	127518031
Fluoride	1170902	0	0.0112	0.100	mg/L	127518051
Fluoride	1170902	0	0.0112	0.100	mg/L	127518063
Nitrate-Nitrogen Total	1170902	0	0.00331	0.0226	mg/L	127518031
Nitrate-Nitrogen Total	1170902	0	0.00331	0.0226	mg/L	127518051
Nitrate-Nitrogen Total	1170902	0	0.00331	0.0226	mg/L	127518063
Sulfate	1170902	-0.162	0.0605	0.300	mg/L	127518031
Sulfate	1170902	-0.165	0.0605	0.300	mg/L	127518051
Sulfate	1170902	-0.157	0.0605	0.300	mg/L	127518063

CCV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Chloride	9.84	10.0	mg/L	98.4	90.0 - 110	127518030
Chloride	10.2	10.0	mg/L	102	90.0 - 110	127518050
Chloride	10.1	10.0	mg/L	101	90.0 - 110	127518062
Fluoride	10.4	10.0	mg/L	104	90.0 - 110	127518030
Fluoride	10.7	10.0	mg/L	107	90.0 - 110	127518050
Fluoride	10.7	10.0	mg/L	107	90.0 - 110	127518062
Nitrate-Nitrogen Total	2.31	2.26	mg/L	102	90.0 - 110	127518030
Nitrate-Nitrogen Total	2.45	2.26	mg/L	108	90.0 - 110	127518050
Nitrate-Nitrogen Total	2.45	2.26	mg/L	108	90.0 - 110	127518062
Sulfate	9.79	10.0	mg/L	97.9	90.0 - 110	127518030
Sulfate	10.1	10.0	mg/L	101	90.0 - 110	127518050
Sulfate	10.1	10.0	mg/L	101	90.0 - 110	127518062

LCS Dup

Parameter	*PrepSet*	*LCS*	*LCSD*	*Known*	*Limits%*	*LCS%*	*LCSD%*	*Units*	*RPD*	*Limit%*
Chloride	1170902	4.95	4.84	5.00	85.0 - 115	99.0	96.8	mg/L	2.25	20.0
Fluoride	1170902	5.36	5.24	5.00	88.0 - 118	107	105	mg/L	2.26	20.0
Nitrate-Nitrogen Total	1170902	1.11	1.08	1.13	86.3 - 117	98.2	95.6	mg/L	2.74	20.0
Sulfate	1170902	5.68	5.62	5.00	85.4 - 124	114	112	mg/L	1.06	20.0

MSD

Parameter	*Sample*	*MS*	*MSD*	*UNK*	*Known*	*Limits*	*MS%*	*MSD%*	*Units*	*RPD*	*Limit%*
Chloride	2398309	129	130	110	20.0	80.0 - 120	95.0	100	mg/L	5.13	20.0
Fluoride	2398309	21.0	20.7	1.28	20.0	80.0 - 120	98.6	97.1	mg/L	1.53	20.0
Nitrate-Nitrogen Total	2398309	3.21	3.22	0.470	4.52	80.0 - 120	60.6 *	60.8 *	mg/L	0.364	20.0
Sulfate	2398309	101	102	84.1	20.0	80.0 - 120	84.5	89.5	mg/L	5.75	20.0
Chloride	2398315	104	105	84.7	20.0	80.0 - 120	96.5	102	mg/L	5.05	20.0

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MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Fluoride	2398315	20.3	20.3	ND	20.0	80.0 - 120	102	102	mg/L	0	20.0
Nitrate-Nitrogen Total	2398315	3.28	3.22	0.208	4.52	80.0 - 120	68.0 *	66.6 *	mg/L	1.97	20.0
Sulfate	2398315	134	135	118	20.0	80.0 - 120	80.0	85.0	mg/L	6.06	20.0

Analytical Set 1170836 — EPA 200.8 5.4

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Aluminum, Total	1170528	ND	0.0039	0.005	mg/L	127516464
Aluminum, Total	1170528	ND	0.0039	0.005	mg/L	127516478

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Aluminum, Total	0.0508	0.05	mg/L	102	90.0 - 110	127516477
Aluminum, Total	0.0504	0.05	mg/L	101	90.0 - 110	127516487
Aluminum, Total	0.0509	0.05	mg/L	102	90.0 - 110	127516498
Aluminum, Total	0.0508	0.05	mg/L	102	90.0 - 110	127516524
Aluminum, Total	0.0504	0.05	mg/L	101	90.0 - 110	127516534
Aluminum, Total	0.051	0.05	mg/L	102	90.0 - 110	127516576
Aluminum, Total	0.0519	0.05	mg/L	104	90.0 - 110	127516584
Aluminum, Total	0.0531	0.05	mg/L	106	90.0 - 110	127516585

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Aluminum, Total	0.0516	0.05	mg/L	103	90.0 - 110	127516472

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Aluminum, Total	1170528	0.501	0.498	0.500	85.0 - 115	100	99.6	mg/L	0.601	20.0

LDR

Parameter	Reading	Known	Units	Recover%	Limits%	File
Aluminum, Total	4.53	5	mg/L	90.6	90.0 - 110	127516475

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Aluminum, Total	2399413	0.484	0.487	ND	0.500	70.0 - 130	96.8	97.4	mg/L	0.618	20.0
Aluminum, Total	2399697	0.633	0.631	0.172	0.500	70.0 - 130	92.2	91.8	mg/L	0.435	20.0

Analytical Set 1170817 — SM 2510 B-2011

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Lab Spec. Conductance at 25 C	1170817	0.642			umhos/cm	127515845

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Lab Spec. Conductance at 25 C	2399569	858	858	umhos/cm	0	20.0

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ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Lab Spec. Conductance at 25 C	13100	12900	umhos/cm	102	90.0 - 110	127515848

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Lab Spec. Conductance at 25 C	1170817	1420	1410	umhos/cm	101	90.0 - 110	127515846
Lab Spec. Conductance at 25 C	1170817	101	100	umhos/cm	101	90.0 - 110	127515847
Lab Spec. Conductance at 25 C	1170817	1420	1410	umhos/cm	101	90.0 - 110	127515857

Analytical Set 1171113 — SM 4500-P E-2011

AWRL/LOQ C

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus (as P), total	0.0753	0.060	mg/L	126	70.0 - 130	127521686

