Administrative Package Cover Page

This file contains the following documents:

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS
Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER
The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

CHTX Club, LLC CN606347763 proposes to operate CHTX Club, LLC Wastewater Treatment Facility RN112130869, a domestic on site treatment plant. The facility is located at 15641 County Road P, in Childress, Childress County, Texas 79201. CHTX Club, LLC will receive domestic wastewater from Childress Golf Village Childress, Texas for treatment and disposal. This permit will not authorize a discharge of pollutants into water in the state. *<<For TLAP applications include the following sentence, otherwise delete:>>*

Discharges from the facility are expected to contain domestic wastewater pollutants. The proposed output (flow) will be 0.0099 MGD. Watewater will be treated by an activated sludge package plant that operates in a single state nitrification mode The package plant process unit will include preliminary screening, flow equalization, (1) aeration basin, (1) secondary clarifier, (1) chlorine contact basin, (1) aerobic digester.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PROPOSED PERMIT NO. WQ0016717001

APPLICATION. CHTX Club, LLC and Childress Hall, LLC, P.O. Box 298, Childress, Texas 79201, have applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Land Application Permit (TLAP) No. WQ0016717001 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 9,999 gallons per day via irrigation of 250 acres of public access land. The domestic wastewater treatment facility and disposal area will be located at 15641 County Road P, near the city of Childress, in Childress County, Texas 79201. TCEQ received this application on January 30, 2025. The permit application will be available for viewing and copying at Childress City Hall, 315 Commerce Street, Childress, in Childress 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=-100.3041,34.531751&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.**

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 CHTX Club, LLC and Childress Hall, LLC at the address stated above or by calling Mr. Eric Greytok, Project Manager, at 940-585-8902.

Issuance Date: February 26, 2025

Leah Whallon

From: Clint Green <Clint.Green@ojdengineering.com>
Sent: Tuesday, February 25, 2025 1:31 PM
To: Leah Whallon
Cc: Che Shadle
Subject: Application for Proposed Permit No. WQ0016717001; CHTX Club, LLC; Childress Hall
Attachments: Core Data Form - Childress Hall.pdf; TCEQ-10053 Signature Page.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon Leah,

Attached are the documents that you requested for Childress Hall, LLC.

Please let me know if you have any questions.

Thank you,

Clint Green, Engineering Technician/Designer
OJD Engineering, LLC
2420 Lakeview Drive
Amarillo, Texas 79109
806.352.7117. ext. 105
806.352.7188 Fax
806.433.1138 Cell

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0016717001

Applicant: Childress Hall, LLC

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): Eric Greytok

Signatory title: Project Manager

Signature: _____ Date: 2/25/25

(Use blue ink)

Subscribed and Sworn to before me by the said Eric Greytok

on this 25th day of February, 2025.

My commission expires on the 2nd day of June, 2026.

Olivia M. Fisher

Notary Public

OLIVIA M FISHER
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 06/02/26
NOTARY ID 13379375-0

[SEAL]

Childress

County, Texas

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		RN

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:*

Childress Hall, LLC

7. TX SOS/CPA Filing Number	**8. TX State Tax ID** (11 digits)	**9. Federal Tax ID** (9 digits)	**10. DUNS Number** *(if applicable)*
0804917803	32088334217	92-3581316	

11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited

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

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: 124 1/2 Avenue B NW

City	Childress	**State**	TX	**ZIP**	79201	**ZIP + 4**	

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

18. Telephone Number	**19. Extension or Code**	**20. Fax Number** *(if applicable)*
(940) 585-8902		( ) -

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.)*

Childress Hall, LLC

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	124 1/2 Avenue B NW							
	City	Childress	**State**	TX	**ZIP**	79201	**ZIP + 4**	
24. County								

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

25. Description to Physical Location:			
26. Nearest City		**State**	**Nearest ZIP Code**
Childress		TX	79201

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:	34.531751°		**28. Longitude (W) In Decimal:**	-100.304113°	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
34	31	54.30	100	18	14.81

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)
7997		713910	

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

Golf/Recreation

34. Mailing Address:	**124 1/2 Avenue B NW**							
	City	Childress	**State**	TX	**ZIP**	79201	**ZIP + 4**	
35. E-Mail Address:	egreytok@childresshall.com							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(940) 585-8902		( ) -

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:

SECTION IV: Preparer Information

40. Name:	Clint Green		**41. Title:**	Engineering Technician/Designer
42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**	
(806) 352-7117		(806) 352-7188	clint.green@ojdengineering.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:	Childress Hall, LLC	**Job Title:**	Project Manager	
Name *(In Print):*	Eric Greytok		**Phone:**	(940) 585- **8902**
Signature:			**Date:**	2/25/25

Leah Whallon

From: Clint Green <Clint.Green@ojdengineering.com>
Sent: Tuesday, February 11, 2025 3:19 PM
To: Leah Whallon
Cc: Che Shadle
Subject: RE: Application for Proposed Permit No. WQ0016717001; CHTX Club, LLC; Childress Hall
Attachments: Administrative NOD Response Letter.pdf; 5 - Mailing Labels - Land Owners.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon Leah,

Attached are the responses to the Notice of Deficiency letter dated February 7, 2025 requesting additional information. I have attached the landowner list formatted for mailing labels (Avery 5160) in a Microsoft Word document.

Please feel free to contact me if you have any questions.

Thank you,

Clint Green, Engineering Technician/Designer
OJD Engineering, LLC
2420 Lakeview Drive
Amarillo, Texas 79109
806.352.7117. ext. 105
806.352.7188 Fax
806.433.1138 Cell

From: Che Shadle <Che.Shadle@ojdengineering.com>
Sent: Friday, February 7, 2025 4:12 PM
To: Clint Green <Clint.Green@ojdengineering.com>
Subject: FW: Application for Proposed Permit No. WQ0016717001; CHTX Club, LLC; Childress Hall

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From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Friday, February 7, 2025 4:06 PM
To: Che Shadle <Che.Shadle@ojdengineering.com>
Cc: egreytok@childresshall.com
Subject: Application for Proposed Permit No. WQ0016717001; CHTX Club, LLC; Childress Hall

Good Afternoon,

Please see the attached Notice of Deficiency letter dated February 7, 2025 requesting additional information needed to declare the application administratively complete. Please send the complete response by February 21, 2025.

Please let me know if you have any questions.

Thank you,

Leah Whallon
Texas Commission on Environmental Quality
Water Quality Division
512-239-0084
leah.whallon@tceq.texas.gov

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

OJD Engineering
The Benchmark

Febrary 11, 2025

Ms. Leah Whallon
TCEQ
Applications Review and Processing Team (MC148)
P.O. Box 13087
Austin, TX 78711

Re: Administrative Notice of Deficiency Email
Application for Proposed Permit No.: WQ0016717001
Applicant Name: CHTX Club, LLC (CN606347763)
Site Name: Childress Hall (RN112130869)
Type of Application: New

VIA EMAIL

Dear Ms. Whallon:

Attached are the responses to each of the adminstrative comments for the CHTX Club, LLC sent via email on February 7, 2025. I have provided a response to each comment along with the corresponding documents.

Sincerely,

Clint Green

Deficiency Descriptions/Resolutions

1. Administrative Report 1.0, Section 8.D
   The public viewing location must be a building that is supported by taxpayer funds. Please provide a revised page to list a public viewing location in the county where the facility will be located.

   Adminstrative Report 1.0, Section 8.D has been revised to include a public viewing location that is supported by taxpayer funds. Please see attached the revised Adminstrative Report 1.0, Section 8.D.

2. Administrative Report 1.0, Section 8.F
   The plain language summary does not list the proposed output (flow) for the facility. Please provide a revised summary that lists the flow. Please also include the now assigned RN and CN numbers referenced in the subject above.

   Adminstrative Report 1.0, Section 8.F has been revised to list the output (flow) for the facility, as well as the assigned RN and CN numbers referenced. Please see attached the revised Adminstrative Report 1.0, Section 8.F.

3. Administrative Report 1.0, Section 9.D-E
   The affected landowner map indicates the owner of the land where the facility and disposal site will be located is owned by Childress Hall LLC. This is not consistent with the application which lists the owner of the land as the applicant, CHTX Club, LLC. If the applicant does not own the land, where the facility and/or disposal site will be located, they must provide an executed lease agreement or deed recorded easement. Alterntively, the owner can apply as a co-applicant. Please clarify and revise the application appropriately.

   Administrative Report 1.0, Section 3 has been revised to list Childress Hall, LLC as the co-owner. The two entities (Childress Hall, LLC and CHTX Club, LLC) are both owned by CHTX Holdings, LLC. Please see attached the revised Adminstrative Report 1.0, Section 3.

4. Administrative Report 1.0, Section 9.F
   No sludge disposal is proposed on the land owned or controlled by the applicant. Please provide a revised page to remove the owner information or list “n/a” for this item.

Administrative Report 1.0, Section 9.F has been revised to list n/a for the items in this section. Please see attached the revised Administrative Report 1.0, Section 9.F.

5. Administrative Report 1.1, Section 1
The affected landowner map does not label all properties adjacent to the applicant's property boundaries and disposal site boundaries. Please provide a revised landowner map that numbers each property adjacent to the applicant's property boundaries. Please include an updated cross-reference landowner list and the landowner list formatted for mailing labels (Avery 5160) in a Microsoft Word document.

   A revised landowner map has been provided to label all adjacent properties to the applicanat's property boundaries and disposal site boundaries which includes numbers to each property adjacent to the applicant's property boundaries. An updated cross-refernce landowner list and mailing labels in a Microsoft Word document are provided. Please see attached.

6. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

   APPLICATION. CHTX Club, LLC, P.O. Box 298, Childress, Texas 79201, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Land Application Permit (TLAP) No. WQ0016717001 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 9,999 gallons per day via irrigation of 250 acres of public access land. The domesctic wastewater treatment facility and disposal area will be located at 15641 County Road P, near the city of Childress, in Childress County, Texas 79201. TCEQ received this application on January 30, 2025. The permit application will be available for viewing and published in the newspaper. The application, including and 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=-100.3041,34.531751&level=18

   Further information may also be obtained from CHTX Club, LLC at the address stated above or by calling Mr. Eric Greytok, Project Manager, at 940-585-8902.

The information in the NORI has been read for errors and omissions. Upon review, no errors or omissions were noticed.

Wolfforth | Amarillo

ph: 806 352.7117 2420 Lakeview Dr. Amarillo, TX. 79109 fax: 806 352.7188

www.**OJD**Engineering.com

Engineering Firm # 4393 - Surveying Firm # 10090900

Organization Name: CHTX Club, LLC

Mailing Address: PO Box 298 City, State, Zip Code: Childress, TX 79201

Phone No.: 940.585.8902 E-mail Address: egreytok@childresshall.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: Childress City Hall

Location within the building: Front Desk

Physical Address of Building: 315 Commerce Street

City: Childress County: Childress

Contact (Last Name, First Name): Kevin Hodges

Phone No.: 940.732.6011 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.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS
Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER
The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

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Discharges from the facility are expected to contain domestic wastewater pollutants. The proposed output (flow) will be 0.0099 MGD. Watewater will be treated by an activated sludge package plant that operates in a single state nitrification mode The package plant process unit will include preliminary screening, flow equalization, (1) aeration basin, (1) secondary clarifier, (1) chlorine contact basin, (1) aerobic digester.

☐ 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 Click to enter text.

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

Expiration Date: Click to enter text.

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?

CHTX Club, LLC

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

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

CN: Click to enter text.

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

Prefix: Click to enter text. Last Name, First Name: Greytok, Eric

Title: Project Manager Credential: Click to enter text.

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

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

Childress Hall, LLC

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

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

CN: Click to enter text.

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

Prefix: Click to enter text. Last Name, First Name: Gretytok, Eric

Title: Project Manager Credential: Click to enter text.

Provide a brief description of the need for a co-permittee: The two entities (Childress Hall, LLC and CHTX Club, LLC) are both owned by CHTX Holdings, LLC. .

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. A-1

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Click to enter text. Last Name, First Name: Greytok, Eric

Title: Project Manager Credential: Click to enter text.

Organization Name: CHTX Club, LLC

Mailing Address: PO Box 298 City, State, Zip Code: Childress, TX 79201

Phone No.: 940.585.8902 E-mail Address: egreytok@childresshall.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

B. Prefix: Click to enter text. Last Name, First Name: Shadle, Che

Title: P.E., President Credential: Click to enter text.

Organization Name: OJD Engineering, LLC

Mailing Address: 2420 Lakeview Drive City, State, Zip Code: Amarillo, TX 79109

Phone No.: 806.352.7117 E-mail Address: che.shadle@ojdengineering.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Click to enter text. Last Name, First Name: Green, Clint

Title: Engineering Technician/Designer Credential: Click to enter text.

Organization Name: OJD Engineering, LLC

Mailing Address: 2420 Lakeview Drive City, State, Zip Code: Amarillo, TX 79109

Phone No.: 806.352.7117 E-mail Address: clint.green@ojdengineering.com

B. Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

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

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

Attachment: A-2

G. Public Involvement Plan Form

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

Attachment: A-3

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** Click to enter text.

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):

Childress Hall

C. Owner of treatment facility: Childress Hall, LLC

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

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

Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Childress Hall, LLC

Mailing Address: PO Box 298 City, State, Zip Code: Childress, TX 79201

Phone No.: 940.585.8902 E-mail Address: egreytok@childresshall.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: Click to enter text.

E. Owner of effluent disposal site:

Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Childress Hall, LLC

Mailing Address: PO Box 298 City, State, Zip Code: Childress, TX 79201

Phone No.: 940.585.8902 E-mail Address: egreytok@childresshall.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: Click to enter text.

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

Prefix: 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): Childress

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

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.

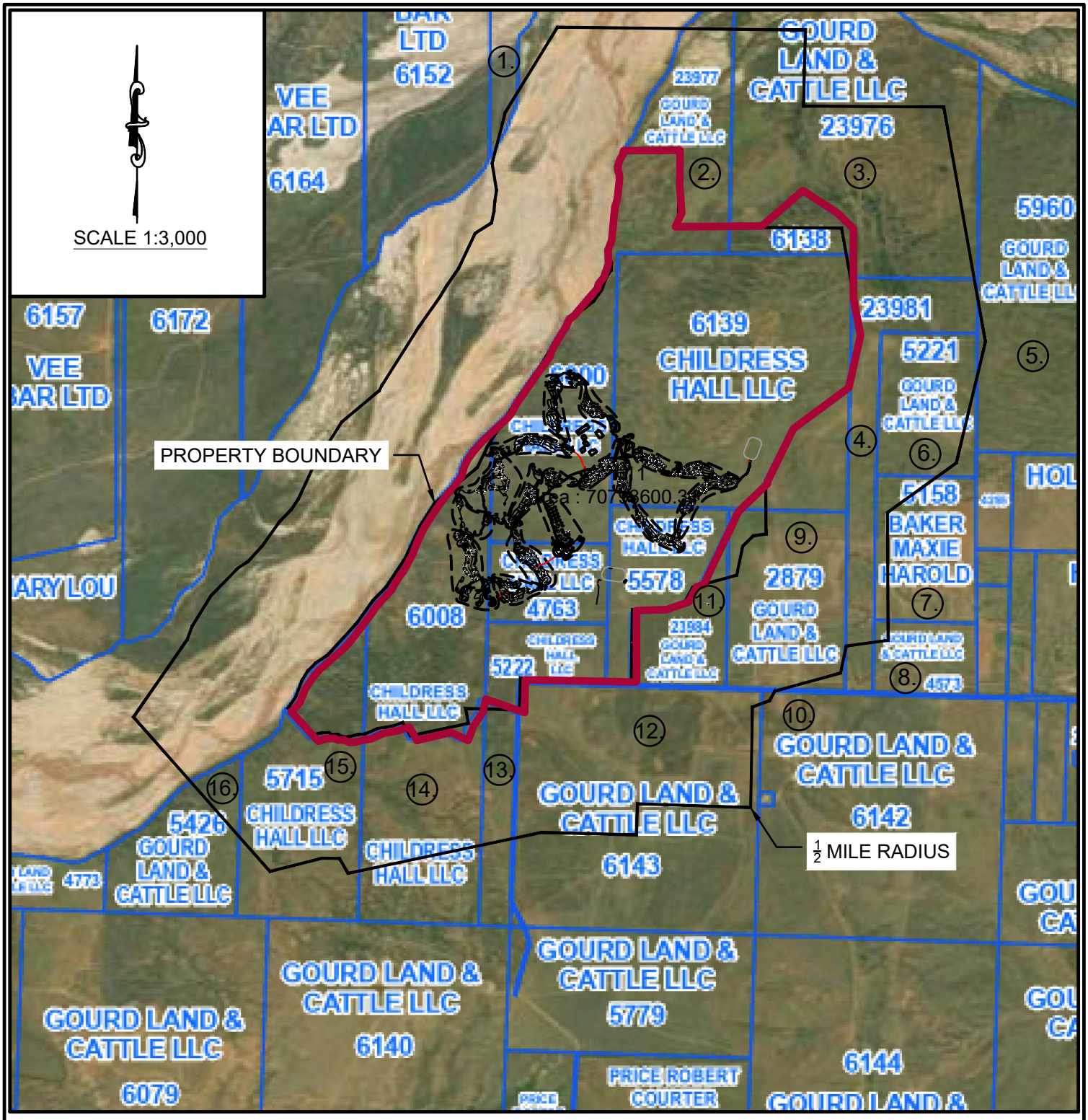
D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: Click to enter text.

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:



Adjacent Landowner Map

OJD Engineering, LLC
The Benchmark

F-4393

Amarillo | Wolfforth
www.OJDEngineering.com

AMARILLO
2420 Lakeview Drive
Amarillo, TX 79109
(806) 352-7117

WOLFFORTH
328 E. Hwy 62, Unit No. 1
Wolfforth, TX 79382
(806) 791-2300

ADJACENT LANDOWNERS

1. Vee Bar LTD
   PO Box 1179
   Kermit, TX 79745

2. Gourd Land and Cattle LLC
   1547 CR 8
   Childress, TX 79201

3. Gourd Land and Cattle LLC
   1547 CR 8
   Childress, TX 79201

4. Gourd Land and Cattle LLC
   1547 CR 8
   Childress, TX 79201

5. Gourd Land and Cattle LLC
   1547 CR 8
   Childress, TX 79201

6. Gourd Land and Cattle LLC
   1547 CR 8
   Childress, TX 79201

7. Maxie and Harlod Baker
   PO Box 144
   Wildorado, TX 79098

8. Gourd Land and Cattle LLC
   1547 CR 8
   Childress, TX 79201

9. Gourd Land and Cattle LLC
   1547 CR 8
   Childress, TX 79201

10. Gourd Land and Cattle LLC
    1547 CR 8
    Childress, TX 79201

11. Gourd Land and Cattle LLC
    1547 CR 8
    Childress, TX 79201

12. Gourd Land and Cattle LLC
    1547 CR 8
    Childress, TX 79201

13. Childress Hall LLC
    PO Box 298
    Childress, TX 79201

14. Childress Hall LLC
    PO Box 298
    Childress, TX 79201

15. Childress Hall LLC
    PO Box 298
    Childress, TX 79201

16. Gourd Land and Cattle LLC
    1547 CR 8
    Childress, TX 79201

VEE BAR LTD
PO BOX 1179
KERMIT, TX 79745

GOURD LAND & CATTLE LLC
1547 CR 8
CHILDRESS, TX 79201

GOURD LAND & CATTLE LLC
1547 CR 8
CHILDRESS, TX 79201

GOURD LAND & CATTLE LLC
1547 CR 8
CHILDRESS, TX 79201

GOURD LAND & CATTLE LLC
1547 CR 8
CHILDRESS, TX 79201

GOURD LAND & CATTLE LLC
1547 CR 8
CHILDRESS, TX 79201

MAXIE AND HAROLD BAKER
PO BOX 144
WILDORADO, TX 79098

GOURD LAND & CATTLE LLC
1547 CR 8
CHILDRESS, TX 79201

GOURD LAND & CATTLE LLC
1547 CR 8
CHILDRESS, TX 79201

GOURD LAND & CATTLE LLC
1547 CR 8
CHILDRESS, TX 79201

GOURD LAND & CATTLE LLC
1547 CR 8
CHILDRESS, TX 79201

GOURD LAND & CATTLE LLC
1547 CR 8
CHILDRESS, TX 79201

CHILDRESS HALL LLC
PO BOX 298
CHILDRESS, TX 79201

CHILDRESS HALL LLC
PO BOX 298
CHILDRESS, TX 79201

CHILDRESS HALL LLC
PO BOX 298
CHILDRESS, TX 79201

GOURD LAND & CATTLE LLC
1547 CR 8
CHILDRESS, TX 79201

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: CHTX Club, LLC

PERMIT NUMBER (If new, leave blank): WQ00Click to enter text.

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: 1025

Check/Money Order Amount: $350.00

Name Printed on Check: CHTX Club, LLC

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 Click to enter text.

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

Expiration Date: Click to enter text.

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?

CHTX Club, LLC

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

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

CN: Click to enter text.

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

Prefix: Click to enter text. Last Name, First Name: Greytok, Eric

Title: Project Manager Credential: Click to enter text.

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

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

Click to enter text.

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

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

CN: Click to enter text.

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

Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

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

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Click to enter text. Last Name, First Name: Greytok, Eric

Title: Project Manager Credential: Click to enter text.

Organization Name: CHTX Club, LLC

Mailing Address: PO Box 298 City, State, Zip Code: Childress, TX 79201

Phone No.: 940.585.8902 E-mail Address: egreytok@childresshall.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

B. Prefix: Click to enter text. Last Name, First Name: Shadle, Che

Title: P.E., President Credential: Click to enter text.

Organization Name: OJD Engineering, LLC

Mailing Address: 2420 Lakeview Drive City, State, Zip Code: Amarillo, TX 79109

Phone No.: 806.352.7117 E-mail Address: che.shadle@ojdengineering.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Click to enter text. Last Name, First Name: Green, Clint

Title: Engineering Technician/Designer Credential: Click to enter text.

Organization Name: OJD Engineering, LLC

Mailing Address: 2420 Lakeview Drive City, State, Zip Code: Amarillo, TX 79109

Phone No.: 806.352.7117 E-mail Address: clint.green@ojdengineering.com

B. Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

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

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

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Click to enter text. Last Name, First Name: Greytok, Eric

Title: Project Manager Credential: Click to enter text.

Organization Name: CHTX Club, LLC

Mailing Address: PO Box 298 City, State, Zip Code: Childress, TX 79201

Phone No.: 940.585.8902 E-mail Address: egreytok@childresshall.com

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

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

Prefix: Click to enter text. Last Name, First Name: Greytok, Eric

Title: Project Manager Credential: Click to enter text.

Organization Name: CHTX Club, LLC

Mailing Address: PO Box 298 City, State, Zip Code: Childress, TX 79201

Phone No.: 940.585.8902 E-mail Address: egreytok@childresshall.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Click to enter text. Last Name, First Name: Greytok, Eric

Title: Project Manager Credential: Click to enter text.

Organization Name: CHTX Club, LLC

Mailing Address: PO Box 298 City, State, Zip Code: Childress, TX 79201

Phone No.: 940.585.8902 E-mail Address: egreytok@childresshall.com

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

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

☐ E-mail Address

☐ Fax

☒ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Click to enter text. Last Name, First Name: Greytok, Eric

Title: Project Manager Credential: Click to enter text.

Organization Name: CHTX Club, LLC

Mailing Address: PO Box 298 City, State, Zip Code: Childress, TX 79201

Phone No.: 940.585.8902 E-mail Address: egreytok@childresshall.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: CHTX Club, LLC

Location within the building: Front Desk

Physical Address of Building: 15641 County Road P

City: Childress County: Childress

Contact (Last Name, First Name): Greytok, Eric

Phone No.: 940.585.8902 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: A-2

G. Public Involvement Plan Form

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

Attachment: A-3

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** Click to enter text.

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):

Childress Hall

C. Owner of treatment facility: CHTX Club, LLC

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

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

Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: CHTX Club, LLC

Mailing Address: PO Box 298 City, State, Zip Code: Childress, TX 79201

Phone No.: 940.585.8902 E-mail Address: egreytok@childresshall.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: Click to enter text.

E. Owner of effluent disposal site:

Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: CHTX Club, LLC

Mailing Address: PO Box 298 City, State, Zip Code: Childress, TX 79201

Phone No.: 940.585.8902 E-mail Address: egreytok@childresshall.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: Click to enter text.

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

Prefix: Click to enter text. Last Name, First Name: Greytok, Eric

Title: Project Manager Credential: Click to enter text.

Organization Name: CHTX Club, LLC

Mailing Address: PO Box 298 City, State, Zip Code: Childress, TX 79201

Phone No.: 940.585.8902 E-mail Address: egreytok@childresshall.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: Click to enter text.

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☐ Yes ☐ No

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

Click to enter text.

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

☐ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): Childress

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

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:

15641 County Road P Childress, TX 79201. Disposal will occur through watering of golf course.

B. City nearest the disposal site: Childress

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

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

Waste water for the facility will be collected then go through a preliminary screening, then flow equalization/hydraulic retention, then to an aeration basin, then secondary clarifier, then to chlorine contact chamber/chemical disinfection, then to aerobic digester, and ultimately to outfall, irrigation pond, and golf course.

E. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: Grassy Creek-Prairie Dog Town Fork Red River

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.

Sludge will stay in the digester; clear liquor will be decanted off the digester and returned to the aeration basin. Sludge is wasted from the final clarifier to the aerobic digester. Some sludge from the clarifier is also returned to the aeration basin. Sludge will be disposed in City Landfill.

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: Click to enter text.

Applicant: CHTX Club, LLC

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): Eric Greytok

Signatory title: Project Manager

Signature: _____ Date: 1/28/2025

(Use blue ink)

Subscribed and Sworn to before me by the said Eric Greytok

on this 28th day of January, 2025.

My commission expires on the first day of March, 2025.

Shanon Wilks

Notary Public

SHANON WILKS
MY COMMISSION EXPIRES
March 1, 2027
NOTARY ID: 124460859

[SEAL]

Childress

County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:

- ☒ The applicant's property boundaries
- ☒ The facility site boundaries within the applicant's property boundaries
- ☒ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
- ☒ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
- ☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
- ☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
- ☒ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
- ☒ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
- ☒ The property boundaries of all landowners surrounding the effluent disposal site
- ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
- ☒ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located

B. ☒ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.

C. ☒ Indicate by a check mark that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).

D. Provide the source of the landowners' names and mailing addresses: Childress County Appraisal District

E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?

☐ Yes ☒ No

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

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

☐ At least one original photograph of the new or expanded treatment unit location

☐ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.

☐ At least one photograph of the existing/proposed effluent disposal site

☐ A plot plan or map showing the location and direction of each photograph

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

☒ Ownership

☐ Restrictive easement

☐ Nuisance odor control

☐ Variance

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

☐ Yes ☐ No

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: A-7

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

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

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

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

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

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

E-mail Address: Click to enter text.

CN: Click to enter text.

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

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

Electronic Application Submittal ☒ Yes
(See application submittal requirements on page 23 of the instructions.)

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

Summary of Application (in Plain Language) ☒ Yes

Attachment: ADMINISTRATIVE REPORT 1.0 – 4.a.

A-1. CORE DATA FORM (TCEQ FORM 10400)

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		RN

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:

CHTX Club, LLC

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
0805130095	32090624514	92-3581316	

11. Type of Customer:

☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☒ Other: LLC

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
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant
☐ Other:

15. Mailing Address:								
	PO Box 298							
	City	Childress	State	TX	ZIP	79201	ZIP + 4	

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

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(940) 585-8902		( ) -

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.)*

CHTX Club, LLC

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	15641 County Rd 7							
	City	Childress	**State**	TX	**ZIP**	79201	**ZIP + 4**	
24. County								

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

25. Description to Physical Location:	Located approximately 1.6 miles West of Childress on US Highway 287 and approximately 5 .6 miles N of US Highway 287 on County Road 10 and travel 2.5 miles West on County Road P to the entrance of the Childress Golf Village, Childress County, Texas.					
26. Nearest City				**State**		**Nearest ZIP Code**
Childress				TX		79201

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:	34.531751°		**28. Longitude (W) In Decimal:**	-100.304113°	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
34	31	54.30	100	18	14.81

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)
7997		713910	

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

Golf/Recreation

34. Mailing Address:	**PO Box 298**							
	City	**Childress**	**State**	**TX**	**ZIP**	**79201**	**ZIP + 4**	
35. E-Mail Address:	**egreytok@childresshall.com**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(940) 585-8902		( ) -

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:

SECTION IV: Preparer Information

40. Name:	Clint Green	**41. Title:**	Engineering Technician/Designer

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(806) 352-7117		(806) 352-7188	clint.green@ojdengineering.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:	CHTX Club, LLC	**Job Title:**	Project Manager
Name *(In Print):*	Eric Greytok	**Phone:**	(940) 585- **8902**
Signature:		**Date:**	1/22/2025

Attachment: ADMINISTRATIVE REPORT 1.0 – 9.f.

A-2. PLAIN LANGUAGE TEMPLATE (TCEQ FORM 20972)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS
Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER
The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

CHTX Club, LLC (2. Enter Customer Number here (i.e., CN6########)) proposes to operate CHTX Club, LLC Wastewater Treatment Facility (5. Enter Regulated Entity Number here (i.e., RN1########)), a domestic on site treatment plant. The facility is located at 15641 County Road P, in Childress, Childress County, Texas 79201. CHTX Club, LLC will receive domestic wastewater from Childress Golf Village Childress, Texas for treatment and disposal. This permit will not authorize a discharge of pollutants into water in the state. *<<For TLAP applications include the following sentence, otherwise delete:>>*

Discharges from the facility are expected to contain domestic wastewater pollutants. Watewater will be treated by an activated sludge package plant that operates in a single state nitrification mode The package plant process unit will include preliminary screening, flow equalization, (1) aeration basin, (1) secondary clarifier, (1) chlorine contact basin, (1) aerobic digester.

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

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

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

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

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

Attachment: ADMINSTRATIVE REPORT 1.0 – 9.g.

A-3. PUBLIC INVOLVEMENT PLAN (PIP) (TCEQ FORM 20960)

Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

Section 1. Preliminary Screening

☒ New Permit or Registration Application

☐ New Activity – modification, registration, amendment, facility, etc. (see instructions)

If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.

Section 2. Secondary Screening

☐ Requires public notice,

☐ Considered to have significant public interest, **and**

☒ Located within any of the following geographical locations:

- Austin
- Dallas
- Fort Worth
- Houston
- San Antonio
- West Texas
- Texas Panhandle
- Along the Texas/Mexico Border
- Other geographical locations should be decided on a case-by-case basis

If all the above boxes are not checked, a Public Involvement Plan is not necessary. Stop after Section 2 and submit the form.

☒ Public Involvement Plan not applicable to this application. Provide **brief** explanation.

Not considered to have a significant public interest. The proposed facility is not located within the lis

Section 3. Application Information

Type of Application (check all that apply):

Air ☐ Initial ☐ Federal ☐ Amendment ☐ Standard Permit ☐ Title V

Waste ☐ Municipal Solid Waste ☐ Industrial and Hazardous Waste ☐ Scrap Tire
☐ Radioactive Material Licensing ☐ Underground Injection Control

Water Quality

☒ Texas Pollutant Discharge Elimination System (TPDES)

- ☒ Texas Land Application Permit (TLAP)
- ☐ State Only Concentrated Animal Feeding Operation (CAFO)
- ☐ Water Treatment Plant Residuals Disposal Permit

☐ Class B Biosolids Land Application Permit

☐ Domestic Septage Land Application Registration

Water Rights New Permit

☐ New Appropriation of Water

☐ New or existing reservoir

Amendment to an Existing Water Right

☐ Add a New Appropriation of Water

☐ Add a New or Existing Reservoir

☐ Major Amendment that could affect other water rights or the environment

Section 4. Plain Language Summary

Provide a brief description of planned activities.

CHTX Club, LLC will receive industrial wastewater from Childress Golf Village Childress, Texas for treatment and disposal.

Section 5. Community and Demographic Information

Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools.

Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information.

Childress

(City)

Childress

(County)

(Census Tract)

Please indicate which of these three is the level used for gathering the following information.

☐ City ☐ County ☒ Census Tract

(a) Percent of people over 25 years of age who at least graduated from high school

83.3%

(b) Per capita income for population near the specified location

$29,231

(c) Percent of minority population and percent of population by race within the specified location

White alone - 57.7%, Black alone - 7.1%, American Indian and Alaska Native alone - 0.1%, Asian alone - 0.1%, Native Hawaiian and Other Pacific Islander alone - 0.0%, Two or More Races - 19.5%, Hispanic or Latino - 38.2%, White alone, not Hispanic or

(d) Percent of Linguistically Isolated Households by language within the specified location

(e) Languages commonly spoken in area by percentage

(f) Community and/or Stakeholder Groups

(g) Historic public interest or involvement

Section 6. Planned Public Outreach Activities

(a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?

☒ Yes ☐ No

(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?

☐ Yes ☒ No

If Yes, please describe.

If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.

(c) Will you provide notice of this application in alternative languages?

☐ Yes ☒ No

Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.

If yes, how will you provide notice in alternative languages?

☐ Publish in alternative language newspaper
☐ Posted on Commissioner's Integrated Database Website
☐ Mailed by TCEQ's Office of the Chief Clerk
☐ Other (specify)

(d) Is there an opportunity for some type of public meeting, including after notice?

☐ Yes ☐ No

(e) If a public meeting is held, will a translator be provided if requested?

☐ Yes ☐ No

(f) Hard copies of the application will be available at the following (check all that apply):

☐ TCEQ Regional Office ☐ TCEQ Central Office
☐ Public Place (specify)

Section 7. Voluntary Submittal

For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.

Will you provide notice of this application, including notice in alternative languages?

☐ Yes ☒ No

What types of notice will be provided?

☐ Publish in alternative language newspaper
☐ Posted on Commissioner's Integrated Database Website
☐ Mailed by TCEQ's Office of the Chief Clerk
☐ Other (specify)

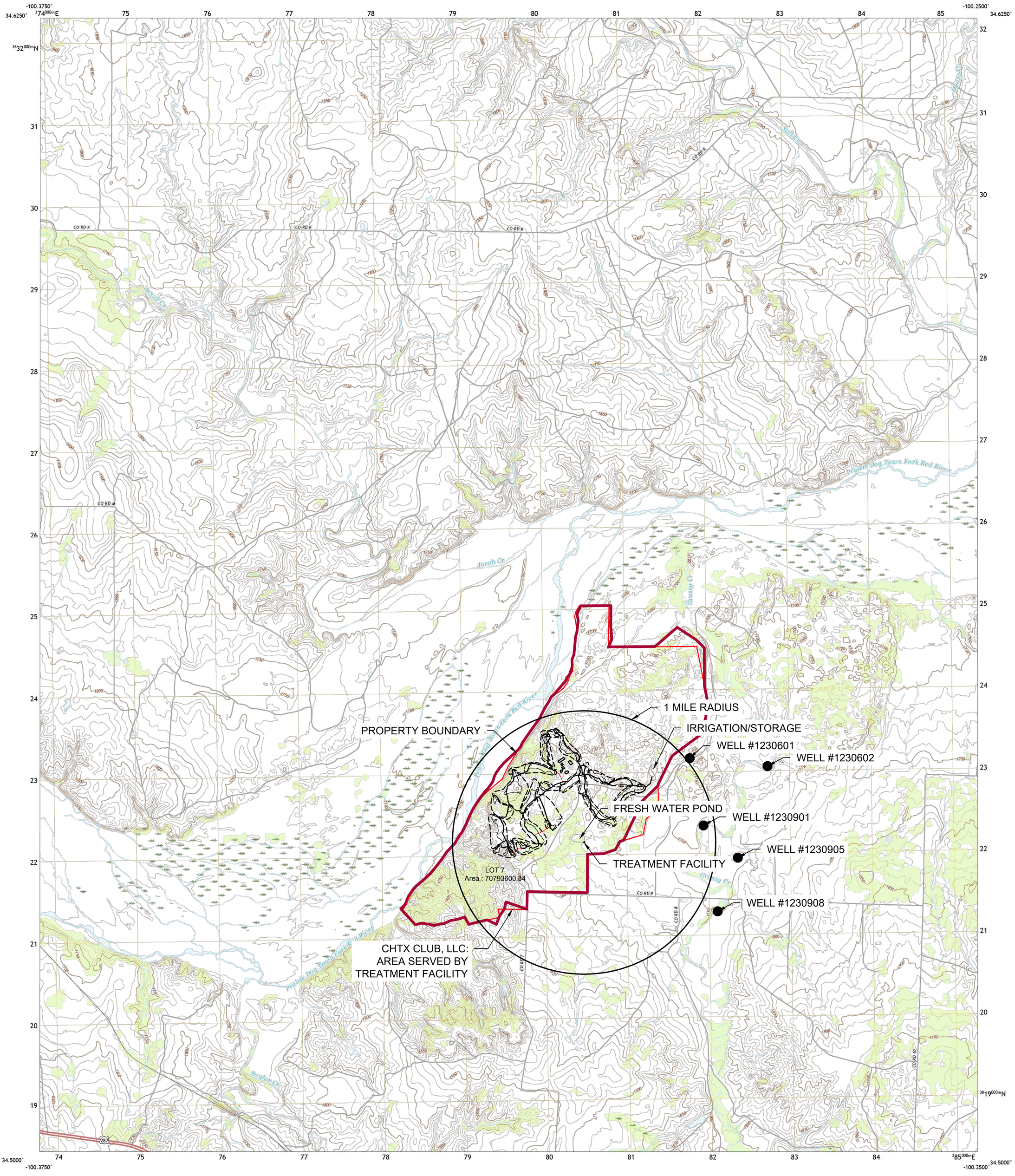
Attachment: ADMINSTRATIVE REPORT 1.0 – 11.b.