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Phosphorus (as P), total	1171113	0.00359	0.00311	0.030	mg/L	127521685

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus (as P), total	0.295	0.300	mg/L	98.3	90.0 - 110	127521687
Phosphorus (as P), total	0.318	0.300	mg/L	106	90.0 - 110	127521702
Phosphorus (as P), total	0.286	0.300	mg/L	95.3	90.0 - 110	127521715

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Phosphorus (as P), total	1171113	0.302	0.306	0.300	80.0 - 120	101	102	mg/L	1.32	20.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Phosphorus (as P), total	2400615	0.273	0.484	0.155	0.150	70.0 - 130	78.7	219 *	mg/L	94.4 *	20.0
Phosphorus (as P), total	2400617	0.395	0.220	0.119	0.150	70.0 - 130	184 *	67.3 *	mg/L	92.8 *	20.0

Analytical Set 1171334 — SM 2320 B-2011

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Alkalinity (as CaCO3)	1171334	ND	1.00	1.00	mg/L	127526565
Total Alkalinity (as CaCO3)	1171334	ND	1.00	1.00	mg/L	127526592

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Alkalinity (as CaCO3)	26.9	25.0	mg/L	108	90.0 - 110	127526564
Total Alkalinity (as CaCO3)	24.4	25.0	mg/L	97.6	90.0 - 110	127526578
Total Alkalinity (as CaCO3)	26.9	25.0	mg/L	108	90.0 - 110	127526591
Total Alkalinity (as CaCO3)	26.9	25.0	mg/L	108	90.0 - 110	127526605
Total Alkalinity (as CaCO3)	24.4	25.0	mg/L	97.6	90.0 - 110	127526609

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Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Alkalinity (as CaCO3)	2398652	120	118	mg/L	1.68	20.0
Total Alkalinity (as CaCO3)	2399631	79.2	91.9	mg/L	14.8	20.0
Total Alkalinity (as CaCO3)	2399899	650	632	mg/L	2.81	20.0
Total Alkalinity (as CaCO3)	2400191	84.6	98.7	mg/L	15.4	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Alkalinity (as CaCO3)	26.9	25.0	mg/L	108	90.0 - 110	127526563

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File	
Total Alkalinity (as CaCO3)	2398652	146	118	25.0	mg/L	112	70.0 - 130	127526568	
Total Alkalinity (as CaCO3)	2399631	108	91.9	25.0	mg/L	64.4	70.0 - 130	127526581	*
Total Alkalinity (as CaCO3)	2399899	623	632	25.0	mg/L	0	70.0 - 130	127526595	*
Total Alkalinity (as CaCO3)	2400191	109	98.7	25.0	mg/L	41.2	70.0 - 130	127526608	*

* Out RPD is Relative Percent Difference: abs(r1-r2) / mean(r1,r2) * 100% Recover% is Recovery Percent: result / known * 100%

CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); 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); ICV - Initial Calibration Verification; MSD - Matrix Spike Duplicate (replicate of the matrix spike; same solution and amount of target analyte added to the MS is added to a third aliquot of sample; quantifies matrix bias and precision.); LCS Dup - Laboratory Control Sample Duplicate (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.); LDR - Linear Dynamic Range Standard; CCB - Continuing Calibration Blank; AWRL/LOQ C - Ambient Water Reporting Limit/LOQ Check Std; LCS - Laboratory Control Sample (reagent water or other blank matrices that is spiked with a known quantity of target analyte(s) and carried through preparation and analytical procedures exactly like a sample; typically a mid-range concentration; verifies that bias and precision of the analytical process are within control limits; determines usability of the data.); MS - Matrix Spike (same solution and amount of target analyte added to the LCS is added to a second aliquot of sample; quantifies matrix bias.)

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112

Lab Number 2395569

PO Number

Phone 214/356-7412

WW Permit

☐ *Hand Delivered by Client to Region or LAB*

Matrix: Non-Potable Water

Sample Collection Start

Date: 4-15-25 Time: 1055

Sampler Printed Name: ROBERT FOSTER

Sampler Affiliation: SPL

Sampler Signature:

Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

0 On Site Testing

NELAC			
	Cl2O	Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	SM 4500-Cl G-2011

Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]

Collected By RRF Date 4.15.25 Time 1055 Analyzed By RRF Date 4.15.25 Time 1100

Results 0.04 Units mg/L Temp. — C Duplicate 0.04 Units mg/L Temp. — C

R1 0.11 R2 0.07 QC R1 0.14 QC R2 0.10

NELAC				
Short Hold	DO	Dissolved Oxygen Onsite	SM 4500-O G-2016 (0.0104 days)	

Dissolved Oxygen Onsite

Collected By RRF Date 4.15.25 Time 1055 Analyzed By RRF Date 4.15.25 Time 1100

Results 1.91 Units mg/L Temp. 19.4 C Duplicate — Units — Temp. — C

NELAC			
Short Hold	pH	pH (Onsite)	SM 4500-H+ B-2011 (0.0104 days)

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Printed 04/08/2025 Page 2 of 3

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112

pH (Onsite)

Collected By ARF Date 4-15-25 Time 1055 Analyzed By ARF Date 4-15-25 Time 1100

Results 7.52 Units SU Temp. 19.4 C Duplicate ____ Units ____ Temp. ____ C

1	**Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized**		
NELAC	Short HoldSubco	ECPH	E.Coli WW MPN Panhandle (SUB) — SUB Lab CAS:EMLC (0.333 days)
2	**H2SO4 to pH <2 GlQt w/Tef-lined lid**		
NELAC		HEM	Oil and Grease (HEM) — EPA 1664B (HEM) (28.0 days)
1	**Polyethylene 1/2 gal (White)**		
NELAC	Short Hold	BODc	BOD Carbonaceous — SM 5210 B-2016 (TCMP Inhibitor) (2.04 days)
NELAC		TSS	Total Suspended Solids — SM 2540 D-2015 (7.00 days)
0	**Z -- No bottle required**		
	Subcontract	100S	SUB Shipped
		SKL	Sub Hold: PM Attn
1	**HNO3 to pH <2 Polyethylene 500 mL for Metals**		
NELAC		*AlM	Aluminum, Total — EPA 200.8 5.4 CAS:7429-90-5 (180 days)
		301L	Liquid Metals Digestion — EPA 200.2 2.8 (180 days)
1	**H2SO4 to pH <2 250 ml Polyethylene**		
NELAC		NHaN	Ammonia Nitrogen — EPA 350.1 2 (28.0 days)
NELAC		TKN	Total Kjeldahl Nitrogen — EPA 351.2 2 CAS:7727-37-9 (28.0 days)
NELAC		TPWB	Phosphorus (as P), total — SM 4500-P E-2011 CAS:7723-14-0 (28.0 days)
1	**Polyethylene Quart**		
NELAC		!ClL	Chloride — EPA 300.0 2.1 (28.0 days)
NELAC		!FlL	Fluoride — EPA 300.0 2.1 (28.0 days)