A-4. USGS TOPO MAP

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

The National Map US Topo

ESTELLINE SE QUADRANGLE
TEXAS - CHILDRESS COUNTY
7.5-MINUTE SERIES



Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid:Universal Transverse Mercator, Zone 14S
This map is not a legal document. Boundaries may be
generalized for this map scale. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.

Imagery.....NAIP, September 2016 - November 2016
Roads.....U.S. Census Bureau, 2015 - 2018
Names.....GNIS, Not Available
Hydrography.....National Hydrography Dataset, 2002 - 2018
Contours.....National Elevation Dataset, 2019
Boundaries.....Multiple sources; see metadata file 2019 - 2021

Wetlands.....FWS National Wetlands Inventory Not Available

MN
GN
5°15'
93 MILS
0°45'
13 MILS
UTM GRID AND 2019 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000 - m Square ID
LD
Grid Zone Designation
14S

SCALE 1:24 000
1 0.5 0 KILOMETERS 1 2
1000 500 0 METERS 1000 2000
1 0.5 0 1
MILES
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000
FEET

CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the
National Geospatial Program US Topo Product Standard.

TEXAS
QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

ADJOINING QUADRANGLES
1 Estelline NW
2 Estelline NE
3 Loco
4 Estelline
5 Smithdale
6 Toll North
7 Caroy
8 Childress

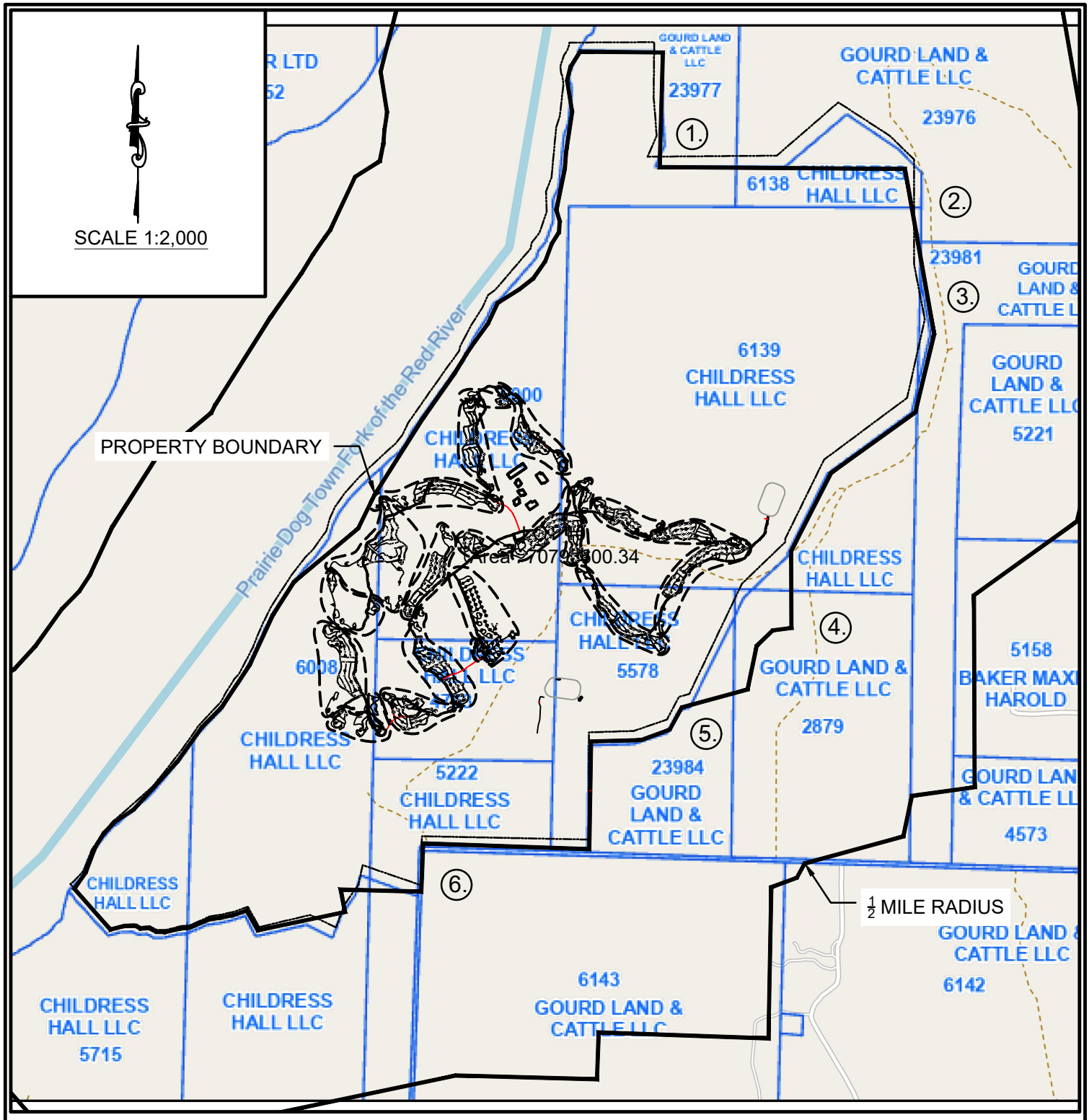
ROAD CLASSIFICATION
Expressway
Secondary Hwy
Ramp
Local Connector
Local Road
4WD
Interstate Route
US Route
State Route

ESTELLINE SE, TX
2022

NSN 7643016396074

Attachment: ADMINSTRATIVE REPORT 1.1 - ITEM 1

A-5. LANDOWNERS MAP



Adjacent Landowner Map

OJD Engineering, LLC
The Benchmark

F-4393

Amarillo | Wolfforth
www.OJDEngineering.com

AMARILLO
2420 Lakeview Drive
Amarillo, TX 79109
(806) 352-7117

WOLFFORTH
328 E. Hwy 62, Unit No. 1
Wolfforth, TX 79382
(806) 791-2300

ADJACENT LANDOWNERS

1. Gourd Land and Cattle LLC
   1547 CR 8
   Childress, TX 79201

2. Gourd Land and Cattle LLC
   1547 CR 8
   Childress, TX 79201

3. Gourd Land and Cattle LLC
   1547 CR 8
   Childress, TX 79201

4. Gourd Land and Cattle LLC
   1547 CR 8
   Childress, TX 79201

5. Gourd Land and Cattle LLC
   1547 CR 8
   Childress, TX 79201

6. Gourd Land and Cattle LLC
   1547 CR 8
   Childress, TX 79201

Attachment: ADMINSTRATIVE REPORT

A-6. BUFFER ZONE MAP

Buffer Zone Map

OJD Engineering, LLC
Consulting Engineers & Surveyors
F-4393

806-352-7117
2420 Lakeview Dr.
Amarillo, TX 79109

Attachment: ADMINSTRATIVE REPORT

A-7. SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF) (TCEQ FORM 20971)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: _____Renewal _____Major Amendment ____Minor Amendment _____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

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

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

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

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

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

The following applies to all applications:

1. Permittee: CHTX Club LLC

   Permit No. WQ00 [redacted] EPA ID No. TX [redacted]

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

   15641 County Road P Childress, Texas 79201, Childress County

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

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

First and Last Name: Eric Greytok

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

Title: Project Manager

Mailing Address: PO Box 298

City, State, Zip Code: Childress, Texas 79201

Phone No.: (940) 585-8902 Ext.: Fax No.:

E-mail Address: egreytok@childresshall.com

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

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

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

Irrigation pond excavation - 30' deep

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

Disturbance of land where irrigation pond and wastewater plant are to be constructed

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

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

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.0099

2-Hr Peak Flow (MGD): 0.0199

Estimated construction start date: 7/1/2025

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): 0.0099

2-Hr Peak Flow (MGD): 0.0199

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: Click to enter text.

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**.

The proposed WWTP will be designed as an activated sludge package plant that operates in the extended aeration mode with nitrification, with the ability to treat a design flow of 9,999 gpd average daily flow and an unattenuated peak flow rate of 28 gpm; an influent flow equalization basin will provide sufficient retention time to reduce the peak factor to 2Q, or a peak flow of 14 gpm and which will serve as the peak flow rate for hydraulically-sensitive processes and piping. The package plant process units will include preliminary screening, (1) flow equalization, (1) aeration basin, (1) secondary clarifier, (1) chlorine contact basin, (1) aerobic digester. A chlorine feed system will be provided for chemical disinfection. The flow equalization basin will be sized to provide 8 hours of hydraulic retention time at the average daily flow rate. The aeration basins and digesters will be sized to provide the treatment volume required to treat the organic loadings at the design flow. The secondary clarifier and the chlorine contact basin will be designed to handle the peak flow rate. Effluent of 150 GPD freshwater applied to 250 acres of golf course.

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)
A**eration**	1	1**2'-0" x 12'-0" x 10.50'**
Digester	1	4'-0" x 12'-0" x 10.67'
Clarifier	1	9'-0" x 5'-0" x 6.75'
Disinfection	1	5'-0" x 3'-0" x 4'
EQ Basin	1	6'-0" x 12'-0" x 10.67'

C. Process Flow Diagram

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

Attachment: T-1

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

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

- Latitude: Click to enter text.
- Longitude: Click to enter text.

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

- Latitude: 34.531751°
- Longitude: -100.304113°

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: T-2
Provide the name **and** a description of the area served by the treatment facility.

Childress Hall golf course is the area that will be served by the treatment facility. This includes hotel, restaurants, and resort amenities.

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: Click to enter text.

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.

All buffer zones are contained within owners' property.

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					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
E.coli (CFU/100ml) freshwater					
Entercocci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity ($CaCO_3$)*, mg/l					

*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: To be determined

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
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

D. Disposal site

Disposal site name: Childress Landfill

TCEQ permit or registration number: 2263

County where disposal site is located: Childress

E. Transportation method

Method of transportation (truck, train, pipe, other): Click to enter text.

Name of the hauler: Click to enter text.

Hauler registration number: Click to enter text.

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: Eric Greytok

Title: Project Manager

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.

CHTX Club, LLC is a golf facility that is proposing a WWTP to be designed as an activated sludge package plant that operates in the extended aeration mode with nitrification, with the ability to treat a design flow of 9,999 gpd average daily flow and an unattenuated peak flow rate of 28 gpm; an influent flow equalization basin will provide sufficient retention time to reduce the peak factor to 2Q, or a peak flow of 14 gpm and which will serve as the peak flow rate for hydraulically-sensitive processes and piping. The package plant process units will include preliminary screening, (1) flow equalization, (1) aeration basin, (1) secondary clarifier, (1) chlorine contact basin, (1) aerobic digester. A chlorine feed system will be provided for chemical disinfection. The flow equalization basin will be sized to provide 8 hours of hydraulic retention time at the average daily flow rate. The aeration basins and digesters will be sized to provide the treatment volume required to treat the organic loadings at the design flow. The secondary clarifier and the chlorine contact basin will be designed to handle the peak flow rate.

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.

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

2. Utility CCN areas

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

☐ Yes ☒ No

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

Attachment: Click 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: 10

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

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: 10

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

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 20 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: T-3

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.

Area unmapped by FEMA, but is over 60 feet above river bed.

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: N/A

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: T-4

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: T-5

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

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 – Golf Course	250	9,999	Y

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
1	3.4	42.9	300 x 500 x 30	Synthetic

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

Attachment: T-6

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:

Area unmapped by FEMA, but is over 60 feet above river bed.

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

The site is watered w/ golf course irrigation equipment. Control equipment is used to control irrigation, so runoff does not occur.

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**: T-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**: A-4

- 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
1230601	Stock	Unknown	Open	
1230901	Unused	No	Open	

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

Attachment: T-8

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: T-9

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: T-10

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: T-7

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
Hardeman fine sandy loam – EfB		N/A	N/A	39
Hillgrave very gravelly sandy loam - Gr		N/A	N/A	39
Grandfield fine sandy loam - MfC		N/A	N/A	39
Yomont silt loam - No		N/A	N/A	39
Riverwash - RW		N/A	N/A	39
Devol loamy sand - SfB		N/A	N/A	39
Devol and Nobsoot soils – Sn3		N/A	N/A	39
Likes fine sand – Tv		N/A	N/A	39

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

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: 250

Design application frequency:

hours/day 5 **And** days/week 7

Land grade (slope):

average percent (%): 1%

maximum percent (%): 10%

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

Design total nitrogen loading rate, in lbs N/acre/year: To be determined. Info provided as part of special conditions in the permit after plant is operational.

Soil conductivity (mmhos/cm): 0.13

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: T-11

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
Endosulfan II (beta)				0.02

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
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
Parathion (ethyl)				0.1
Pentachlorobenzene				20

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
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
Fluorene				10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
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.

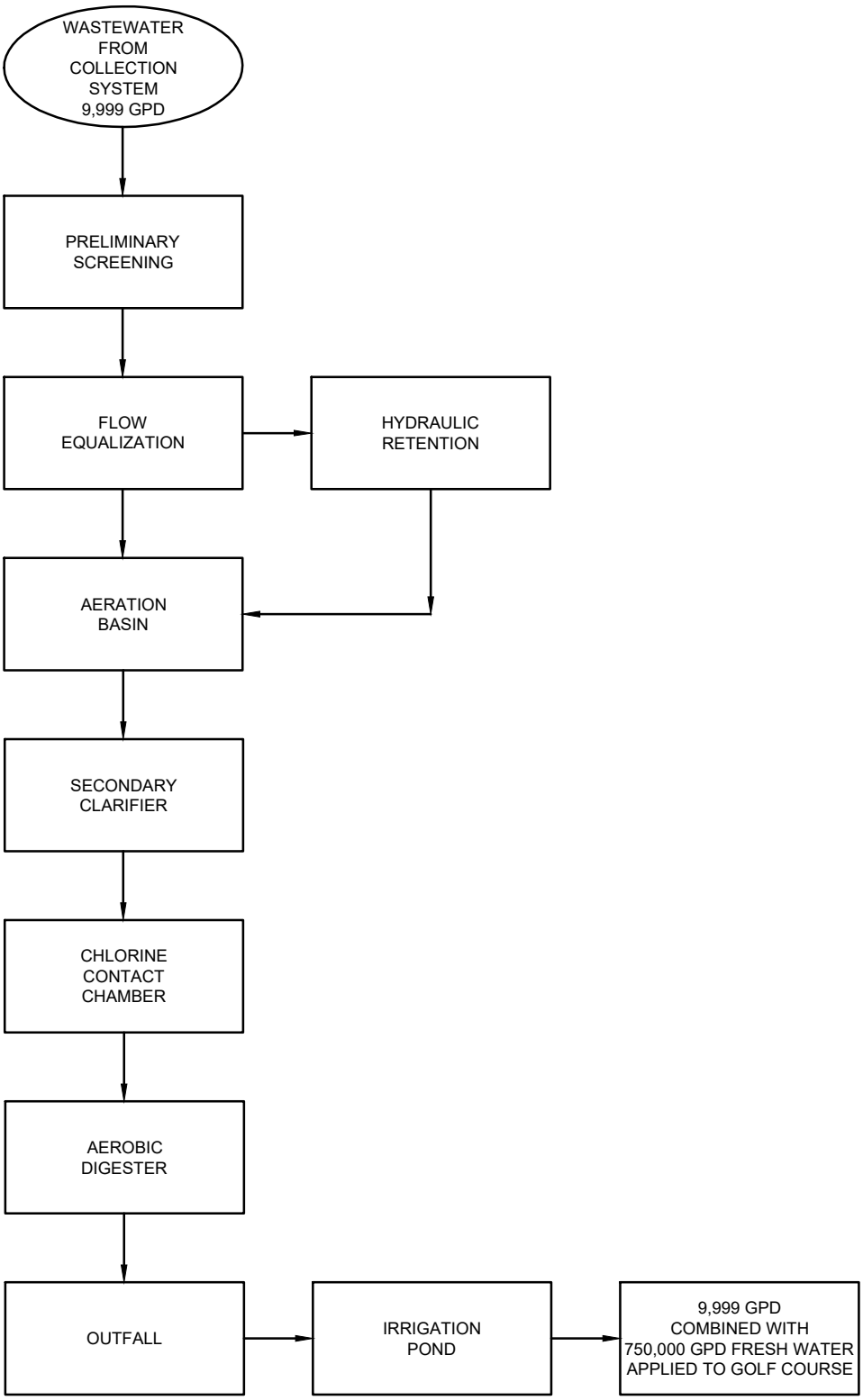
NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.

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)

Attachment: TECHNICAL REPORT

T-1. FLOW DIAGRAM



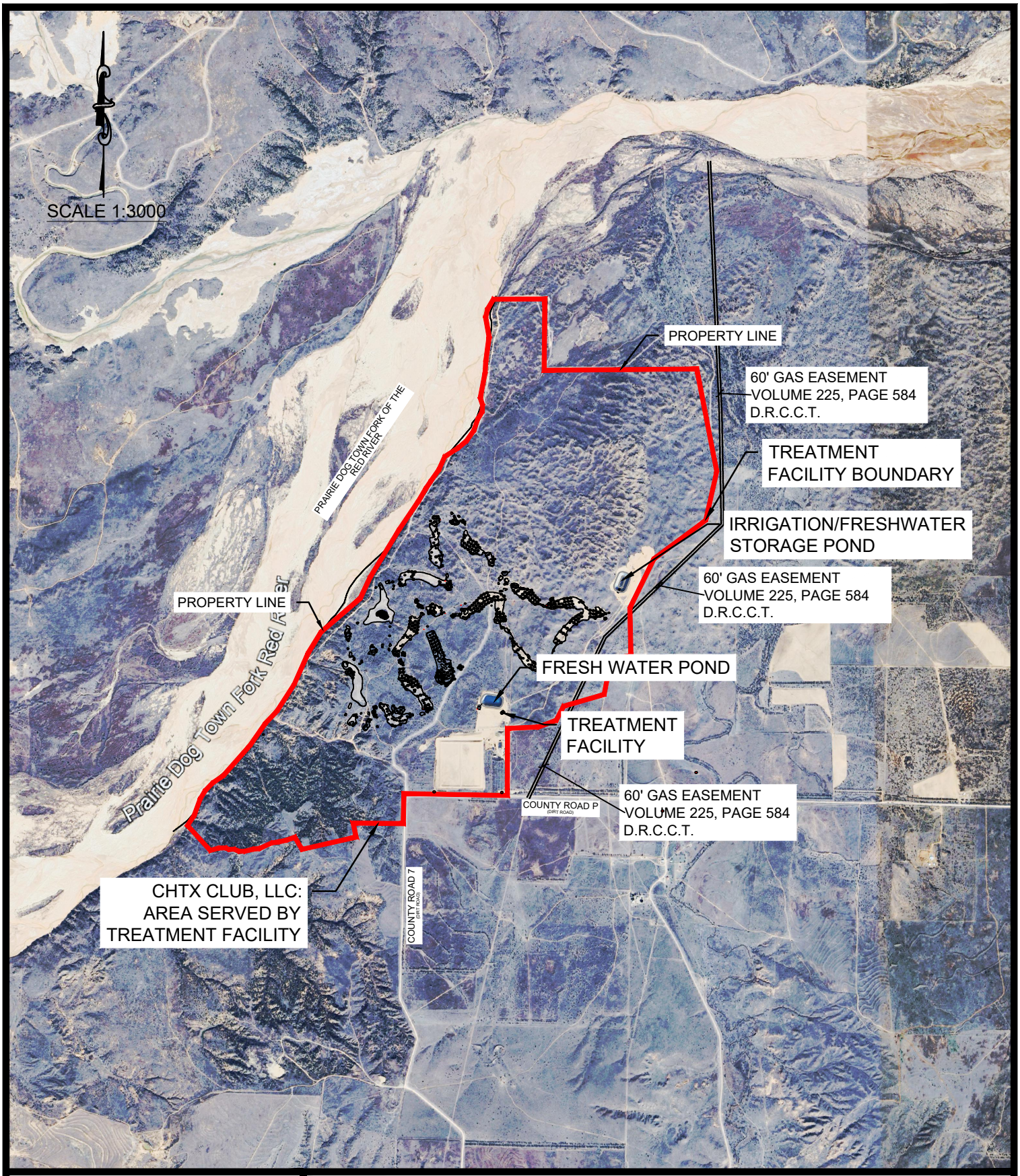
CHTX Club, LLC
Flow Diagram

OJD Engineering, LLC
Consulting Engineers & Surveyors
F-4393

806-352-7117
2420 Lakeview Dr.
Amarillo, TX 79109

Attachment: TECHNICAL REPORT

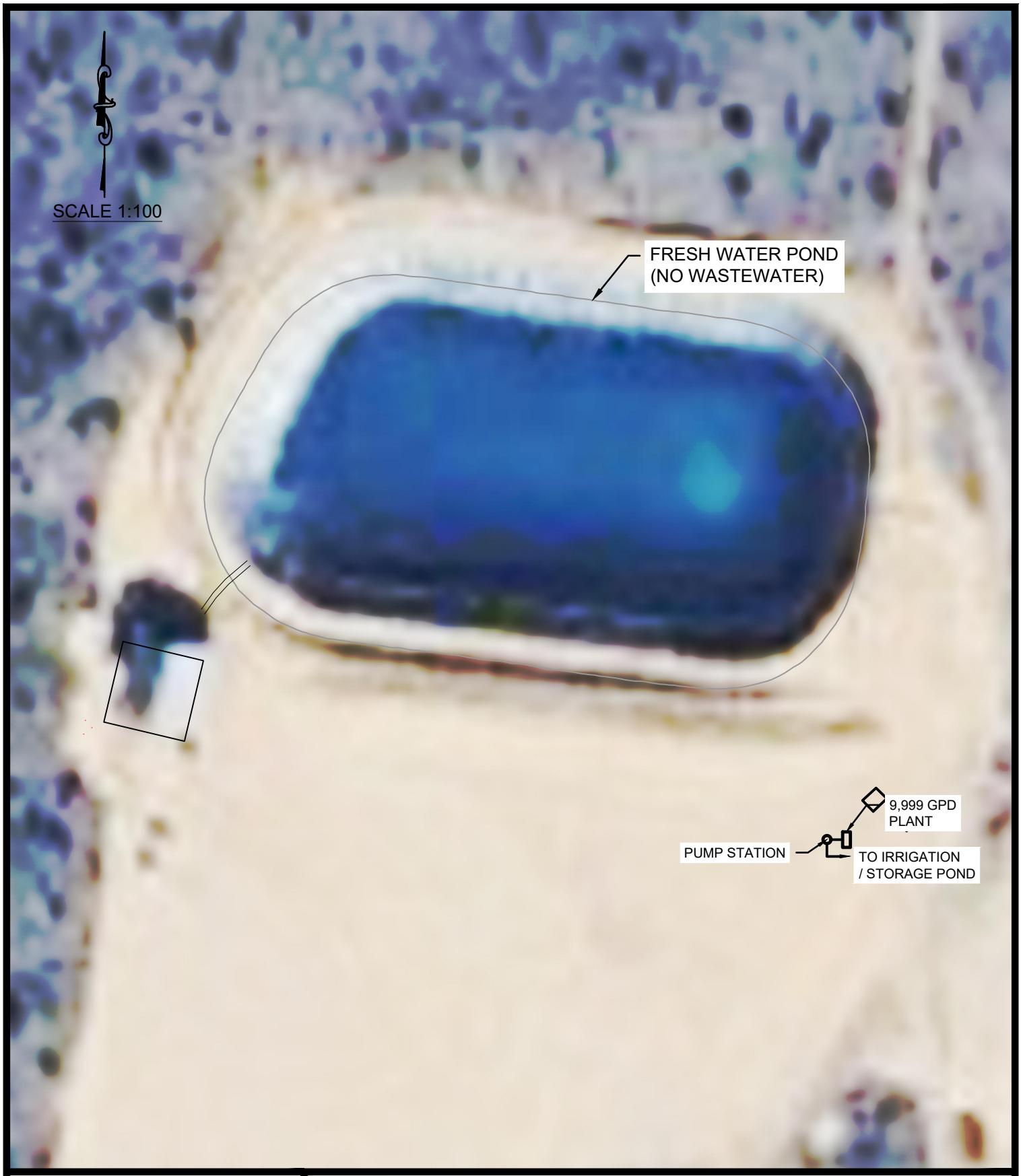
T-2. SITE DRAWINGS



Site Drawing

OJD Engineering, LLC
Consulting Engineers & Surveyors
F-4393

806-352-7117
2420 Lakeview Dr.
Amarillo, TX 79109



Site Drawing
(Plant & Fresh Water Pond)

F-4393

OJD Engineering, LLC
Consulting Engineers & Surveyors

806-352-7117
2420 Lakeview Dr.
Amarillo, TX 79109

Site Drawing
(Irrigation Pump Station)

OJD Engineering, LLC
Consulting Engineers & Surveyors
F-4393

806-352-7117
2420 Lakeview Dr.
Amarillo, TX 79109

Attachment: TECHNICAL REPORT

T-3. DESIGN CALCULATIONS

Project:	Childress WWTP	Description:	Process Calculations
Job Number:	W0000		Phase I - 9,999 GPD
Design By:	HES		
Checked By:	HES		
Date:	1/17/2025		

Final Process Calculations (Based on TCEQ Criteria Only)

Design Parameters

Influent Flow Characteristics - The hydraulic design of the facility must ensure that the plant will operate under the most extreme conditions anticipated. The plant process and hydraulic design for this facility are as follows:

Average Design Flow		0.009999	MGD	Influent BOD_5	300	mg / l
Peaking Factor		2	**Post EQ Basin**		25	lbs / day
Peak Flow		0.019998	MGD	Influent TSS	300	mg/L
		14	gpm		25	lbs / day
Effluent Characteristics				Influent NH3-N	40	mg/L
BOD_5	S_e	10	mg/L		3	lbs / day
				Influent TKN		mg/L
TSS	TSS_e	15	mg/L	Influent Phosphorus		mg/L
NH_3-N	N_e	3	mg/L	Reactor temp	20	°C
P	P_e		mg/L	Elevation	1900	feet ASL

Process Design - In order to achieve the required removal efficiencies, activated sludge process operated in the extended aeration mode with nitrification has been chosen.

Aeration Basin

	Value		*Regulation*
TCEQ Maximum Organic Loading	15	lbs BOD / day / 1000 cu. ft.	217.154(b)(Table F.1)
Aeration Volume Required	1,668	cu. ft.	
MLSS	3,000	mg/L	
MLVSS/MLSS	0.7		
MLVSS	2,100	mg/L	

Tanks

Length	12	ft
Width	12	ft
Height	12.17	
SWD	10.50	ft
# Tanks	1	
Volume	1,512	cu. ft.
Capacity	0.009	MGD Average Flow

Total Volume	1,512	cu. ft.
Volume greater than required	NO	
Organic Loading	16.55	lbs BOD5/day
Hydraulic Retention time, τ	27.15	hours
Solids Retention Time, SRT	15.1	days
f:m	0.13	lbs BOD5/lbs MLVSS/day

Project:	Childress WWTP	Description:	Process Calculations
Job Number:	W0000		Phase I - 9,999 GPD
Design By:	HES		
Checked By:	HES		
Date:	1/17/2025		

Final Process Calculations (Based on TCEQ Criteria Only)

Clarifier

	Value		*Regulation*
TCEQ Maximum surface Loading (Qpk)	800	gal / day / sq. ft. at peak flow	217.154(c)(Table F.2)
TCEQ Minimum detention time (Qpk)	2.2	hours at peak flow	217.154(c)(Table F.2)
TCEQ Maximum weir Loading (Qpk)	20,000	gal/day/ft	217.152(c)(4)
TCEQ Minimum Side Water Depth (SWD)	8	feet	217.152(g)(2)(A)/(B)
TCEQ Maximum Stilling Well Velocity	0.15	feet/second	217.152(a)(4)

Surface area required	25	sq. ft.	5.6 ft. min. dia. for one clarifier
Volume required	245	cu. ft.	4.0 ft. min. dia. for two clarifiers

Stilling Well Diameter	3.5	feet	Typ. value is 15-20% of total tank diameter (M&E, p.401)
Stilling Well Velocity at Qpk	0.01	fps	Meets Requirement? YES

Clarifier(s) Provided:	1	tank(s)		
Length	9	ft	Width	5 ft
Height	12.17	ft		
Static WL	11.75	ft		
SWD	6.75	ft		
Surface area	45	sq. ft.		
Volume	304	cu. ft.		
Capacity	0.012	MGD Average Flow		
	0.02479	MGD Peak Flow		

Total Surface Area	45	sq. ft.	Greater than required? YES
Total Volume	304	cu. ft.	Greater than required? YES

	Qaverage		Qpeak	
Clarifier Surface Loading	222	GPD/SF	444	GPD/SF
Clarifier Detention Time	5.45	Hours	2.73	Hours
Solids Loading Rate	0.65	lb/ft^2/hr	0.88	lb/ft^2/hr

Clarifier Wall to Weir Length	12	inches
Weir Length	22.0	Ft.
Weir Loading	909	GPD/LF

RAS/WAS Pumping & Piping

	Value				*Regulation*
TCEQ Minimum Sludge Pipe Diameter	4	inches			217.152(e)(2), 217.158(e)(3)
Clarifier Surface Area	45	sq. ft.			
TCEQ Min. RAS Pumping Capacity @200	6	gpm	Qr/Q =	0.90	217.152(j)(3)
TCEQ Max. RAS Pumping Capacity @ 400	13	gpm	Qr/Q =	1.80	217.152(j)(3)
RAS/WAS Pipe Diameter	4	inches			
Velocity in RAS/WAS Pipe @ Min. Rate	0.16	fps			
Velocity in RAS/WAS Pipe @ Max. Rate	0.32	fps			
WAS Volume to Digester	253	gpd			
Number of WAS Cycles Per Day	1				
Duration of WAS Cycles	1	minutes			
WAS Flow Rate During Each Cycle	253	gpm			
WAS Pipe Diameter	6	inches			
Velocity in WAS Pipe	2.862	fps			

Scum Flow Rate

Launder Width	6	inches
Scum Flow Rate	7.14	gpm
Scum Collector Pipe Diameter	4	inches
Scum Airlift Diameter	4	inches
Water Height in Launder	0.72	inches

Project:	Childress WWTP	Description:	Process Calculations
Job Number:	W0000		Phase I - 9,999 GPD
Design By:	HES		
Checked By:	HES		
Date:	1/17/2025		

Final Process Calculations (Based on TCEQ Criteria Only)

Digesters

	Value		*Regulation*
TCEQ Minimum Sludge Retention Time	40	days	217.249(t)(4)(B)(Table J.2)
TCEQ Min. Volatile Solids Loading Rate	100	lb / day / 1,000 cu. ft.	217.249(t)(7)(D)
TCEQ Max. Volatile Solids Loading Rate	200	lb / day / 1,000 cu. ft.	217.249(t)(7)(D)

Influent BOD_5	25	lb/ day
Effluent BOD_5	1	lb/ day
BOD_5 to Digester	24	lb/ day

Volume Required from Metcalf and Eddy, "Wastewater Engineering," 4th Edition

Hydraulic Detention Time of the Aeration Basins

$$\theta\,(\mathrm{Gal}) = \left(\frac{\text{Volume of Aeration Basins in Gallons}}{\text{Average Influent Flow in Gallons / Day}}\right) * 24\,\mathrm{hrs}/\mathrm{day}$$

BOD_5 *Utilized*

$$BOD_5 utilized\left(\mathrm{lbs\ BOD_5}/\mathrm{day}\right) = Q * (S_i - S_e)$$

NH_3-N *Utilized*

$$NH_3 utilized\left(\mathrm{lbs\ NH_3}/\mathrm{day}\right) = Q * (N_i - N_e)$$

Hydraulic Detention Time of Aeration Basin	27.15	Hours
BOD_5 *utilized*	24	lb BOD_5 / day
NH_3 *utilized*	3	lb NH_3-N / day

S	BOD_5 Concentration			
N	NH_3-N Concentration			
i	Influent (subscript)			
e	Effluent (subscript)			
Q	Average Design Flow			
Q_{design}	Peak Flow			
Q_W	Waste Sludge Flow to Digester			
X_W	Waste Sludge Concentration	8,500	mg/L	
Y	Yield Coefficient	0.6	VSS/lb BOD_5	
Y_n	Yield Coefficient (nitrification)	0.15	VSS/lb NH_3-N	
k_d	Endogenous Decay Coefficent	0.06	/day	
k_{dn}	Endogenous Decay Coeff. (nitrifica	0.30	/day	
P_n	Volatile Fraction of X	0.70		
	MLVSS/MLSS Ratio	0.70		
S_{sl}	Specific Gravity of Sludge	1.005		
X	Sludge Concentration in Digester	15,000	mg/L	
P_s	Percent Solids in Digester	1.5	%	
$TSS_{\%}$	% of TSS that is inert	50	%	
ρ_w	Specific Weight of Water	8.34	lbs / gallon	

Typical Values

Variable	Range		Source
X_W	0.8	2.5	M&E, 4th ed., pg. 1457
Y	0.4	0.8	M&E, 4th ed., pg. 585
Y_n	0.04	0.29	WEF MoP 8, Vol I, p. 53
k_d	0.06	0.15	M&E, 4th ed., pg. 585
k_{dn}	0.3	3.0	WEF MoP 8, Vol I, p. 53
P_n	0.59	0.88	M&E, 4th ed., pg. 1454
S_{sl}	1.005	1.005	M&E, 4th ed., pg. 1456
X	15,000	40,000	M&E, 4th ed., pg. 1457
P_s	1.5	4	M&E, 4th ed., pg. 1457

Project:	Childress WWTP	Description:	Process Calculations
Job Number:	W0000		Phase I - 9,999 GPD
Design By:	HES		
Checked By:	HES		
Date:	1/17/2025		

Final Process Calculations (Based on TCEQ Criteria Only)

Carbonaceous Yield Coefficient Observed M&E, 4th ed. Pg. 595

$$Y_{c,obs} = \left(\frac{Y}{1 + k_d * \theta}\right)$$

Nitrogenous Yield Coefficient M&E, 4th ed. Pg. 595

$$Y_{n,obs} = \left(\frac{Y_n}{1 + k_{dn} * \theta}\right)$$

Carbonaceous Sludge Production (MLVSS) M&E Pg. 681

$$P_{x,c}\left(\frac{lb}{day}\right) = Y_{c,obs} * Q * (S_i - S_e) = Y_{c,obs} * BOD_5 utilized$$

Nitrogenous Sludge Production (MLVSS) M&E, 4th ed. Pg. 681

$$P_{x,n}\left(\frac{lb}{day}\right) = Y_{n,obs} * Q * (N_i - N_e) = Y_{n,obs} * NH_3 utilized$$

Inert Sludge Production M&E, 4th ed. Pg. 681

$$P_{x,i}\left(\frac{lb}{day}\right) = Q_{design} * TSS_{\%} * (TSS_i - TSS_e) * 8.34$$

Total Sludge Production M&E, 4th ed. Pg. 682

$$P_x\left(\frac{lb}{day}\right) = P_{x,c} + P_{x,n} + P_{x,i}$$

Waste Sludge Flow to Digester M&E, 4th ed. Pg. 1458

$$Q_w = \frac{\text{Total Sludge Production, Dry Solids}}{\rho_W S_{sl} P_s}$$

Required Volume M&E, 4th ed. Pg. 1537

$$V\,(Gal) = \left(\frac{Q_W}{X}\right)\left(\frac{(X_W + Y * S_i)}{k_d * P_n + \frac{1}{SRT}}\right)$$

$Y_{c,obs}$	Carbonaceous Yield Coefficient	0.56	
$P_{x,c}$	Carbonaceous Sludge Production	14	lb / day (MLVSS)
		19	lb / day (MLSS)
$Y_{n,obs}$	Nitrogenous Yield Coefficient	0.11	
$P_{x,n}$	Nitrogenous Sludge Production	0.35	lb / day (MLVSS)
		0.49	lb / day (MLSS)
Inert Sludge Production (TSS), Dry Solids		12	lb / day
Total Sudge Production, Volatile Solids		14	lb / day
Volatile Solids Loading Rate		27	lb / day / 1,000 cu. ft.
Total Sudge Production, Dry Solids		32	lb / day
Q_W	Waste Sludge Flow to Digester	253	gallons / day
Digester Volume Required		2,184	gallons
		292	cu. ft.