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Printed 04/08/2025 Page 3 of 3

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112

NELAC	**Short Hold**	!N3L	Nitrate-Nitrogen Total	EPA 300.0 2.1 CAS:14797-55-8 (2.00 days)
NELAC		!S4L	Sulfate	EPA 300.0 2.1 (28.0 days)
NELAC		AlkT	Total Alkalinity (as CaCO3)	SM 2320 B-2011 (14.0 days)
NELAC		CONL	Lab Spec. Conductance at 25 C	SM 2510 B-2011 (28.0 days)
NELAC		TDS	Total Dissolved Solids	SM 2540 C-2015 (7.00 days)

Ambient Conditions/Comments

Date	Time	Relinquished	Received
4/15/25	1530	Printed Name ROBERT FOSTER Affiliation SPL Signature	Printed Name Doris Stoker - SPL, Inc. Affiliation Signature
		Printed Name Affiliation Signature	Printed Name Affiliation Signature
		Printed Name Affiliation Signature	Printed Name Affiliation Signature
		Printed Name Affiliation Signature	Printed Name Affiliation Signature

Sample Received on Ice? [X] Yes [ ] No
Cooler/Sample Secure? [X] Yes [ ] No If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NELAC, or z - not listed under scope of accreditation. Unless otherwise specified, SPL shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement. SPL personnel collect samples as specified by SPL SOP #000323.

Comments

SPL

COOLER CHECKIN

Region/Driver/Client	RRF / SPL
Date / Time:	4.15.25 / 1536
Cooler:	of
Shipping Company:	

Temp Label:

4 15 25 1536 DJJ
Date Time Tech
Temp: 1.8 / 1.5 C
Therm#: 7242 Corr Fact: -0.3 C

Texas Water Development Board (TWDB)
Groundwater Database (GWDB)
Well Information Report for State Well Number 33-07-501

GWDB Reports and Downloads

Well Basic Details

Scanned Documents

State Well Number	3307501
County	Hunt
River Basin	Sabine
Groundwater Management Area	8
Regional Water Planning Area	D - North East Texas
Groundwater Conservation District	GCD Does Not Exist
Latitude (decimal degrees)	32.935556
Latitude (degrees minutes seconds)	32° 56' 08" N
Longitude (decimal degrees)	-96.186111
Longitude (degrees minutes seconds)	096° 11' 10" W
Coordinate Source	+/- 1 Second
Aquifer Code	211NCTC - Nacatoch Sand
Aquifer	Nacatoch
Aquifer Pick Method	
Land Surface Elevation (feet above sea level)	542
Land Surface Elevation Method	Interpolated From Topo Map
Well Depth (feet below land surface)	120
Well Depth Source	Driller's Log
Drilling Start Date	
Drilling End Date	7/9/1979
Drilling Method	Mud (Hydraulic) Rotary
Borehole Completion	Perforated or Slotted

Well Type	Withdrawal of Water
Well Use	Domestic
Water Level Observation	Miscellaneous Measurements
Water Quality Available	Yes
Pump	Jet
Pump Depth (feet below land surface)	
Power Type	Electric Motor
Annular Seal Method	
Surface Completion	
Owner	Larry Roberts
Driller	Ford's Well Drilling
Other Data Available	Drillers Log; Specific Capacity
Well Report Tracking Number	
Plugging Report Tracking Number	
U.S. Geological Survey Site Number	
Texas Commission on Environmental Quality Source Id	
Groundwater Conservation District Well Number	
Owner Well Number	
Other Well Number	
Previous State Well Number	
Reporting Agency	Texas Water Development Board
Created Date	8/16/1982
Last Update Date	3/4/2020

Remarks	Reported yield 10 GPM with 70 feet drawdown after bailing 1 hour in 1979. Specific capacity 0.14 GPM/- ft.

Casing

Diameter (in.)	Casing Type	Casing Material	Schedule	Gauge	Top Depth (ft.)	Bottom Depth (ft.)
4	Blank	Plastic (PVC)			0	110
4	Screen	Plastic (PVC)			110	120