Tank

Length	4	ft
Width	12	ft
Height	12.17	ft
SWD	10.67	ft
# Tanks	1	
Volume	512	cu. ft.

Total Digester Vol. available	512	cu. ft.
Volume greater than required	YES	

Project:	Childress WWTP	Description:	Process Calculations
Job Number:	W0000		Phase I - 9,999 GPD
Design By:	HES		
Checked By:	HES		
Date:	1/17/2025		

Final Process Calculations (Based on TCEQ Criteria Only)

Chlorine Contact Chamber

	Value		*Regulation*
TCEQ Minimum detention time (Qpk)	20	min	217.281(b)(1)
Volume required	37	cu. ft.	

Proposed Tank

Length	5.00	ft	
Width	3.00	ft	
Height	11.17	ft	
Static WL	8.75	ft	
SWD	4.00	ft	
# Tanks	1		
Volume	60	cu. ft.	
Capacity	0.016	MGD Average Flow	
Total Capacity	60	cu. ft.	
Detention Time	32.32	Minutes	Meets Capacity
Volume greater than required			YES

Project:	Childress WWTP	Description:	Process Calculations
Job Number:	W0000		Phase I - 9,999 GPD
Design By:	HES		
Checked By:	HES		
Date:	1/17/2025		

Final Process Calculations (Based on TCEQ Criteria Only)

Project:	Childress WWTP	Description:	Process Calculations
Job Number:	W0000		Phase I - 9,999 GPD
Design By:	HES		
Checked By:	HES		
Date:	1/17/2025		

Final Process Calculations (Based on TCEQ Criteria Only)

Air Requirements

	Value		*Regulation*
Air requirements for Aeration basins $O_2R = \frac{1.2(BOD_5) + 4.3(NH_3 - N)}{BOD_5}$	1.77	lb oxygen per lb BOD	217.155(a)(3)(Equation F.2)
Use	2.20	lb oxygen per lb BOD	
Air Requirements for Digesters	20	SCFM /1000 cu. ft.	217.249 (t)(7)(G)
Use	30	SCFM /1000 cu. ft.	
Minimum Mixing Requirements for Aeration	20	SCFM / 1000 cu. ft.	217.155 (b)(3)(B)
Diffuser Transfer Efficiency	6.6%	(In wastewater)	217.155 (b)(2)(B)
Design Submergence	9.00	feet	

Table F.5 Diffuser Submergence Correction Factors

Diffuser Submergence Depth	Airflow Rate Correction Factor
feet	
8	1.82
10	1.56
12	1
15	0.91
18	0.73
20	0.64

Diffuser Submergence Correction Factor	1.69	@ design flow depth	217.155 (b)(2)(D)(Table F.5)

Aeration Basins: Corrected Air Flowrate @ Design Subme 56 SCFM

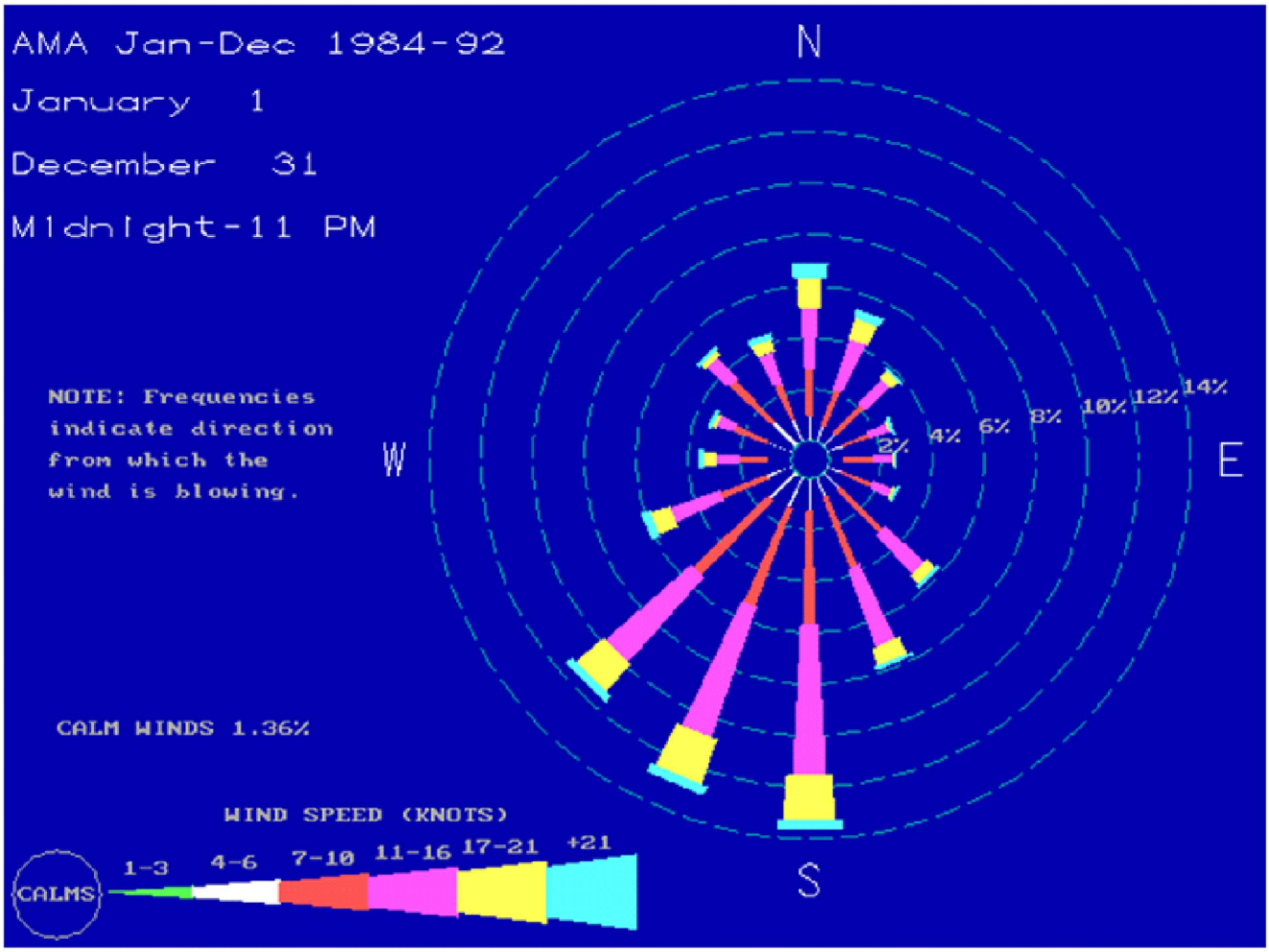
$$= \frac{\{(\text{lb BOD}) * (\text{lb Oxygen / lb BOD})\} * \text{Correction Factor}}{(\text{T.E.})\ (\text{lb Oxygen / lb air})\ (\text{lb air / cu. ft.})\ (\text{min / day})}$$

217.155 (b)(2)(C)

Verify Mixing Requirements for Aeration Basins:	37	OK		
Air Required for Digesters:	15	SCFM		
Air Required for Post Aeration - Chlorine Basin	1	SCFM	20	scfm/1000cf
Air Required for Air Lifts	17	SCFM		
Air for Initial Mixing	0	SCFM		
Total Air Required	90	SCFM		
Maximum Water Depth Over Diffuser	9.00	feet		
Pressure Loss in Piping	1.1	psi *		
Pressure @ Blowers	5.0	psi		
Air Flow per Blower @ Required Pressure	95	SCFM		
Blowers Required w/o Standby	1.0			
Total Blowers Required	2.0			

Attachment: TECHNICAL REPORT

T-4. WIND ROSE



WIND ROSE

OJD Engineering, LLC
Consulting Engineers & Surveyors
F-4393

806-352-7117
2420 Lakeview Dr.
Amarillo, TX 79109

Attachment: TECHNICAL REPORT

T-5. SLUDGE MANAGEMENT

Domestic Technical Report 1.1 - 7
Sewage Sludge Solids Management Plan

Planning Considerations

Influent Design Flow		0.009999	MGD
Total Sludge Holding Tank Volume		512	cubic feet
Dimensions		4' L x 12' W x 10.67' SWD	
Aeration Basin MLSS (mg/L)		1,500 to 3,000	mg/l
BOD_5 Removal	Influent Concentration =	300	mg/l
	Effluent Concentration =	10	mg/l
	Net Removal =	290	mg/l

Solids Generated	100% Flow	75% Flow	50% Flow	25% Flow
Pounds BOD_5/day Removed	24	18	12	6
Pounds/Day of Dry Sludge Produced	8	6	4	2
Pounds/Day of Wet Sludge Produced	508	381	254	127
Gallons/Day of Wet Sludge Produced	61	46	30	15

Sludge will stay in the digester; clear liquor will be decanted off the digester and returned to the aeration basin. Sludge is wasted from the final clarifier to the aerobic digester. Some sludge from the clarifier is also returned to the aeration basin.

Removal Schedule

Days Between of Sludge Removal	63	84	126	252

Assumptions
(1) Assumed 0.315 pounds of dry sludge produced per pound of BOD5 removed
(2) Assumed solids concentration in the tank 1.5%
(3) Assumed stablized sludge density = water density 8.34 lb/gal

Attachment: TECHNICAL REPORT

T-6. LINER CERTIFICATION

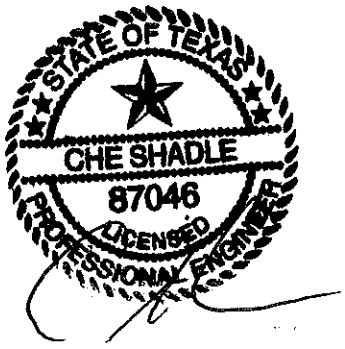
Liner Certification:

Childress Hall Storage Pond

Liner Type: Synthetic (See Attached Product Sheet)

Certification:

The liner is a 60 mil synthetic liner as required by 30 TAC 217.203(d)(4). Has UV resistance to withstand constant sunlight. Due to the fact that the wastewater (9,999 GPD) will be combined with freshwater (500,000 GPD), a leachate collection system is not proposed to be installed due to the dilution of the water in the pond.



1/25/2025

Attachment: TECHNICAL REPORT

T-7. CROPPING PLAN & SOIL ANALYSES

Cropping Plan

A site map for this report is provided as Attachment USGS Map – A-4.

The soils Map is shown in Attachment – T-2.

The cropping plan for Childress Hall, for which effluent is applied to, is solely 250 acres, for an 18-hole golf course, of Bermuda grass. There is no harvest, it is simply grown in, maintained, fertilized and mowed. The golf course requires approximately 750,000 GPD of water. The permit requests effluent of 9,999 GPD to be include in this total application. Due to combining 740,000 of freshwater with the total effluent, nutrient availability from the effluent is minimal. The bermuda will need fertilizer supplementation. Attached to this cropping plan is the soils testing data that was used to determine the nutrient needs. An excerpt of this report is shown below, and it describes the fertilizer requirements:

Suggested Fertility Inputs for Childress Hall Tom Doak fairways

Nitrogen: Incorporate 3 pounds of nitrogen per thousand sq. ft. from a combination of an organic fertilizer, a controlled release nitrogen fertilizer and the starter fertilizer. Apply 1/20 to 1/16 pound of nitrogen per thousand sq. ft. every 7 to 10 days as needed for grow-in and maintenance. Potassium nitrate is suggested for most of the maintenance inputs.

Calcium/Magnesium: Apply and incorporate 1.5 tons of dolomitic lime (10% to 12% Mg content) per acre to raise the bulk soil magnesium level in fairways 1, 2,3, 8, 9, 14, and 15. Apply and incorporate 1 ton of dolomitic lime (10% to 12% Mg content) per acre to raise the bulk soil magnesium level in fairways 4, 5, 6, 10, 16, and 18.

Potassium: Incorporate 4 pounds of potassium per thousand sq. ft. into fairways 1, 2, 3, 8, 9, 10, 14, and 15 pre-plant. Incorporate 2 pounds of potassium per thousand sq. ft. into fairways 4, 5, 12, 16, and

18 pre-plant. Sul-Po- Mag or K-Mag are suggested for the potassium source.

Phosphorus: Incorporate 2 pounds of P_2O_5 per thousand sq. ft pre-plant. Mon-ammonium phosphate is recommended as the source for this input. Apply 1/20 pound of P_2O_5 per thousand sq. ft. every other week to the fairways for grow-in and when needed to promote root initiation on the turf.

Iron/Micronutrients: Apply a granular product such as Andersons Hi-Mag Trace Elements (STEP HI MAG) at

100 pounds of product per acre. Apply a soluble micronutrient formulation at label rates every other week to monthly for maintenance.

Salt Tolerances (NA) :Tolerance is 24 dsm^{-1} . Testing shows that the existing levels are low, and no amendments are needed.

Tournament TURF LABORATORIES, INC.

SERVING THE TURF INDUSTRY SINCE 1990

May 4, 2023

Mr. Eric Greytok
253 Zion Canyon CT
Chico, CA 95973

Dear Eric:

Enclosed are the suggested grow-in fertility inputs for the fairway samples from Childress Hall.

Key Findings Soil Test Results/Fairways: F1, F2, F3, F4, F5, F6, F8, F9, F10, F12, F14, F15, F16, F18

SOIL pH:	Alkaline	7.7 - 8.1
Calculated CECs	Cation Exchange Capacities	8.79 - 17.72
Exchangeable Calcium, Ca	Very High*	F1, F2, F3, F4, F5, F6, F8, F9, F10, F14, F15, F16, F18
	High*	F12
Exchangeable Magnesium, Mg	Adequate*	F12
	Slightly Low*	F9
	Low*	F1, F2, F3, F4, F5, F6, F8, F10, F14, F15, F16, F18
Exchangeable Potassium, K	Adequate*	F6, F12
	Slightly Low*	F2, F5, F16
	Low*	F1, F3, F4, F8, F9, F10, F14, F15, F18
Exchangeable Sodium, Na	Acceptable Low Level*	F1, F2, F3, F4, F5, F6, F8, F9, F10, F12, F14, F15, F16, F18
Phosphorus, P205	Adequate	F6
	Slightly Low	F1, F2, F3, F5, F9, F12
	Low	F4, F8, F10, F14, F15, F16, F18
Sulfates, SO4	Very Low	F1, F2, F3, F4, F5, F6, F8, F9, F10, F12, F14, F15, F16, F18
Total Soluble Salts (mmhos/cm)	Acceptable Low Level	F1, F2, F3, F4, F5, F6, F8, F9, F10, F12, F14, F15, F16, F18
Micronutrients: Boron, B	Adequate	F1, F3, F4, F5, F6, F8, F9, F12, F14, F15, F16
	Low	F2, F10, F18
Copper, Cu	**Low**	F1, F2, F3, F4, F5, F6, F8, F9, F10, F12, F14, F15, F16, F18
Zinc, Zn	**Low**	F1, F2, F3, F4, F5, F6, F8, F9, F10, F12, F14, F15, F16, F18
Manganese, Mn	**Low**	F1, F2, F3, F4, F5, F6, F8, F9, F10, F12, F14, F15, F16, F18
Iron, Fe	**Low**	F1, F2, F3, F4, F5, F6, F8, F9, F10, F12, F14, F15, F16, F18

*Refers to the base saturation % at the calculated CEC

David W. York, Ph.D. Turfgrass Consultant
405 Glade Mill Road • Valencia, PA 16059-3319 • Phone 724.898.2329
www.tournamentturf.com • email: dryork@tournamentturf.com

<u>Key</u> <u>Findings</u> Water Soluble Soil Nutrient Results/Fairways: F1, F2, F3, F4, F5, F6, F8, F9, F10, F12, F14, F15, F16, F18

Water Extract pH:	Alkaline to Very Alkaline	7.9 - 8.3
Calcium, Ca	**Slightly Low**	F8
	Low	F1, F2, F3, F4, F5, F6, F9, F10, F12, F14, F15, F16, F18
Magnesium, Mg	**Low**	F2, F3, F5, F6, F8, F9, F12, F15, F16
	Very Low	F1, F4, F10, F14, F18
Potassium, K	**Low**	F6
	Very Low	F1, F2, F3, F4, F5, F8, F9, F10, F12, F14, F15, F16, F18
Sodium, Na	Acceptable Low Level	F1, F2, F3, F4, F5, F6, F8, F9, F10, F12, F14, F15, F16, F18
Ammonium-Nitrogen, NH4-N	Adequate	F1, F2, F3, F4, F5, F6, F8, F9, F10, F12, F14, F15, F16, F18
Bicarbonates, HCO3	High	F1, F2, F3, F4, F5, F6, F8, F9, F10, F12, F14, F15, F16, F18
Sulfates, SO4	Low	F1, F2, F3, F4, F5, F6, F8, F9, F10, F12, F14, F15, F16, F18
Chlorides, Cl	Acceptable	F1, F2, F3, F4, F5, F6, F8, F9, F10, F12, F14, F15, F16, F18
Nitrate-Nitrogen, NO3-N	Slightly High	F5, F8
	Adequate	F1, F3
	Low	F2, F4, F6, F9, F10, F12, F14, F15, F16, F18
Phosphate-Phosphorus, PO4-P	**Low**	F1, F2, F3, F4, F5, F6, F8, F9, F10, F12, F14, F15, F16, F18

COMMENTS: Future inputs of Sul-Po- Mag or K-Mag will be used to address the potassium and magnesium inputs if and when needed. Don't be concerned about the dolomitic lime raising pH. It is needed to increase the magnesium level in almost all of the fairways.

Suggested Fertility Inputs for Childress Hall Tom Doak fairways
5/4/23

Nitrogen: Incorporate 3 pounds of nitrogen per thousand sq. ft. from a combination of an organic fertilizer, a controlled release nitrogen fertilizer and the starter fertilizer. Apply 1/20 to 1/16 pound of nitrogen per thousand sq. ft. every 7 to 10 days as needed for grow-in and maintenance. Potassium nitrate is suggested for most of the maintenance inputs.

Calcium/Magnesium: Apply and incorporate 1.5 tons of dolomitic lime (10% to 12% Mg content) per acre to raise the bulk soil magnesium level in fairways 1, 2,3, 8, 9, 14, and 15. Apply and incorporate 1 ton of dolomitic lime (10% to 12% Mg content) per acre to raise the bulk soil magnesium level in fairways 4, 5, 6, 10, 16, and 18.

Potassium: Incorporate 4 pounds of potassium per thousand sq. ft. into fairways 1, 2, 3, 8, 9, 10, 14, and 15 pre-plant. Incorporate 2 pounds of potassium per thousand sq. ft. into fairways 4, 5, 12, 16, and 18 pre-plant. Sul-Po- Mag or K-Mag are suggested for the potassium source.

Phosphorus: Incorporate 2 pounds of P_2O_5 per thousand sq. ft pre-plant. Mon-ammonium phosphate is recommended as the source for this input. Apply 1/20 pound of P_2O_5 per thousand sq. ft. every other week to the fairways for grow-in and when needed to promote root initiation on the turf.

Iron/Micronutrients: Apply a granular product such as Andersons Hi-Mag Trace Elements (STEP HI MAG) at 100 pounds of product per acre. Apply a soluble micronutrient formulation at label rates every other week to monthly for maintenance.

If you have any questions about these results, please feel free to call me at (724) 898-2329.

Sincerely,

David W. York, Ph.D.
Tournament Turf Laboratories, Inc.

Email: dryork@tournamentturf.com
www.tournamentturf.com

Attachment: TECHNICAL REPORT

T-8. WELL LOGS

Texas Water Development Board (TWDB)
Groundwater Database (GWDB)
Well Information Report for State Well Number 12-30-601

GWDB Reports and Downloads

Well Basic Details

Scanned Documents

State Well Number	1230601
County	Childress
River Basin	Red
Groundwater Management Area	6
Regional Water Planning Area	A - Panhandle
Groundwater Conservation District	Gateway GCD
Latitude (decimal degrees)	34.544167
Latitude (degrees minutes seconds)	34° 32' 39" N
Longitude (decimal degrees)	-100.285834
Longitude (degrees minutes seconds)	100° 17' 09" W
Coordinate Source	+/- 1 Second
Aquifer Code	110ALVM - Quaternary Alluvium
Aquifer	Seymour
Aquifer Pick Method	
Land Surface Elevation (feet above sea level)	1735
Land Surface Elevation Method	Interpolated From Topo Map
Well Depth (feet below land surface)	103
Well Depth Source	Driller's Log
Drilling Start Date	
Drilling End Date	4/0/1949
Drilling Method	Mud (Hydraulic) Rotary
Borehole Completion	Gravel Pack w/Perforations

Well Type	Withdrawal of Water
Well Use	Stock
Water Level Observation	Historical
Water Quality Available	No
Pump	Piston
Pump Depth (feet below land surface)	
Power Type	Windmill
Annular Seal Method	
Surface Completion	
Owner	Howard Head City well
Driller	Layne Texas Co.
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	
Groundwater Conservation District Well Number	
Owner Well Number	
Other Well Number	
Previous State Well Number	
Reporting Agency	Texas Water Development Board
Created Date	9/13/2001
Last Update Date	10/9/2001

Remarks	City # 13. Yield 138 gpm with 31 ft drawdown when drilled. Water levels taken on 3/30/49 were taken as part of a pump test prior to well completion.

Casing

Diameter (in.)	Casing Type	Casing Material	Schedule	Gauge	Top Depth (ft.)	Bottom Depth (ft.)
16	Blank	Steel			0	40
8	Blank	Steel			40	69
8	Screen	Steel			69	99
8	Blank	Steel			99	103

Well Tests - No Data

Lithology - No Data

Annular Seal Range - No Data

Borehole - No Data

Plugged Back - No Data

Filter Pack - No Data

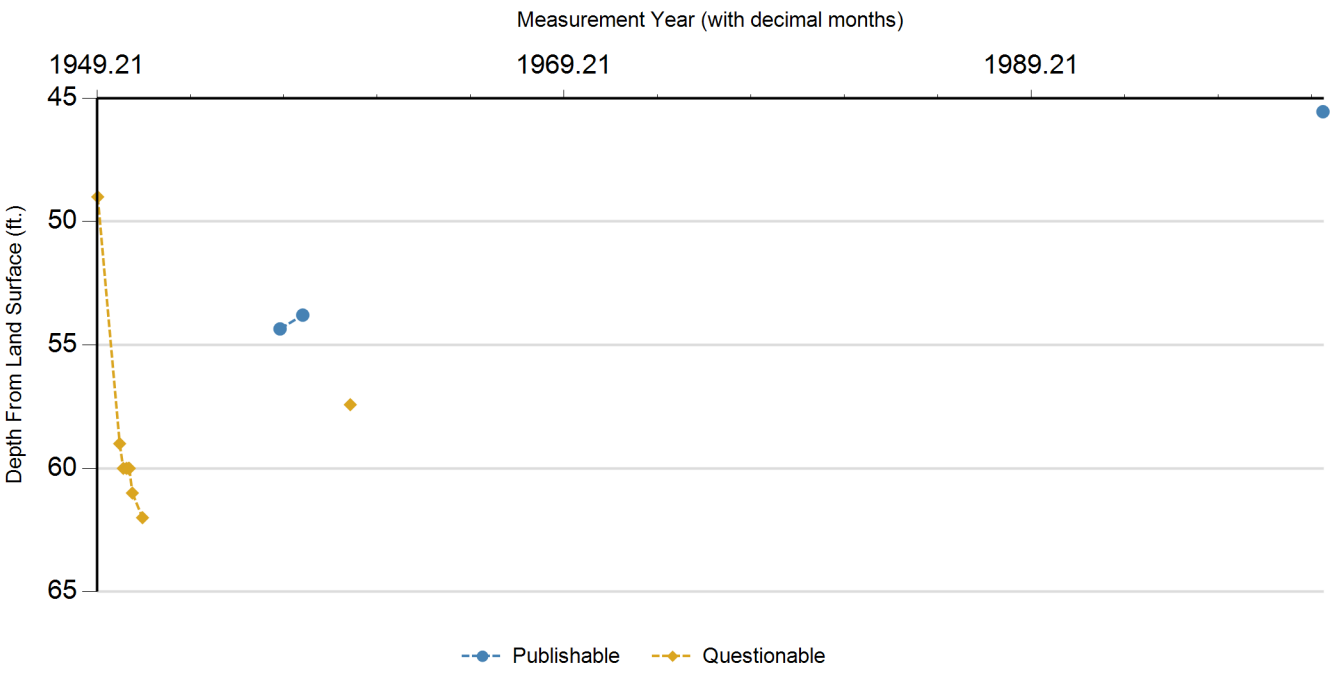
Packers - No Data

Texas Water Development Board

Texas Water Development Board (TWDB)
Groundwater Database (GWDB)
Well Information Report for State Well Number 12-30-601

groundwater division

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
Q	3/30/1949		49		1686	1	Registered Water Well Driller	Unknown	17	
Q	3/30/1949		80	31.00	1655	2	Registered Water Well Driller	Unknown	17	
Q	3/30/1949		51	(29.00)	1684	3	Registered Water Well Driller	Unknown	17	
Q	3/8/1950		59	8.00	1676	1	Other or Source of Measurement Unknown	Unknown	2	
Q	5/4/1950		60	1.00	1675	1	Other or Source of Measurement Unknown	Unknown	2	
Q	6/23/1950		60	0.00	1675	1	Other or Source of Measurement Unknown	Unknown	2	
Q	7/24/1950		60	0.00	1675	1	Other or Source of Measurement Unknown	Unknown	2	
Q	8/8/1950		60	0.00	1675	1	Other or Source of Measurement Unknown	Unknown	2	
Q	9/26/1950		61	1.00	1674	1	Other or Source of Measurement Unknown	Unknown	2	
Q	1/0/1951		62	1.00	1673	1	Other or Source of Measurement Unknown	Unknown	2	
P	1/18/1957		54.35	(7.65)	1680.65	1	Texas Water Development Board	Steel Tape		
P	1/8/1958		53.79	(0.56)	1681.21	1	Texas Water Development Board	Steel Tape		
Q	1/21/1960		57.42	3.63	1677.58	1	Texas Water Development Board	Steel Tape	2	
P	9/13/2001		45.55	(11.87)	1689.45	1	Texas Water Development Board	Steel Tape		

Code Descriptions

Status Code	Status Description
P	Publishable
Q	Questionable

Remark ID	Remark Description
2	Pumping-level measurement
17	Measurement before well completion

Water Quality Analysis - No Data Available

TEXAS DEPARTMENT OF WATER RESOURCES

WELL SCHEDULE

Aquifer(s) QUATERNARY Project No. _____ State Well No. 12-30-601

Field No./Owner's Well No. P-13 County CHILDRESS

1. Location: ___ ±, ___ ±, Section ___, Block ___, Survey _____, Longitude 100-17-09 Latitude 34-32-40 (TOPO)

2. Owner: City of Childress #13 Address: _____

Tenant (other): _____ Address: _____

Driller: LAYNE-TEXAS Address: _____

3. Land Surface Elevation: 1738' ft. above msl determined by TOPO

4. Drilled: MAR 19 49 ; Dug, Cable Tool, Rotary, Air, _____

5. Depth: Rept. _____ ft. Meas. 103 ft.

6. Borehole Completion: Open Hole, Straight Wall, Underreamed, Gravel Packed

7. Pump: Mfr. _____ Type T

No. Stages _____, Bowls Diam. ___ in., Setting _____ ft.

Column Diam. _____ in., Length Tailpipe _____ ft.

8. Motor: Mfr. _____ Fuel _____ HP. _____

9. Yield: Flow ___ gpm, Pump ___ gpm, Meas., Rept., Est. ___ Date ___

10. Performance Test: Date 3-30-49 Length of Test 8 Made by Layne-Tex.

Static Level 49 ft. Pumping Level 80 ft. Drawdown 31 ft.

Production 138 gpm Specific Capacity _____ gpm/ft.

11. Quality: (Remarks on taste, odor, color, etc.) _____

Analyses

Date _____ Laboratory _____ TDS ___ Sp Cond ___

Date _____ Laboratory _____ TDS ___ Sp Cond ___

12. Other data available as circled: Pumping test, Power & Yield Test, (Drillers) (Logs) Formation Samples, Geophysical Log(s) _____

CASING, BLANK PIPE & WELL SCREEN
Cemented From ____ ft. to ____ ft.

Diam. (in.)	Type (type)	Setting (feet) from	to
16	STEEL	0	40
8 5/8	STEEL	40	69
8 5/8	SLOTTED SCREEN	69	99
8 5/8	BLANKS	99	103

13. Water Level(s): 49.00 ft. rept. (meas) 3-30 19 49 above (below) LSD which is 0 ft. (above) below Land Surface

_____ ft. rept. meas. _____ 19 ___ above below _____ which is ___ ft. above below Land Surface

14. Use: Dom., Stock, (Public Supply) Ind., Irr., Observation, Other (Test Hole, Oil Test, etc.) _____

15. Recorded by: C. CORNELIS Source of data: OLD SCHEDULE Date: 5-12-78

16. Remarks: _____

17. Location or Sketch:

PIP = TOP OF CASING
+2.00

TDWR-0308

W/L Obs. Well ___ W/Q Obs. Well ___

State Well No. 12-30-601

Texas Water Development Board (TWDB)
Groundwater Database (GWDB)
Well Information Report for State Well Number 12-30-901

GWDB Reports and Downloads

Well Basic Details

Scanned Documents

State Well Number	1230901
County	Childress
River Basin	Red
Groundwater Management Area	6
Regional Water Planning Area	A - Panhandle
Groundwater Conservation District	Gateway GCD
Latitude (decimal degrees)	34.538056
Latitude (degrees minutes seconds)	34° 32' 17" N
Longitude (decimal degrees)	-100.284167
Longitude (degrees minutes seconds)	100° 17' 03" W
Coordinate Source	+/- 1 Second
Aquifer Code	110ALVM - Quaternary Alluvium
Aquifer	Seymour
Aquifer Pick Method	
Land Surface Elevation (feet above sea level)	1740
Land Surface Elevation Method	Interpolated From Topo Map
Well Depth (feet below land surface)	123
Well Depth Source	Driller's Log
Drilling Start Date	
Drilling End Date	5/0/1949
Drilling Method	Mud (Hydraulic) Rotary
Borehole Completion	Gravel Pack w/Perforations

Well Type	Withdrawal of Water
Well Use	Unused
Water Level Observation	Historical
Water Quality Available	No
Pump	Turbine
Pump Depth (feet below land surface)	
Power Type	Electric Motor
Annular Seal Method	
Surface Completion	
Owner	City of Childress No. 12
Driller	Layne Texas Co.
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	
Groundwater Conservation District Well Number	
Owner Well Number	
Other Well Number	
Previous State Well Number	
Reporting Agency	U.S. Geological Survey
Created Date	2/13/1951
Last Update Date	5/20/2003

Remarks	City # 12. Yield 112 gpm with 44 ft drawdown when drilled.

Casing

Diameter (in.)	Casing Type	Casing Material	Schedule	Gauge	Top Depth (ft.)	Bottom Depth (ft.)
16	Blank	Steel			0	60
8	Blank	Steel			60	83
8	Screen	Steel			83	113
8	Blank	Steel			113	123

Well Tests - No Data

Lithology - No Data

Annular Seal Range - No Data

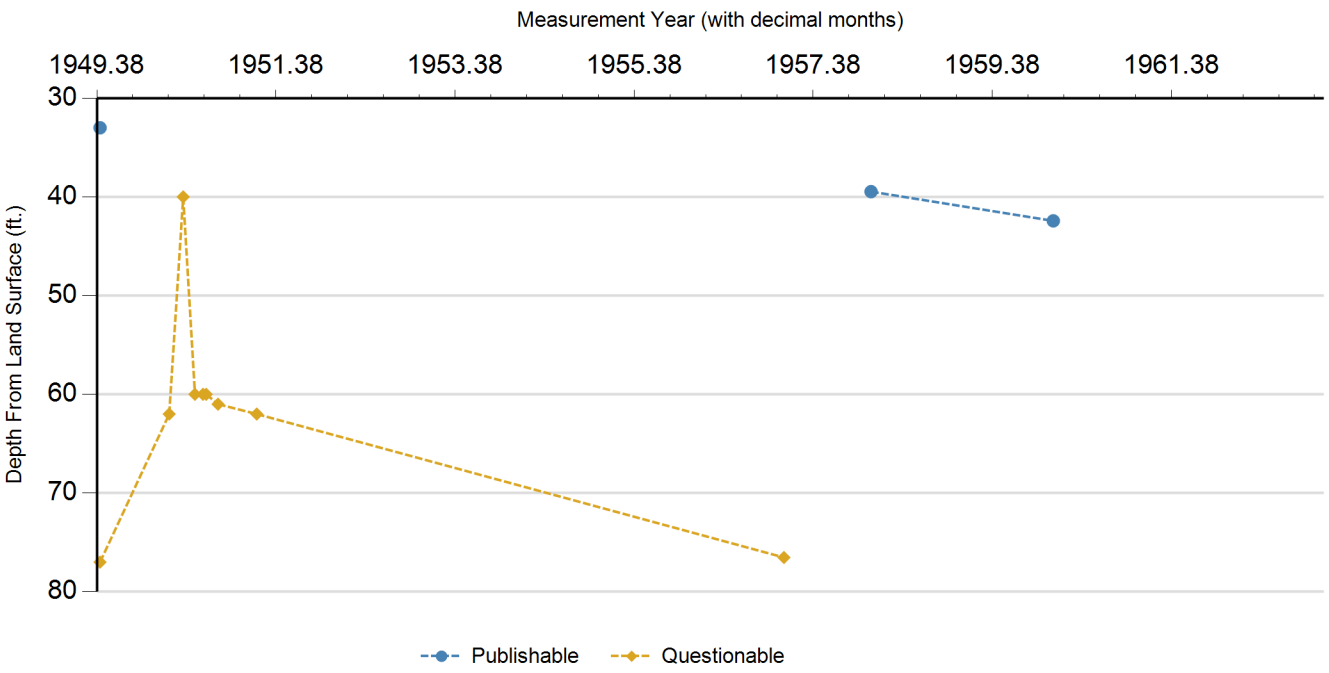
Borehole - No Data

Plugged Back - No Data

Filter Pack - No Data

Packers - No Data

Water Level Measurements



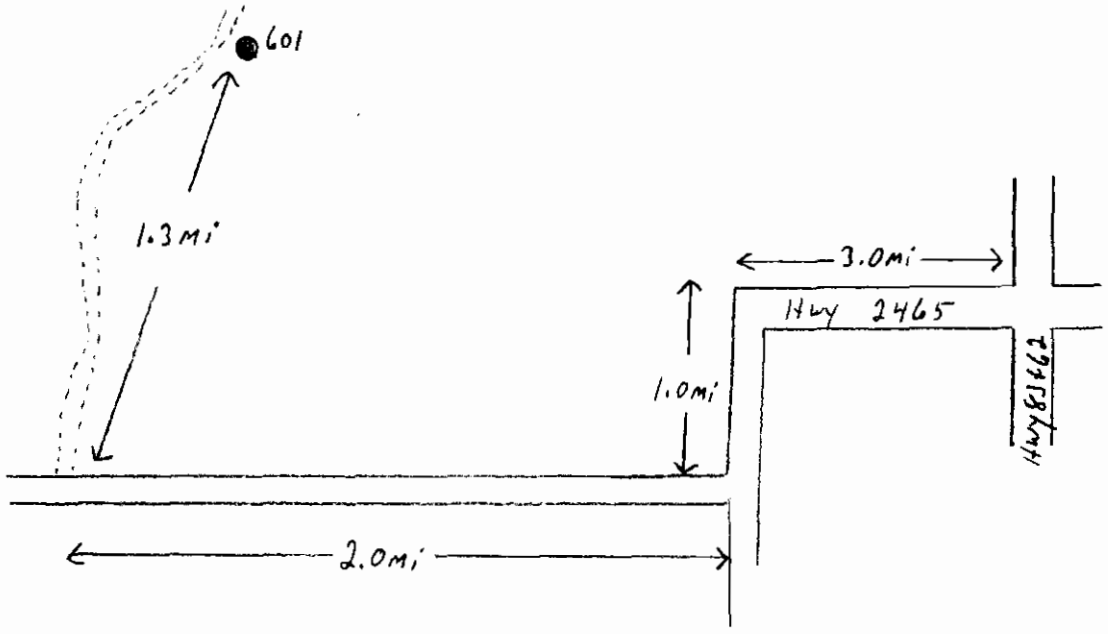
Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	5/30/1949		33		1707	1	Other or Source of Measurement Unknown	Unknown	1	
Q	5/30/1949		77	44.00	1663	2	Other or Source of Measurement Unknown	Unknown	2	
Q	3/7/1950		62	(15.00)	1678	1	Other or Source of Measurement Unknown	Unknown	2	
Q	5/4/1950		40	(22.00)	1700	1	Other or Source of Measurement Unknown	Unknown	2	
Q	6/22/1950		60	20.00	1680	1	Other or Source of Measurement Unknown	Unknown	2	
Q	7/25/1950		60	0.00	1680	1	Other or Source of Measurement Unknown	Unknown	2	
Q	8/8/1950		60	0.00	1680	1	Other or Source of Measurement Unknown	Unknown	2	
Q	9/26/1950		61	1.00	1679	1	Other or Source of Measurement Unknown	Unknown	2	
Q	1/0/1951		62	1.00	1678	1	Other or Source of Measurement Unknown	Unknown	2	
Q	1/18/1957		76.53	14.53	1663.47	1	Texas Water Development Board	Steel Tape	2	
P	1/8/1958		39.47	(37.06)	1700.53	1	Texas Water Development Board	Steel Tape		
P	1/21/1960		42.43	2.96	1697.57	1	Texas Water Development Board	Steel Tape		
X	1/16/1963					1	Texas Water Development Board		32	

Code Descriptions

Status Code	Status Description
P	Publishable
Q	Questionable
X	No Measurement

Remark ID	Remark Description
1	Accurately reflects water level conditions
2	Pumping-level measurement
32	Well temporarily inaccessible due to winterization or debris

Water Quality Analysis - No Data Available



N

12-30-601

LOC:

0-12 SANDY SOIL
12-22 SANDY RED CLAY
22-42 COARSE SAND & SOME GRAVEL
42-99 SAND & GRAVEL
99-103 RED BEDS

	P.L.	CPM
3-8-50	59	58
5-4-50	60	56
6-23-50	60	58
7-24-50	60	56
8-8-50	60	56
9-26-50	61	54
1--51	62	56

12-30-601

TEXAS WATER DEVELOPMENT BOARD

WELL SCHEDULE

Aquifer Seymour - Qs   Field No. P-13   State Well No. 12-36-601
Owner's Well No. #13   County Childress

1. Location: ___1/4, ___1/4 Sec.___, Block ___ Survey ___

2. Owner: City of Childress   Address: ___
   Tenant: ___   Address: ___
   Driller: Layne Texas   Address: ___

3. Elevation of Ground is 1745 ft. above msl, determined by Topo 1½"

4. Drilled: Apr 1942; Dug, Cable Tool, Rotary, ___

5. Depth: Rept. 103 ft. Meas. ___ ft.

6. Completion: Open Hole, Straight Wall, Underreamed, Gravel Packed ___

7. Pump: Mfgr. ___ Type ___
   No. Stages ___, Bowls Diam. ___ in., Setting ___ ft.
   Column Diam. ___ in., Length Tailpipe ___ ft.