Well Tests - No Data

Lithology - No Data

Annular Seal Range - No Data

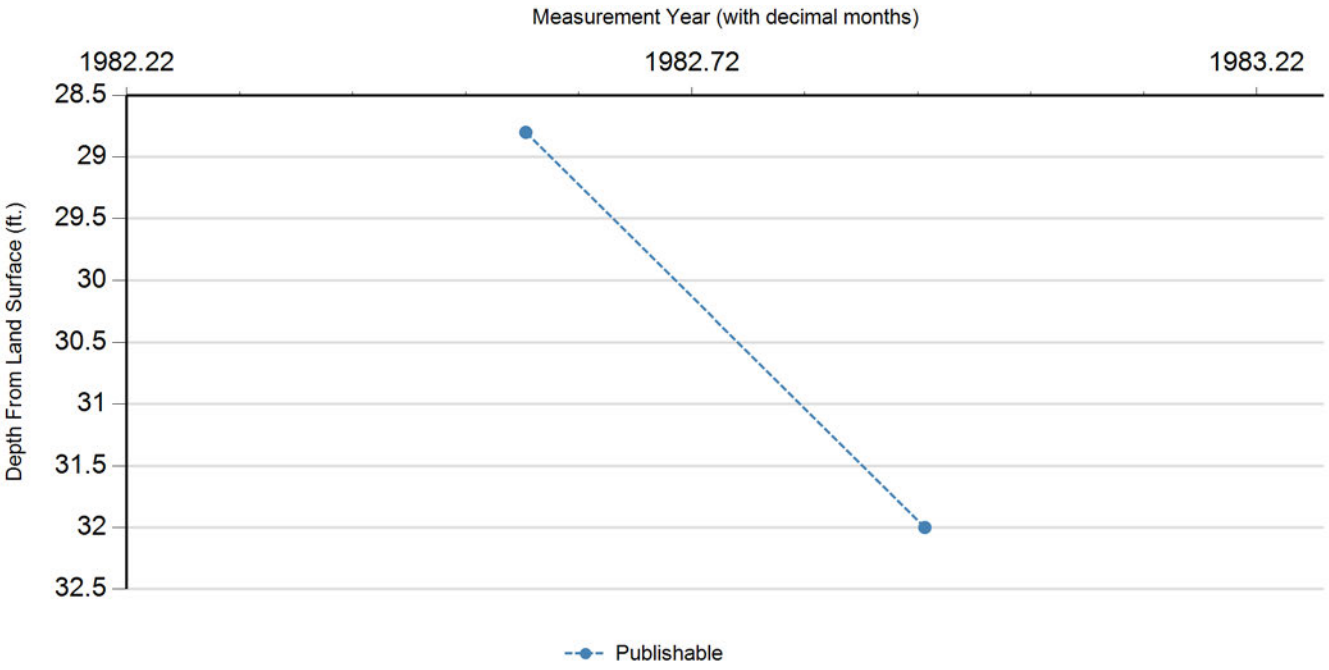
Borehole - No Data

Plugged Back - No Data

Filter Pack - No Data

Packers - No Data

Water Level Measurements



Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	7/29/1982		28.8		513.2	1	Other or Source of Measurement Unknown	Unknown		
P	12/8/1982		32	3.20	510	1	Other or Source of Measurement Unknown	Unknown		

Code Descriptions

Status Code	Status Description
P	Publishable

Water Quality Analysis

Sample Date: 7/29/1982 **Sample Time:** 0000 **Sample Number:** 1 **Collection Entity:** Texas Water Development Board

Sampled Aquifer: Nacatoch Sand

Analyzed Lab: Texas Department of Health **Reliability:** Collected from pumped well, but not filtered or preserved

Collection Remarks: No Data

Parameter Code	Parameter Description	Flag	Value*	Units	Plus/Minus
00415	ALKALINITY, PHENOLPHTHALEIN (MG/L)		0	mg/L	
00410	ALKALINITY, TOTAL (MG/L AS CACO3)		78	mg/L as CACO3	
00440	BICARBONATE ION, CALCULATED (MG/L AS HCO3)		95.19	mg/L	
00910	CALCIUM (MG/L)		323	mg/L	
00445	CARBONATE ION, CALCULATED (MG/L AS CO3)		0	mg/L	
00940	CHLORIDE, TOTAL (MG/L AS CL)		82	mg/L	
00950	FLUORIDE, DISSOLVED (MG/L AS F)		0.1	mg/L	
00900	HARDNESS, TOTAL, CALCULATED (MG/L AS CACO3)		962	mg/L as CACO3	
00920	MAGNESIUM (MG/L)		38	mg/L	
71851	NITRATE NITROGEN, DISSOLVED, CALCULATED (MG/L AS NO3)		3.54	mg/L as NO3	
00400	PH (STANDARD UNITS), FIELD		8	SU	
71860	RESIDUAL SODIUM CARBONATE, CALCULATED		0		
00955	SILICA, DISSOLVED (MG/L AS SI02)		28	mg/L as SIO2	
00931	SODIUM ADSORPTION RATIO, CALCULATED (SAR)		4.68		
00932	SODIUM, CALCULATED, PERCENT		43	PCT	
00929	SODIUM, TOTAL (MG/L AS NA)		334	mg/L	
00094	SPECIFIC CONDUCTANCE, FIELD (UMHOS/CM AT 25C)		4200	MICR	
00945	SULFATE, TOTAL (MG/L AS SO4)		1422	mg/L as SO4	
00010	TEMPERATURE, WATER (CELSIUS)		25	C	
70301	TOTAL DISSOLVED SOLIDS , SUM OF CONSTITUENTS (MG/L)		2277	mg/L	

** Value may not display all significant digits for parameter in results, check Scanned Documents for laboratory paperwork..*

Texas Water Development Board (TWDB)
Groundwater Database (GWDB)
Well Information Report for State Well Number 33-07-502

GWDB Reports and Downloads

Well Basic Details

Scanned Documents

State Well Number	3307502
County	Hunt
River Basin	Sabine
Groundwater Management Area	8
Regional Water Planning Area	D - North East Texas
Groundwater Conservation District	GCD Does Not Exist
Latitude (decimal degrees)	32.928333
Latitude (degrees minutes seconds)	32° 55' 42" N
Longitude (decimal degrees)	-96.18
Longitude (degrees minutes seconds)	096° 10' 48" W
Coordinate Source	+/- 1 Second
Aquifer Code	211NCTC - Nacatoch Sand
Aquifer	Nacatoch
Aquifer Pick Method	
Land Surface Elevation (feet above sea level)	530
Land Surface Elevation Method	Interpolated From Topo Map
Well Depth (feet below land surface)	275
Well Depth Source	Driller's Log
Drilling Start Date	
Drilling End Date	4/18/1984
Drilling Method	Mud (Hydraulic) Rotary
Borehole Completion	Gravel Pack w/Perforations

Well Type	Withdrawal of Water
Well Use	Public Supply
Water Level Observation	Miscellaneous Measurements
Water Quality Available	No
Pump	Submersible
Pump Depth (feet below land surface)	
Power Type	Electric Motor
Annular Seal Method	
Surface Completion	
Owner	Country Wood
Driller	Wades Well Service
Other Data Available	Drillers Log
Well Report Tracking Number	
Plugging Report Tracking Number	
U.S. Geological Survey Site Number	
Texas Commission on Environmental Quality Source Id	G1160093D
Groundwater Conservation District Well Number	
Owner Well Number	
Other Well Number	
Previous State Well Number	
Reporting Agency	Texas Water Development Board
Created Date	8/5/1992
Last Update Date	3/4/2020

Remarks	Owners well #1. Gravel packed from 228 to 275 feet.