8. Motor: Fuel ___ Make & Model ___ HP. ___

9. Yield: Flow ___ gpm, Pump ___ gpm, Meas., Rept., Est. ___

10. Performance Test: Date ___ Length of Test ___ Made by ___
    Static Level ___ ft. Pumping Level ___ ft. Drawdown ___ ft.
    Production ___ gpm Specific Capacity ___ gpm/ft.

CASING & BLANK PIPE

Cemented From ___ ft. to ___ ft.

Diam. (in.)	Type	Setting, ft. from	to
16		0	40
8 5/8		40	69
"		99	103

11. Water Level: ___ ft. rept. meas. ___ 19___ above below ___ which is ___ ft. above below surface.
    ___ ft. rept. meas. ___ 19___ above below ___ which is ___ ft. above below surface.
    ___ ft. rept. meas. ___ 19___ above below ___ which is ___ ft. above below surface.
    ___ ft. rept. meas. ___ 19___ above below ___ which is ___ ft. above below surface.

12. Use: Dom., Stock, (Public Supply), Ind., Irr., Waterflooding, Observation, Not Used, ___

13. Quality: (Remarks on taste, odor, color, etc.) ___
    Temp. ___ °F, Date sampled for analysis ___ Laboratory ___
    Temp. ___ °F, Date sampled for analysis ___ Laboratory ___
    Temp. ___ °F, Date sampled for analysis ___ Laboratory ___

WELL SCREEN

Screen Openings ___

Diam. (in.)	Type	Setting, ft. from	to
8 5/8		69	99

14. Other data available as circled: (Driller's Log), Radioactivity Log, Electric Log,
    Formation Samples, Pumping Test, ___

15. Record by: C R Follett   Date 2-13 1951
    Source of Data L-T Workover book

16. Remarks:
    Map - Mirabis at test hole 20C

    12 sandy soil
    22 sandy red clay
    42 Cs. sand & some gravel
    49 Sand & gravel
    103 Red bed

    1745
    69 - 99
    1646

Obs Well

Lat 34-32-40
Long 100-17-08

(Sketch)

GW 1

TEXAS WATER DEVELOPMENT BOARD

WELL SCHEDULE

Aquifer Seymour - Qs Field No. P-12 State Well No. 12-30-901

Owner's Well No. #12 County Childress

1. Location: ___ 1/4, ___ 1/4 Sec. ____, Block ____ Survey ____

2. Owner: City of Childress Address: ____

Tenant: ____ Address: ____

Driller: ____ Address: ____

3. Elevation of 1677 ie ____ ft. above msl, determined by ____

4. Drilled: May 19 49; Dug, Cable Tool, Rotary, ____

5. Depth: Rept. 123 ft. Meas. ____ ft.

6. Completion: Open Hole, Straight Wall, Underreamed, Gravel Packed ____

7. Pump: Mfgr. ____ Type ____

No. Stages ____, Bowls Diam. ____ in., Setting ____ ft.

Column Diam. ____ in., Length Tailpipe ____ ft.

8. Motor: Fuel ____ Make & Model ____ HP. ____

9. Yield: Flow ____ gpm, Pump ____ gpm, Meas., Rept., Est. ____

10. Performance Test: Date ____ Length of Test ____ Made by ____

Static Level ____ ft. Pumping Level ____ ft. Drawdown ____ ft.

Production ____ gpm Specific Capacity ____ gpm/ft.

CASING & BLANK PIPE

Cemented From ____ ft. to ____ ft.

Diam. (in.)	Type	Setting, ft. from	to
16		0	60
8 5/8		60	83
8 5/8		113'	123'

11. Water Level: ____ ft. rept. meas. ____ 19 ___ above below ____ which is ____ ft. above below surface.

____ ft. rept. meas. ____ 19 ___ above below ____ which is ____ ft. above below surface.

____ ft. rept. meas. ____ 19 ___ above below ____ which is ____ ft. above below surface.

____ ft. rept. meas. ____ 19 ___ above below ____ which is ____ ft. above below surface.

12. Use: Dom., Stock, (Public Supply), Ind., Irr., Waterflooding, Observation, Not Used, ____

13. Quality: (Remarks on taste, odor, color, etc.) ____

Temp. ___ °F, Date sampled for analysis ____ Laboratory ____

Temp. ___ °F, Date sampled for analysis ____ Laboratory ____

Temp. ___ °F, Date sampled for analysis ____ Laboratory ____

14. Other data available as circled: Driller's Log, Radioactivity Log, Electric Log,

Formation Samples, Pumping Test, ____

15. Record by: C B F Date 2-13 1951

Source of Date L-T Workers book

16. Remarks: At test hole 33 C

WELL SCREEN

Screen Openings ____

Diam. (in.)	Type	Setting, ft. from	to
8 5/8		83	113'

(Sketch)

TEXAS DEPARTMENT OF WATER RESOURCES

WELL SCHEDULE

Aquifer(s) QUATERNARY Project No. _____ State Well No. 12-30-901

_____ Field No./Owner's Well No. P-12 County CHILDRESS

1. Location: ___ ¼, ___ ¼, Section ___, Block ___, Survey _____, Longitude 100-17-22 Latitude 34-32-18 (TOPO)

2. Owner: CITY OF CHILDRESS #12 Address: _____

Tenant (other): _____ Address: _____

Driller: LAYNE - TEXAS Address: _____

3. Land Surface Elevation: 1731 ft. above msl determined by TOPO

4. Drilled: MAY 19 49 ; Dug, Cable Tool, Rotary, Air, _____

5. Depth: Rept. 115 ft. Meas. _____ ft.

6. Borehole Completion: Open Hole, Straight Wall, Underreamed, Gravel Packed

7. Pump: Mfr. _____ Type T

No. Stages _____, Bowls Diam. _____ in., Setting _____ ft.

Column Diam. _____ in., Length Tailpipe _____ ft.

8. Motor: Mfr. _____ Fuel _____ HP. _____

9. Yield: Flow _____ gpm, Pump _____ gpm, Meas., Rept., Est. _____ Date _____

10. Performance Test: Date 5-30-49 Length of Test 8 HRS Made by LAYNE-TEXAS

Static Level 33 ft. Pumping Level 77 ft. Drawdown 44 ft.

Production 112 gpm Specific Capacity 2.55 gpm/ft.

11. Quality: (Remarks on taste, odor, color, etc.) _____

Analyses

Date _____ Laboratory _____ TDS ___ Sp Cond _____

Date _____ Laboratory _____ TDS ___ Sp Cond _____

12. Other data available as circled: (Pumping test) Power & Yield Test, (Drillers) (Logs) Formation Samples, Geophysical Log(s) _____ (type)

CASING, BLANK PIPE & WELL SCREEN
Cemented From ____ ft. to ____ ft.

Diam. (in.)	Type	Setting (feet) from	to
16	STEEL	0	60
8 5/8	STEEL	60	83
8 5/8	SLOTTED	83	113
8 5/8	BLANK	113	115

13. Water Level(s): 33.00 ft. rept. (meas) 5-30 19 49 above (below) LSD which is 0 ft. (above) below Land Surface

_____ ft. rept. meas. _____ 19 ___ above below which is ___ ft. above below Land Surface

14. Use: Dom., Stock, (Public Supply) Ind., Irr., Observation, Other (Test Hole, Oil Test, etc.) _____

15. Recorded by: C. CORNELIS Source of data: OLD SCHEDULE Date: 5-12-78

16. Remarks: _____

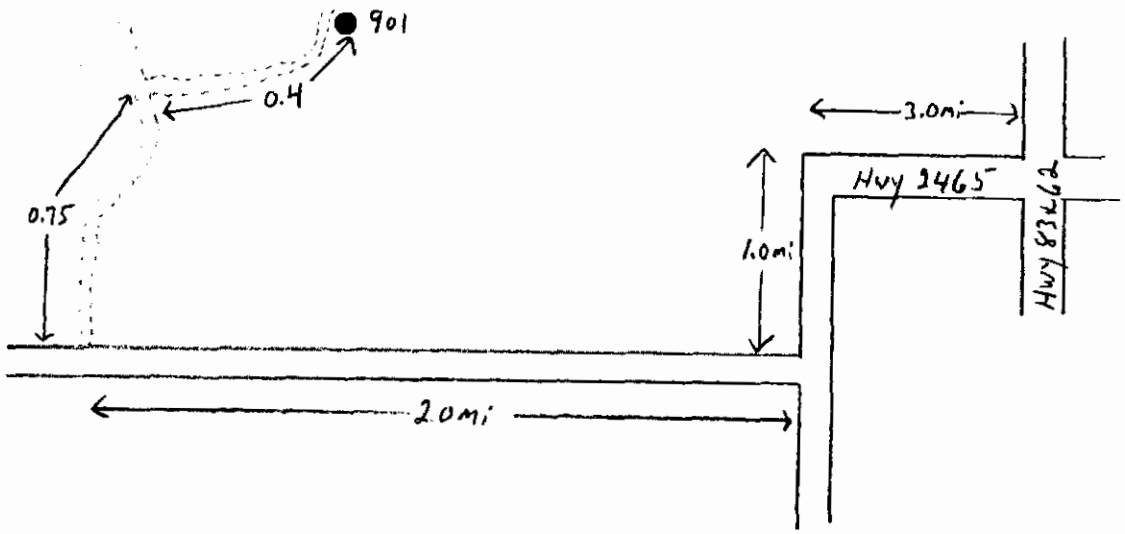
17. Location or Sketch:

MP = Top of 1" Brother Pipe
+ 1.90

TDWR-0308

W/L Obs. Well ___ W/Q Obs. Well ___

State Well No. 12-30-901



12-30-901

LOG:

0-10	LOOSE SAND
10-18	SANDY CLAY
18-113	VERY LOOSE SAND WITH FEW GRAVEL LAYERS
113-115	RED BED

	P. L.	GPM
3-7-50	62	72
5-4-50	40	66
6-22-50	60	68
7-25-50	60	66
8-8-50	60	64
9-26-50	61	60
1--51	62	64

12-30-901

Attachment: TECHNICAL REPORT

T-9. GROUNDWATER QUALITY TECHNICAL REPORT

Groundwater Technical Report

A site map for this report is provided as Attachment USGS Map – A4.

A site drawing for this report is provided as Attachment Facility Map – T2.

Childress Hall is located in Childress County, Texas. Groundwater in this area is located within the Seymour and Blaine aquifers. The information presented below regarding the aquifers was obtained by the Mesquite Groundwater Conservation District.:

The **Seymour Aquifer** is a major aquifer in Texas and consists of isolated areas of alluvium that are erosional remnants of a larger area. As defined by TWDB, it is composed of remnants of the Seymour Formation, the Lingos Formation, and younger alluvial deposits, all of Quaternary age. The aquifer is found in parts of many north-central and Panhandle counties of Texas, and in the District is present in four distinct and separate areas referred to as "Pods".
It consists of discontinuous beds of poorly sorted gravel, conglomerate, sand, and silty clay deposited during the Quaternary Period by eastward-flowing streams. Saturated thickness is typically between five and eighty feet. Aquifer thickness may exceed 250 feet in isolated spots in the western portion of Collingsworth County. The thickness in the eastern portion of the county is generally too thin to support irrigation. The aquifer is also generally thinner in Hall County but does support irrigation. This aquifer is under water-table conditions in most of its extent, but artesian conditions may occur where the water-bearing zone is overlain by clay. The lower, more permeable part of the aquifer produces the greatest amount of groundwater.
Water quality is generally fresh to slightly saline, but some high saline problems occur. Nitrate concentrations in excess of drinking water standards are common. The Seymour Aquifer comprises about twenty-three percent of the District area and provides about seventy seven percent of the irrigation water in the District. Yields of wells range from five gallons per minute to as much as 1,000 gallons per minute depending upon saturated thickness, with yields averaging about 300 gallons per minute.

The **Blaine Aquifer** is composed of anhydrite and gypsum with interbedded dolomite and clay and is an important source of groundwater in the District. The Blaine Formation crops out in a band from Wheeler County south through Collingsworth and Childress Counties to Fisher County and extends westward in the subsurface to adjacent counties. In Collingsworth County the Blaine is found along the Salt Fork of Red River north to Wheeler County and east to the Oklahoma state line. The Blaine is also found South and East of Wellington, extending east to the Oklahoma state line and south to the Prairie Dog Town Fork of the Red River. There are also small areas in the northeast and southeast corners of Hall County. Recharge occurs fairly rapidly and travels primarily in the numerous solution channels of the Blaine under water-table conditions.
Overall water quality is poor and salinity may be high, limiting the use of water for human and livestock consumption. Depth to water ranges from a few feet to greater than 200 feet. Well depths range up to 300 feet below ground surface. Well yields vary from a few gallons per minute up to 1,000 gallons per minute. Although water in storage is generally under water-table conditions, larger yields are often associated with those areas of the aquifer that are confined by relatively impervious beds. Dry holes or wells of low yield are commonly found adjacent to wells of moderate to high yields because of the uneven nature in confining beds and the occurrence of the water in solution zones. Groundwater not intercepted by wells tends to discharge naturally in areas of lower topography through seeps and springs. The Blaine Aquifer comprises about twenty four percent of the District area and provides about nineteen percent of the irrigation water pumped in the District.

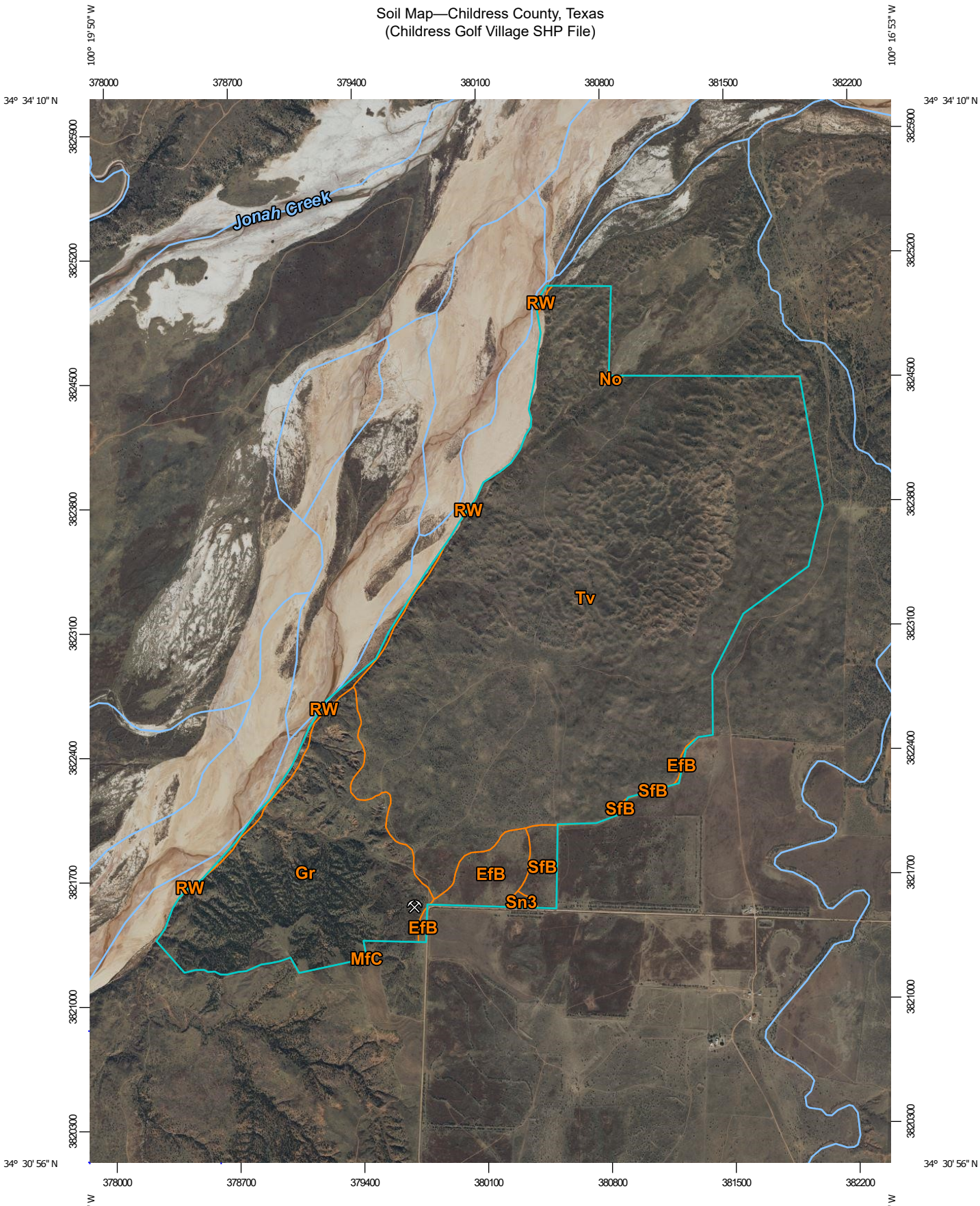
The golf course will be irrigated using 750,000 GPD from the Blaine aquifer combined with the 9,999 GPD of treated wastewater as presented in this permit application. Due to the dilution of the wastewater, nutrients will mostly come from the freshwater within the Blaine Aquifer and supplemental fertilization practices. (See Cropping Plan).

Depth to Static Water levels is greater than 50 feet. At this depth, and the fact that 99% of the irrigation water is, in fact, water from the aquifer, there is no threat of contamination.

Attachment: TECHNICAL REPORT

T-10. SOIL MAP

Soil Map—Childress County, Texas
(Childress Golf Village SHP File)



Map Scale: 1:29,200 if printed on A portrait (8.5" x 11") sheet.

N

Meters
0 400 800 1600 2400

Feet
0 1000 2000 4000 6000

Map projection: Web Mercator Corner coordinates: WGS84 Edge tics: UTM Zone 14N 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 1:20,000.

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

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

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

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

Soil Survey Area: Childress County, Texas
Survey Area Data: Version 21, Aug 30, 2024

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

Date(s) aerial images were photographed: Nov 23, 2021—Dec 5, 2021

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

Map Unit Legend

Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
EfB	Hardeman fine sandy loam, dry, 1 to 3 percent slopes	38.2	2.4%
Gr	Hilgrave very gravelly sandy loam, 3 to 30 percent slopes	307.9	19.0%
MfC	Grandfield fine sandy loam, 3 to 5 percent slopes	0.0	0.0%
No	Yomont silt loam	0.9	0.1%
RW	Riverwash	12.9	0.8%
SfB	Devol loamy sand, 0 to 3 percent slopes	19.6	1.2%
Sn3	Devol and Nobscot soils, severely eroded	2.5	0.2%
Tv	Likes fine sand	1,235.4	76.4%
Totals for Area of Interest		**1,617.4**	**100.0%**

Attachment: TECHNICAL REPORT

T-11. WATER BALANCE

CHILDRESS HALL WATER BALANCE

(INCHES/ACRE IRRIGATED)

	(1) AVG PRECIP	(2) AVG RUNOFF	(3) AVG INFILT RAIN	(4) EVAPO-TRANS	(5) REQD LEACH	(6) TOTAL WATER NEEDS	(7) EFFL NEEDED ROOT ZONE	(8) EVAP FROM PONDS SURFACE	(9) EFFL TO LAND	(10) CONSUMP FROM PONDS
JAN	0.76	0.42	0.33	2.41	0.30	2.71	2.38	0.03	3	2.67
FEB	0.80	0.41	0.40	2.75	0.34	3.09	2.69	0.03	2.99	3.02
MAR	1.56	0.18	1.38	4.54	0.45	4.99	3.61	0.05	4.01	4.06
APR	1.83	0.12	1.71	5.88	0.60	6.48	4.77	0.05	5.30	5.35
MAY	3.29	0.00	3.29	6.86	0.51	7.37	4.08	0.06	4.53	4.59
JUN	3.27	0.00	3.27	7.65	0.63	8.28	5.00	0.08	5.56	5.63
JUL	1.98	0.09	1.89	8.69	0.97	9.66	7.77	0.09	8.64	8.72
AUG	2.33	0.04	2.29	7.94	0.81	8.75	6.46	0.08	7.17	7.25
SEP	2.18	0.06	2.12	5.96	0.55	6.51	4.39	0.06	4.87	4.94
OCT	2.09	0.07	2.02	4.81	0.40	5.21	3.19	0.05	0.00	0.05
NOV	1.00	0.34	0.67	3.03	0.34	3.37	2.70	0.04	3.00	3.04
DEC	0.89	0.37	0.51	2.39	0.27	2.66	2.14	0.03	2.38	2.41
	21.98	2.10	19.88	62.91	6.15	69.06	49.18	0.65	51.10	51.74

Basis:

Runoff: SCS method CN = 39 (Group A Soil_Grass Cover > 75%)

Watershed Storage (S) in. = 15.64

Leaching: Electrical Conductivity Effluent (Ce) = 2.5 millimhos/cm

Maximum Allowable Conductivity Soil Solution = 4 millimhos/cm

Irrigation efficiency: 0.90

Irrigated acreage: 250

Effluent Supplied: 9999 gal/day

Analysis:

	Year		Monthly Average	
	In/Ac	MG	In/Ac	MG
Effluent required (irrig + evap):	51.7	351.2	4.3	29.3
Effluent supplied MGD	0.54	3.6	0.045	0.3
Effluent defecit:	51.2	347.6	4.3	29.0

(1) Average Rainfall (Texas Water Development Board, Quad 6 see Attached Data)
(2) Runoff determined using Soil Conservation Service method.
(3) Average infiltration (1) - (2)
(4) Weighted Average Evapotranspiration (See Attached Data)
(5) Required Leaching represents a weighted average leaching fraction modified from Rhoades (1974) as described by Ayers and Westott (1985).
(6) Total Water Needs = (4) + (5)
(7) Effluent Needed at Rood Zone = (6)-(3).
(8) Evaporatoin from Ponds Surfaces = Net Evaporation (TWDB, Quad 6, 25Yr Avg.)*Pond Surface Area/Irrigated Acreage.
(9) Effluent to Land = (7)/Irrigation Efficiency
(10) Consumption from Pond = (8)+(9)

CHILDRESS HALL STORAGE REQUIREMENTS

(INCHES/ACRE IRRIGATED)

	(11) REC'D FOR APPL	(12) PRECIP 25 YR WORST	(13) RUNOFF 25 YR WORST	(14) INFILT RAIN	(15) AVAILABLE WATER	(16) EVAP 25 YR WORST	(17) WATER NEEDS	(18) FRESH WTR IRRIGATION ADD TO STORAGE	(19) EFFLUENT APPLIED	(20) STORAGE	(21) ACCUM STORAGE	(22) APPL RATE
JAN	0.04	1.12	0.30	0.83	0.87	0.03	2.71	0.90	0.73	0.19	0.72	.02
FEB	0.04	1.19	0.27	0.92	0.97	0.03	3.09	0.90	0.73	0.19	0.91	.02
MAR	0.04	2.31	0.04	2.27	2.31	0.04	4.99	0.90	0.73	0.17	1.08	.00
APR	0.04	2.71	0.01	2.70	2.75	0.05	6.48	0.90	0.73	0.17	1.25	.00
MAY	0.04	4.89	0.18	4.71	4.75	0.05	7.37	0.90	0.73	0.16	1.41	-.01
JUN	0.04	4.86	0.17	4.69	4.73	0.07	8.28	0.90	0.73	0.15	1.56	-.02
JUL	0.04	2.94	0.00	2.94	2.98	0.08	9.66	0.90	0.73	0.14	1.70	-.03
AUG	0.04	3.46	0.01	3.46	3.50	0.07	8.75	0.90	0.73	0.14	1.84	-.03
SEP	0.04	3.24	0.00	3.24	3.29	0.06	6.51	0.90	0.73	0.16	2.00	-.01
OCT	0.04	3.10	0.00	3.10	3.15	0.05	5.21	0.90	0.73	0.17	0.17	.00
NOV	0.04	1.49	0.19	1.29	1.34	0.04	3.37	0.90	0.73	0.18	0.35	.01
DEC	0.04	1.32	0.24	1.08	1.13	0.03	2.66	0.90	0.73	0.19	0.53	.02
	0.54	32.64	1.41	31.23	31.76	0.57	69.06	10.80	8.76		13.52	0.00 (ac-ft/ac/yr)

Basis:

Received for application: Average effluent flow to wastewater treatment plant

Acres irrigated: 250

Irrigation efficiency: 0.90

Analysis:

Maximum storage required = 2.00 in/irrig ac 41.7 acre-feet/yr 13,586,152.59 Gallons

Total available storage at full capacity of irrigation pond = 14,000,000 Gallons

(11) Effluent Received for Applicatoin after passing through the treatment system.
(12) Max 25 Year Rainfall Distributed throughout the year on a weighted basis. (TWDB, Quad 6, See Attached Data).
(13) 25 Year Worst Runoff determined using Soil Conservation Service method.
(14) 25 Year Worst Infiltration (12)-(13).
(15) Available Water = (11)+(14)
(16) 25 Year Least Evaporatoin from Ponds Surfaces = Net Evaporation (TWDB, Quad 6,)*Pond Surface Area/Irrigated Acreage.
(17) See(6)
(18) Fresh water amount from surrounding wells that is applied to the crops.
(19) Actual Effluent applied to the crops to control Nitorgen at 420 lbs/acre/year.
(20) Storage Required = (11)+(18)-(16)-(19).
(21) Accumulated Storage = Storage + Previous Month Storage.

CHILDRESS HALL CROP WATER BALANCE DATA
EVAPOTRANSPIRATION

	MAY		JUN		JUL		AUG		SEP		OCT	
CROP	AC	IN	AC	IN	AC	IN	AC	IN	AC	IN	AC	IN
Bermuda Grass	250	6.9	250	7.7	250	8.7	250	7.9	250	6.0	250	4.8
AVERAGE		6.9		7.7		8.7		7.9		6.0		4.8

	NOV		DEC		JAN		FEB		MAR		APR	
CROP	AC	IN	AC	IN	AC	IN	AC	IN	AC	IN	AC	IN
Bermuda	250	3.0	250	2.4	250	2.4	250	2.8	250	4.5	250	5.9
AVERAGE		3.0		2.4		2.4		2.8		4.5		5.9

Source: Mean Crop Consumptive Use and Free-Water Evaporation for Texas
Borrelli, Fedler, and Gregory (Bermuda Grass)

CHILDRESS HALL WATER BALANCE
RAINFALL DATA

Quad	Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly
307	1998	0.46	2.69	3.39	0.4	1.35	0.37	0.69	0.96	0.43	3.98	1.38	0.14	16.24
307	1999	1.74	0.07	2.3	3.62	5.88	3.05	0.67	1.81	1.85	0.85	0	0.64	22.47
307	2000	0.15	0.37	4.94	3.42	1.19	7.87	0.96	0.09	0.07	3.63	1.56	0.75	25
307	2001	1.34	1.44	1.63	0.11	6.7	0.62	0.41	3.61	2.33	0.02	2.97	0.05	21.23
307	2002	0.91	0.73	0.95	1.8	1.09	3.45	3.77	1.73	1.76	4.86	0.41	1.59	23.06
307	2003	0	0.21	0.78	1.72	1.94	6.61	0.11	1.56	1.5	0.57	0.56	0.01	15.57
307	2004	1.87	2.19	3.25	3.17	0.02	6.9	1.83	2.94	0.98	2.4	6.63	0.46	32.64
307	2005	1.78	0.71	0.86	1.07	2.38	1.4	1.62	2.54	1.49	1.37	0	0.07	15.29
307	2006	0.06	0.19	2.18	1.09	2.8	0.69	1.03	3.89	3.13	4.56	0.4	3.11	23.13
307	2007	1.17	0.29	5.05	1.5	4.68	3.91	2.13	2.58	2.45	0.26	0.01	1.61	25.64
307	2008	0.01	0.74	0.68	1.44	2.9	2.85	1.32	3.87	5.95	4.12	0.08	0	23.96
307	2009	0.06	0.4	0.58	2.97	1.41	3.34	3.32	2.32	3.35	1.54	0.23	0.69	20.2
307	2010	1.44	1.65	0.96	6.4	2.04	3.48	5.27	1.03	2.31	2.47	0.76	0.02	27.82
307	2011	0.08	0.42	0.05	0.03	0.59	0.35	1.2	0.24	1.04	3	1.79	1.43	10.23
307	2012	0.14	0.79	1.92	1.23	1.99	3.65	0.71	2.2	3.35	0.15	0.05	0.46	16.64
307	2013	1.53	2.23	0.14	0.63	0.81	3.9	2.67	2.64	2.7	1.64	0.81	0.98	20.68
307	2014	0	0.36	0.34	0.7	3.72	4.05	3.2	2.27	2.34	0.49	1.3	0.37	19.14
307	2015	1.02	0.47	0.53	4.46	12.06	3.58	4.32	1.98	0.5	3.05	2.43	1.6	36
307	2016	0.43	0.56	0.43	2.18	6.57	3.16	2.51	4.71	2.44	0.57	1.43	1.17	26.16
307	2017	2.02	2.02	2.37	2.46	0.88	2.08	2.28	4.85	4.36	1.64	0.06	0.06	25.08
307	2018	0.01	0.51	0.76	0.36	3.99	3.42	1.36	2.28	4.26	5.68	0.55	0.89	24.07
307	2019	0.19	0.07	1.47	3.98	4.53	2.29	1.95	1.81	3.98	0.56	1.03	0.87	22.73
307	2020	1.25	0.84	2.39	0.44	2.25	2.37	1.63	2.28	1.15	1.39	0.35	0.68	17.02
307	2021	0.92	0.37	2.06	0.69	4.35	4.42	3.35	1.82	0.58	1.47	0.05	0.04	20.12
307	2022	0.26	0.24	0.26	0.21	2.69	3.98	0.72	3.85	0.31	2.18	1.03	0.58	16.31
307	2023	0.8	0.36	0.23	1.41	6.74	3.33	2.43	0.79	2.16	1.91	0.14	4.83	25.13
		0.755	**0.805**	**1.558**	**1.827**	**3.29**	**3.274**	**1.979**	**2.333**	**2.183**	**2.091**	**1**	**0.888**	**21.98**
		0.034	0.037	0.071	0.083	0.15	0.149	0.09	0.106	0.099	0.095	0.046	0.04	
		1.122	**1.195**	**2.313**	**2.712**	**4.885**	**4.861**	**2.939**	**3.464**	**3.242**	**3.104**	**1.485**	**1.319**	32.64

CHILDRESS HALL WATER BALANCE
EVAPORATION DATA

Quad	Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly
307	1998	2.93	2	5.51	6.16	6.49	10.86	11.12	8.08	7.59	6.27	2.6	2.01	71.62
307	1999	5.39	4.06	3.73	7.36	7.13	8.13	9.38	8.73	6.03	6.2	5.39	4.54	76.31
307	2000	7.1	3.59	3.94	4.47	4.8	5.4	6.78	7.51	7.16	3.6	3.73	2.18	60.28
307	2001	1.13	1.71	2.94	5.45	5.61	8.56	10.97	8.2	6.02	6.11	3.99	2.72	63.41
307	2002	3.18	3.22	5.17	5.13	6.11	8.33	7.92	9.14	6.61	3.87	3.31	3.14	65.13
307	2003	2.77	2.25	4.45	6.06	6.27	6.39	10.22	8.9	5.84	5.16	4.28	2.99	65.58
307	2004	2.06	3.86	4.88	4.9	6.87	7.12	8.01	7.2	6.77	3.81	2.89	3.04	61.41
307	2005	2.65	2.16	4.75	5.87	4.83	7.96	8.8	6.98	7.23	4.69	5.09	4.04	65.05
307	2006	5.88	4.19	5.22	6.47	6.86	9.07	9.98	8.51	6.1	5.64	4.72	2.2	74.84
307	2007	2.37	3.8	3.92	4.5	3.6	5.2	7	8.13	6.1	7	4.21	4.04	59.87
307	2008	1.76	3.49	5.79	5.85	5.94	9.13	9.12	7.57	5.42	5.13	4.54	3.51	67.25
307	2009	2.83	4.62	6.07	6.21	5.82	7.77	8.7	8.67	5.2	3.7	4.93	2.22	66.74
307	2010	1.96	3.08	5.27	6.63	5.87	8.45	6.56	7.81	6.44	5.98	5.95	3.92	67.92
307	2011	2.53	3.35	5.35	7.96	8.09	12.04	11.81	11.53	8.13	6.29	4.82	1.78	83.68
307	2012	3.25	3.27	5.69	5.99	6.79	7.94	9.25	8.4	6.92	5.64	5.16	3.4	72.07
307	2013	3	3.48	6.21	5.77	6.81	8.93	8.64	8.45	7.16	6	4.67	2.63	72.29
307	2014	4.18	2.36	5.65	6.71	7.09	7.27	8.04	8.71	5.88	5.84	3.62	1.99	68.12
307	2015	2.11	2.68	4.12	5.49	4.91	6.64	8.57	8.02	7.73	6.12	4.47	3.25	64.05
307	2016	2.66	4.28	5.72	5.43	5.36	6.45	8.89	7.41	4.95	6.08	4.56	3.23	65.13
307	2017	2.04	4.11	5.93	5.28	6.42	7.4	8.42	5.88	5.76	5.23	4.98	3.4	65.21
307	2018	4.33	4.57	4.9	5.66	7.94	9.02	9	7.98	4.57	3.31	3.52	2.93	68.99
307	2019	2.64	3.59	3.43	3.56	3.81	6.96	8.64	9.2	6.88	5.94	3.55	3.75	61.66
307	2020	2.98	2.77	4.52	3.42	6.32	8.98	9.32	9.32	5.41	5.61	4.52	2.74	66.32
307	2021	1.92	2.26	5.3	5.08	4.91	6.62	6.61	7.47	8.12	6.91	5.08	6.04	65.75
307	2022	2.88	2.47	7.37	6.08	5.38	9.24	10.92	9.03	7.73	6.26	4.19	3.61	75.16
307	2023	3.11	2.77	4.37	4.82	4.54	6.2	8.85	9.82	7.34	5.69	3.4	2.77	63.68
		3.063	**3.23**	**5.008**	**5.627**	**5.945**	**7.925**	**8.905**	**8.333**	**6.503**	**5.465**	**4.314**	**3.157**	**67.48**
		0.045	0.048	0.074	0.083	0.088	0.117	0.132	0.123	0.096	0.081	0.064	0.047	
		2.718	**2.866**	**4.443**	**4.993**	**5.275**	**7.032**	**7.901**	**7.394**	**5.77**	**4.849**	**3.828**	**2.801**	59.87