Casing

Diameter (in.)	Casing Type	Casing Material	Schedule	Gauge	Top Depth (ft.)	Bottom Depth (ft.)
4	Blank	Plastic (PVC)			0	235
4	Screen	Plastic (PVC)			235	275

Well Tests - No Data

Lithology - No Data

Annular Seal Range - No Data

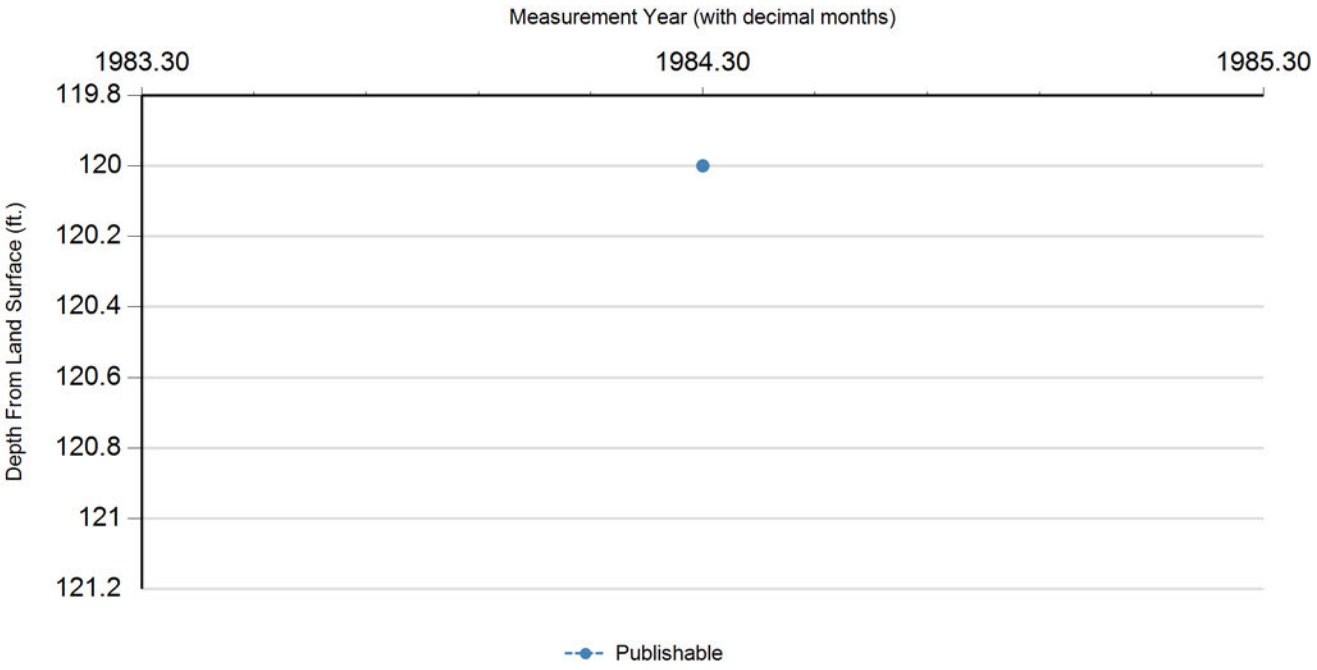
Borehole - No Data

Plugged Back - No Data

Filter Pack - No Data

Packers - No Data

Water Level Measurements



Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	4/20/1984		120		410	1	Registered Water Well Driller	Logging Sonde		

Code Descriptions

Status Code	Status Description
P	Publishable

Water Quality Analysis - No Data Available

STATE OF TEXAS WELL REPORT for Tracking #152597

Owner:	**Sidney Stone**	Owner Well #:	**No Data**
Address:	**7011 County Road 2294 Quinlan, TX 75474**	Grid #:	**33-07-6**
Well Location:	**7011 County Road 2294 Quinlan, TX 75474**	Latitude:	**32° 56' 47" N**
		Longitude:	**096° 09' 47" W**
Well County:	**Hunt**	Elevation:	**No Data**
Type of Work:	**New Well**	Proposed Use:	**Domestic**

Drilling Start Date: **7/1/2005** Drilling End Date: **7/2/2005**

	Diameter (in.)	*Top Depth (ft.)*	*Bottom Depth (ft.)*
Borehole:	**8**	**0**	**224**

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Filter Packed**

	Top Depth (ft.)	*Bottom Depth (ft.)*	*Filter Material*	*Size*
Filter Pack Intervals:	**180**	**224**	**Gravel**	

	Top Depth (ft.)	*Bottom Depth (ft.)*	*Description (number of sacks & material)*
Annular Seal Data:	**0**	**10**	**1 Cement**
	10	**180**	**5 Cement**

Seal Method: **Portland Grout**

Sealed By: **J. Landrith**

Distance to Property Line (ft.): **25**

Distance to Septic Field or other concentrated contamination (ft.): **150**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Water Level: **35 ft.** below land surface on **2005-07-06** Measurement Method: **Unknown**

Packers: **No Data**

Type of Pump: **Submersible**

Well Tests: **Pump** **Yield: 15 GPM**

Water Quality:

Strata Depth (ft.)	Water Type
No Data	**No Data**

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Wades Water Well Co LLC**

3437 County Road 2176
Greenville, TX 75402

Driller Name: **M. T. Wade** License Number: **2892**

Comments: **$mew**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	**1**	**Soil**
1	**7**	**Black Clay**
7	**39**	**Yellow Clay**
39	**96**	**Shale**
96	**106**	**Sand**
106	**196**	**Shale**
196	**224**	**Sand**

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia. (in.) New/Used Type Setting From/To (ft.)
4 New SCH #40 PVC 0 204
4 New SCH #40 Well Screen 204 224 20

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

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Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #190873

Owner:	**Joe Miller**	Owner Well #:	**No Data**
Address:	**7055 Brandy Ln Quinlan, TX 75474**	Grid #:	**33-07-6**
Well Location:	**7055 Brandy Ln Quinlan, TX 75474**	Latitude:	**32° 56' 55" N**
		Longitude:	**096° 09' 40" W**
Well County:	**Hunt**	Elevation:	**No Data**
Type of Work:	**New Well**	Proposed Use:	**Domestic**

Drilling Start Date: **2/11/2006** Drilling End Date: **2/12/2006**

Borehole:

Diameter (in.)	*Top Depth (ft.)*	*Bottom Depth (ft.)*
8	**0**	**255**

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Filter Packed**

Filter Pack Intervals:

Top Depth (ft.)	*Bottom Depth (ft.)*	*Filter Material*	*Size*
200	**255**	**Gravel**	

Annular Seal Data:

Top Depth (ft.)	*Bottom Depth (ft.)*	*Description (number of sacks & material)*
0	**10**	**1 Portland**
100	**200**	**4 Portland**

Seal Method: **Pressure Cement**

Sealed By: **M. Wade**

Distance to Property Line (ft.): **125**

Distance to Septic Field or other concentrated contamination (ft.): **200**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Water Level: **40 ft.** below land surface on **2006-02-12** Measurement Method: **Unknown**

Packers: **No Data**

Type of Pump: **Submersible**

Well Tests: **Pump** **Yield: 21 GPM**

Water Quality:

Strata Depth (ft.)	Water Type
No Data	**No Data**

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Wades Water Well Co, LLC**

3437 CR 2176
Greenville, TX 75402

Driller Name: **M.T. Wade** License Number: **2892**

Comments: **$mew**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	**1**	**Soil**
1	**5**	**Brown Clay**
5	**28**	**Yellow Clay**
28	**58**	**Shale**
58	**68**	**Sand**
68	**216**	**S. Shale**
216	**255**	**Sand Streaks**

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia. (in.) New/Used Type Setting From/To (ft.)
4 New Sch #40 PVC 0 - 235
4 New Sch 40 Well Screen 235 - 255 18#

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Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #221864

Owner:	**Ralph Green**	Owner Well #:	**1**
Address:	**Stone Creek Dr. Quinlan, TX 75474**	Grid #:	**33-07-6**
Well Location:	**Stone Creek Dr. Quinlan, TX 75474**	Latitude:	**32° 57' 10" N**
		Longitude:	**096° 09' 47" W**
Well County:	**Hunt**	Elevation:	**No Data**
Type of Work:	**New Well**	Proposed Use:	**Domestic**

Drilling Start Date: **3/9/2007** Drilling End Date: **3/10/2007**

Borehole:

Diameter (in.)	*Top Depth (ft.)*	*Bottom Depth (ft.)*
8	**0**	**265**

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Filter Packed**

Filter Pack Intervals:

Top Depth (ft.)	*Bottom Depth (ft.)*	*Filter Material*	*Size*
200	**265**	**Gravel**	

Annular Seal Data:

Top Depth (ft.)	*Bottom Depth (ft.)*	*Description (number of sacks & material)*
0	**10**	**1 Portland**
100	**200**	**3 Portland**

Seal Method: **Unknown**

Sealed By: **Unknown**

Distance to Property Line (ft.): **na**

Distance to Septic Field or other concentrated contamination (ft.): **160**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Water Level: **35 ft.** below land surface on **2007-03-10** Measurement Method: **Unknown**

Packers: **No Data**

Type of Pump: **Submersible**

Well Tests: **Pump** **Yield: 16 GPM**

Water Quality:

Strata Depth (ft.)	Water Type
No Data	**No Data**

Chemical Analysis Made: **Unknown**

Did the driller knowingly penetrate any strata which contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Wades Water Well Co LLC**

3437 CR 2176
Greenville, TX 75402

Driller Name: **M.T. Wade** License Number: **2892**

Comments: **$mew**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	**1**	**Sand**
1	**4**	**Brown Clay**
4	**29**	**Yellow**
29	**72**	**Shale**
72	**95**	**Sand**
95	**220**	**Shale**
220	**265**	**Sand Streaks**

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia. (in.) New/Used Type Setting From/To (ft.)
4 New Sch #40 PVC 0 - 245
4 New Sch 40 Screen 245 - 265

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Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #221907

Owner:	**Royce Davis**	Owner Well #:	**1**
Address:	**6841 Deer Trail Quinlan, TX 75474**	Grid #:	**33-07-6**
Well Location:	**6841 Deer Trail Quinlan, TX 75474**	Latitude:	**32° 57' 07" N**
		Longitude:	**096° 09' 50" W**
Well County:	**Hunt**	Elevation:	**No Data**
Type of Work:	**New Well**	Proposed Use:	**Domestic**

Drilling Start Date: **9/24/2007** Drilling End Date: **9/25/2007**

	Diameter (in.)	*Top Depth (ft.)*	*Bottom Depth (ft.)*
Borehole:	**8**	**0**	**255**

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Filter Packed**

	Top Depth (ft.)	*Bottom Depth (ft.)*	*Filter Material*	*Size*
Filter Pack Intervals:	**200**	**255**	**Gravel**	

	Top Depth (ft.)	*Bottom Depth (ft.)*	*Description (number of sacks & material)*
Annular Seal Data:	**0**	**10**	**1 Portland**
	100	**200**	**3 Portland**

Seal Method: **Pouring**

Sealed By: **MT Wade**

Distance to Property Line (ft.): **60**

Distance to Septic Field or other concentrated contamination (ft.): **60**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **aerobic system**

Surface Completion: **Surface Sleeve Installed**

Water Level: **35 ft.** below land surface on **2007-09-25** Measurement Method: **Unknown**

Packers: **No Data**

Type of Pump: **Submersible**

Well Tests: **Pump** **Yield: 19 GPM**

Water Quality:

Strata Depth (ft.)	Water Type
No Data	**No Data**

Chemical Analysis Made: **Unknown**

Did the driller knowingly penetrate any strata which contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Wades Water Well Co LLC**

3437 CR 2176
Greenville, TX 75402

Driller Name: **M.T. Wade** License Number: **2892**

Comments: **$mew**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	**1**	**Sand**
1	**6**	**Red Clay**
6	**36**	**Yellow**
36	**126**	**S. Shale**
126	**150**	**Sand**
150	**225**	**Shale**
225	**255**	**Sand Streaks**

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia. (in.) New/Used Type Setting From/To (ft.)
4 New Sch #40 PVC 0 - 235
4 New Sch 40 Screen 235 - 255 14#

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Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #221922

Owner:	**D. Garrett**	Owner Well #:	**1**
Address:	**1699 CR 2278 Quinlan, TX 75474**	Grid #:	**33-07-6**
Well Location:	**1699 CR 2278 Quinlan, TX 75474**	Latitude:	**32° 55' 33" N**
		Longitude:	**096° 09' 46" W**
Well County:	**Hunt**	Elevation:	**No Data**
Type of Work:	**New Well**	Proposed Use:	**Domestic**

Drilling Start Date: **4/23/2008** Drilling End Date: **4/24/2008**

Borehole:

Diameter (in.)	*Top Depth (ft.)*	*Bottom Depth (ft.)*
8	**0**	**192**

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Filter Packed**

Filter Pack Intervals:

Top Depth (ft.)	*Bottom Depth (ft.)*	*Filter Material*	*Size*
100	**192**	**Gravel**	

Annular Seal Data:

Top Depth (ft.)	*Bottom Depth (ft.)*	*Description (number of sacks & material)*
0	**10**	**1 Portland**
50	**100**	**3 Portland**

Seal Method: **Pouring**

Sealed By: **M. Wade**

Distance to Property Line (ft.): **60**

Distance to Septic Field or other concentrated contamination (ft.): **180**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Water Level: **45 ft.** below land surface on **2008-04-24** Measurement Method: **Unknown**

Packers: **No Data**

Type of Pump: **Submersible**

Well Tests: **Pump** **Yield: 18 GPM**

Water Quality:

Strata Depth (ft.)	Water Type
No Data	**No Data**

Chemical Analysis Made: **Unknown**

Did the driller knowingly penetrate any strata which contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Wades Water Well Co LLC**

3437 CR 2176
Greenville, TX 75402

Driller Name: **M.T. Wade** License Number: **2892**

Apprentice Name: **Joe Landrith** Apprentice Number: **56281**

Comments: **$mew**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	**1**	**Soil**
1	**5**	**Black Clay**
5	**42**	**Yellow Clay**
42	**97**	**Shale**
97	**120**	**Sand**
120	**140**	**S. Streaks**
140	**192**	**Sand**

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia. (in.) New/Used Type Setting From/To (ft.)
4 New Sch #40 PVC 0 - 172
4 New Sch 40 Screen 172 - 192 18#

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

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Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #224451

Owner:	**Bobby McGill**	Owner Well #:	**1**
Address:	**7064 Pr.2513 Quinlan, TX 75474**	Grid #:	**33-07-5**
Well Location:	**7064 Pr.2513 Quinlan, TX 75474**	Latitude:	**32° 56' 08" N**
		Longitude:	**096° 10' 50" W**
Well County:	**Hunt**	Elevation:	**524 ft. above sea level**
Type of Work:	**New Well**	Proposed Use:	**Domestic**

Drilling Start Date: **6/14/2010** Drilling End Date: **6/15/2010**

Borehole:

Diameter (in.)	*Top Depth (ft.)*	*Bottom Depth (ft.)*
8	**0**	**240**

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Filter Packed**

Filter Pack Intervals:

Top Depth (ft.)	*Bottom Depth (ft.)*	*Filter Material*	*Size*
180	**240**	**Gravel**	

Annular Seal Data:

Top Depth (ft.)	*Bottom Depth (ft.)*	*Description (number of sacks & material)*
0	**10**	**1 cement**
10	**180**	**3 cement**

Seal Method: **pump**

Sealed By: **Joe Landrith**

Distance to Property Line (ft.): **60**

Distance to Septic Field or other concentrated contamination (ft.): **200**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **driller**

Surface Completion: **Surface Sleeve Installed**

Water Level: **60 ft.** below land surface on **2010-06-15** Measurement Method: **Unknown**

Packers: **No Data**

Type of Pump: **Submersible** Pump Depth (ft.): **180**

Well Tests: **Unknown** **Yield: 20 GPM with 100 ft. drawdown after 2 hours**

Water Quality:

Strata Depth (ft.)	Water Type
48	pottable

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Wades water well**

3437 cr. 2176
Greenville, TX 75402

Driller Name: **MT Wade** License Number: **2892**

Apprentice Name: **Joe Landrith** Apprentice Number: **56281**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	1	sand soil
1	7	blk clay
7	44	yellow
44	88	shale
88	104	sand
104	192	shale
192	240	sand

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia. (in.) New/Used Type Setting From/To (ft.)
4 new sch #40 pvc 0-220
4 new sch 40 pvc screen 220-240 #14

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

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Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #461750

Owner:	**Brandon Kirby**	Owner Well #:	**No Data**
Address:	**1880 Chappel rd Quinlan, TX 75474**	Grid #:	**33-07-5**
Well Location:	**1880 Chappel rd Quinlan, TX 75474**	Latitude:	**32° 56' 10" N**
		Longitude:	**096° 10' 54" W**
Well County:	**Hunt**	Elevation:	**500 ft. above sea level**
Type of Work:	**New Well**	Proposed Use:	**Domestic**

Drilling Start Date: **8/10/2017** Drilling End Date: **8/11/2017**

	Diameter (in.)	*Top Depth (ft.)*	*Bottom Depth (ft.)*
Borehole:	**8**	**0**	**150**

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Screened**

Annular Seal Data:	*Top Depth (ft.)*	*Bottom Depth (ft.)*	*Description (number of sacks & material)*
	0	**10**	**Cement 1 Bags/Sacks**
	10	**70**	**Cement 3 Bags/Sacks**

Seal Method: **Poured**

Sealed By: **Driller**

Distance to Property Line (ft.): **300**

Distance to Septic Field or other concentrated contamination (ft.): **200**

Distance to Septic Tank (ft.): **100**

Method of Verification: **steel tape**

Surface Completion: **Surface Sleeve Installed** **Surface Completion by Driller**

Water Level: **50 ft.** below land surface on **2017-08-14** Measurement Method: **Steel Tape**

Packers: **No Data**

Type of Pump: **Submersible** Pump Depth (ft.): **140**

Well Tests: **Yield: 10 GPM with 60 ft. drawdown after unspecified hours**

Water Quality:

Strata Depth (ft.)	Water Type
No Data	**No Data**

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Wades water well**

3437 cr 2176
Greenville, TX 75402

Driller Name: **MT Wade** License Number: **2892**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	**1**	**soil**
1	**11**	**brown clay**
11	**21**	**brown sand**
21	**32**	**brown clay**
32	**72**	**gray shale**
72	**90**	**sand**
90	**150**	**sand streaks**

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia (in.)	Type	Material	Sch./Gage	Top (ft.)	Bottom (ft.)
4	**Blank**	**New Plastic (PVC)**	**40**	**0**	**130**
4	**Screen**	**New Plastic (PVC)**	**40 0.18**	**130**	**150**

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STATE OF TEXAS WELL REPORT for Tracking #492321

Owner:	**Chad Cook**	Owner Well #:	**No Data**
Address:	**7376 County Road 2532 Quinlan, TX 75474**	Grid #:	**33-07-5**
Well Location:	**7376 County Road 2532 Quinlan, TX 75474**	Latitude:	**32° 56' 09.04" N**
		Longitude:	**096° 10' 32.48" W**
Well County:	**Hunt**	Elevation:	**No Data**
Type of Work:	**New Well**	Proposed Use:	**Domestic**

Drilling Start Date: **8/20/2018** Drilling End Date: **8/21/2018**

	Diameter (in.)	*Top Depth (ft.)*	*Bottom Depth (ft.)*
Borehole:	**8**	**0**	**197**

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Screened**

Annular Seal Data:

Top Depth (ft.)	*Bottom Depth (ft.)*	*Description (number of sacks & material)*
0	**10**	**Cement 1 Bags/Sacks**
100	**150**	**Cement 3 Bags/Sacks**

Seal Method: **Poured**

Sealed By: **Driller**

Distance to Property Line (ft.): **200**

Distance to Septic Field or other concentrated contamination (ft.): **300**

Distance to Septic Tank (ft.): **200**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed** **Surface Completion by Driller**

Water Level: **No Data** on **2018-08-21**

Packers: **No Data**

Type of Pump: **Submersible** Pump Depth (ft.): **180**

Well Tests: **Pump** **Yield: 18 GPM after 2 hours, no drawdown specified**

Water Quality:

Strata Depth (ft.)	Water Type
197	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Wades water well**

3437 cr 2176
Greenville, TX 75402

Driller Name: **MT Wade** License Number: **2892**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	2	sandy soil
2	8	brown clay
8	45	yellow clay
45	64	gray shale
64	78	sand
78	104	gray shale
104	107	rock
107	164	gray shale
164	167	rock
167	197	sand

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia (in.)	Type	Material	Sch./Gage	Top (ft.)	Bottom (ft.)
4	Blank	New Plastic (PVC)	40	0	177
4	Screen	New Plastic (PVC)	40 0.18	177	197

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(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #651877

Owner:	**Kayly Fain**	Owner Well #:	**1**
Address:	**1668 county road 2540 Quinlan, TX 75474**	Grid #:	**33-07-5**
Well Location:	**1668 county road 2540 Quinlan, TX 75474**	Latitude:	**32° 55' 53.76" N**
		Longitude:	**096° 10' 55.38" W**
Well County:	**Hunt**	Elevation:	**No Data**
Type of Work:	**New Well**	Proposed Use:	**Domestic**

Drilling Start Date: **9/7/2023** Drilling End Date: **9/11/2023**

	Diameter (in.)	*Top Depth (ft.)*	*Bottom Depth (ft.)*
Borehole:	**8**	**0**	**386**

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Screened**

Annular Seal Data:

Top Depth (ft.)	*Bottom Depth (ft.)*	*Description (number of sacks & material)*
0	**10**	**Cement 1 Bags/Sacks**
200	**240**	**Cement 4 Bags/Sacks**

Seal Method: **Poured**

Sealed By: **Driller**

Distance to Property Line (ft.): **60**

Distance to Septic Field or other concentrated contamination (ft.): **none**

Distance to Septic Tank (ft.): **none**

Method of Verification: **wheel**

Surface Completion: **Surface Sleeve Installed** **Surface Completion by Driller**

Water Level: **90 ft.** below land surface on **2023-09-13** Measurement Method: **Air Line**

Packers: **No Data**

Type of Pump: **Submersible** Pump Depth (ft.): **280**

Well Tests: **Pump** **Yield: 12 GPM after 4 hours, no drawdown specified**

Water Quality:

Strata Depth (ft.)	Water Type
360 - 386	**No Data**

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Wades water well**

3437 cr 2176
Greenville, TX 75402

Driller Name: **M.T. Wade** License Number: **2892**

Apprentice Name: **Joe Landrith** Apprentice Number: **56281**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	**1**	**sandy soil**
1	**41**	**brownclay**
41	**140**	**gray shale**
140	**165**	**sand streaks**
165	**248**	**sandy shale**
248	**262**	**sand**
262	**356**	**sandy shale**
356	**360**	**rock**
360	**386**	**sand**

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia (in.)	Type	Material	Sch./Gage	Top (ft.)	Bottom (ft.)
4.5	**Blank**	**New Plastic (PVC)**	**40**	**0**	**366**
4	**Screen**	**New Plastic (PVC)**	**40**	**366**	**386**

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Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

Brandon Maldonado

From: Brandon Maldonado
Sent: Friday, June 6, 2025 4:07 PM
To: Natalia Rodriguez Pinilla
Cc: sep4243@sbcglobal.net
Subject: RE: Application to Renew Permit No. WQ0014236001 - Notice of Deficiency Letter

Good afternoon,

Your response to all items of the NOD are sufficient. I will now work to admin complete your application.

Please let me know if you have any questions.

Regards,

Brandon Maldonado
Texas Commission on Environmental Quality
Water Quality Division
512-239-4331
Brandon.Maldonado@tceq.texas.gov

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

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From: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Sent: Friday, June 6, 2025 1:45 PM
To: Brandon Maldonado <Brandon.Maldonado@tceq.texas.gov>
Cc: sep4243@sbcglobal.net
Subject: Re: Application to Renew Permit No. WQ0014236001 - Notice of Deficiency Letter

Hi Brandon,

Thank you for sending this. Yes, the portion of the NORI is correct, please move forward with next steps.

Let me know if you need me to send a letter approving it, or if this email is enough

Have a great weekend.

Get Outlook for Mac

From: Brandon Maldonado <Brandon.Maldonado@tceq.texas.gov>
Date: Friday, June 6, 2025 at 9:13 AM
To: sep4243@sbcglobal.net <sep4243@sbcglobal.net>
Cc: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Subject: Application to Renew Permit No. WQ0014236001 - Notice of Deficiency Letter

Dear Ms. Sandra Petersen

The attached Notice of Deficiency (NOD) letter sent on **June 6, 2025,** requests additional information needed to declare the application administratively complete. Please send complete response to my attention by **June 20, 2025.**

Please let me know if you have any questions.

Regards,

Brandon Maldonado
Texas Commission on Environmental Quality
Water Quality Division
512-239-4331
Brandon.Maldonado@tceq.texas.gov

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