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

Plain Language Summary

Covia Holdings LLC (CN600795777) operates Covia Cleburne Facility RN 101548956 mines, washes, dries, screens, and ships silica sand. The facility is located 1788 County Road 308, in Cleburne, Johnson County, Texas 76033. The application request is to renew the existing permit to discharge wastewater to the Unnamed Tributary then to George's Creek.

Discharges from the facility via Outfall 001, 002, 003, 004, & are expected to contain flow and total suspended solids (TSS).Discharge types from Outfalls 001, 002, 004, & 005 include process- generated wastewater and stormwater. Discharge Types from Outfall 003 include mine dewatering and stormwater. Discharges are treated by onsite settling ponds.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0001401000

APPLICATION. Covia Solutions LLC, 1788 County Road 308, Cleburne, Texas 76033, which owns a silica sand mining and processing facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0001401000 (EPA I.D. No. TX0001830) to authorize the discharge of process generated-wastewater and stormwater at a dry-weather flow limit of 1,000,000 gallons per day at Outfalls 001, 002, and 003; and at an intermittent and flow-variable rate via Outfall 004 and 005. The facility is located at 1788 County Road 308, Cleburne, in Somervell County, Texas 76033. The discharge route is from the plant site via Outfall 001 to Georges Creek; via Outfalls 002 and 003 to unnamed tributaries; thence to Georges Creek; via Outfall 004 to an emergency spillway; thence to Georges Creek; and via Outfall 005 to an emergency spillway; thence to an unnamed tributary; thence to Georges Creek; thence all outfalls to the Brazos River Below Lake Granbury. TCEQ received this application on February 15, 2024. The permit application will be available for viewing and copying at Somervell County/District Clerk's Office, 107 North East Vernon Street, Glen Rose, 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/tpdes-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=-97.625833,32.295&level=18

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

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

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

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

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

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

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

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

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

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

AGENCY CONTACTS AND INFORMATION. All public comments and requests must be submitted either electronically at **https://www14.tceq.texas.gov/epic/eComment/**, or in writing to the Texas Commission on Environmental Quality, Office of the Chief Clerk, MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Please be aware that any contact information you provide, including your name, phone number, email address and physical address will

become part of the agency's public record. For more information about this permit application or the permitting process, please call the TCEQ Public Education Program, Toll Free, at 1-800-687-4040 or visit their website at www.tceq.texas.gov/goto/pep. Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from Covia Solutions LLC at the address stated above or by calling Mr. Mike Foster at 432-227-2727.

Issuance Date: February 20, 2025

Erwin Madrid

From: Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Sent: Monday, February 10, 2025 12:37 PM
To: Erwin Madrid; Makenzie Menchaca; Michele Oxlade
Cc: Mike Foster; LINDSEY RENFRO; Jerrod Mendoza; Picole Sneed
Subject: RE: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Hello Erwin,

We have reviewed the NORI and confirm that it is accurate. Please proceed.

Best,

Kathryn Nickel
Consulting Specialist
C: +1 805 231 1281
bsigroup.com/ehs

www.bsigroup.com
We support the UN Sustainable Development Goals. Please consider the environment before printing this email.

By Royal Charter
SUSTAINABLE DEVELOPMENT GOALS

From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Tuesday, January 28, 2025 8:15 AM
To: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Michele Oxlade <michele.oxlade@coviacorp.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: RE: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

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Will do. Can you confirm everything else in the NORI looks good or do you all need more time to review?

Regards,

Erwin Madrid
Team Lead

ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

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

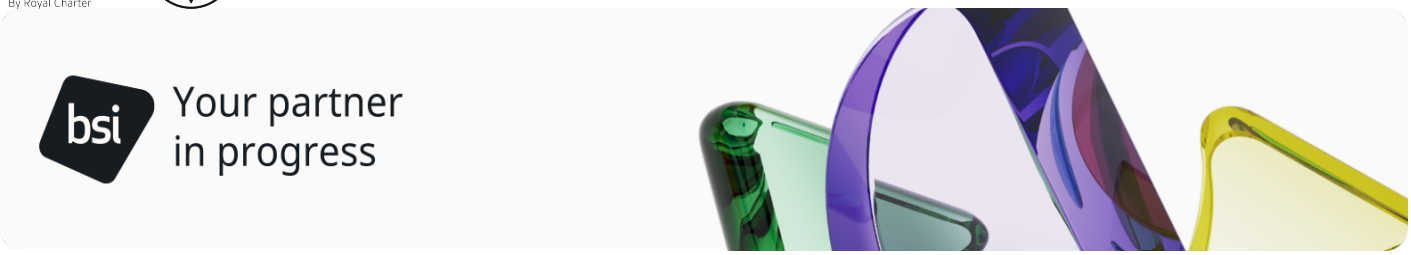
From: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Sent: Tuesday, January 28, 2025 9:02 AM
To: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Michele Oxlade <michele.oxlade@coviacorp.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: RE: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Great, please use the Cleburne, TX address.

Thank you!

Makenzie Menchaca
Associate Consultant, Manager
M: (737) 336-6170
7800 North MoPac Expressway, Suite 325, Austin, TX 78759
Makenzie.Menchaca@bsigroup.com
bsigroup.com/ehs | LinkedIn

By Royal Charter
SUSTAINABLE DEVELOPMENT GOALS



From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Tuesday, January 28, 2025 8:58 AM
To: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Michele Oxlade <michele.oxlade@coviacorp.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: RE: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

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Hi Makenzie,

Yes, you can use any address you'd like. I just need your confirmation.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

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

From: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Sent: Tuesday, January 28, 2025 8:56 AM
To: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Michele Oxlade <michele.oxlade@coviacorp.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: RE: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Hi Erwin,

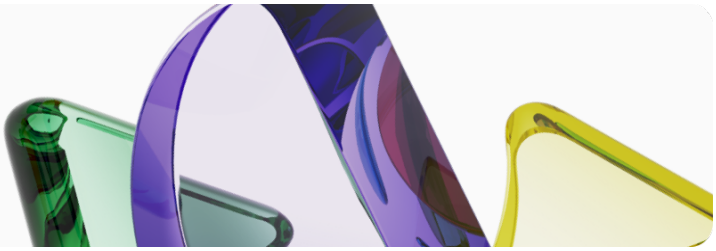
Can we please use the 1788 County Road 308 address in Cleburne instead of the Woodlands address?

Thank you,

Makenzie Menchaca
Associate Consultant, Manager
M: (737) 336-6170
7800 North MoPac Expressway, Suite 325, Austin, TX 78759
Makenzie.Menchaca@bsigroup.com
bsigroup.com/ehs | LinkedIn

By Royal Charter

Your partner in progress



From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Friday, January 24, 2025 11:38 AM
To: Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>; Michele Oxlade <michele.oxlade@coviacorp.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>

Subject: RE: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)
Importance: High

*** This message originated from outside of BSI. Please treat hyperlinks, attachments and instructions in this email with caution. ***

Hello,

I have reviewed the transfer and renewal applications, and before I declare the application administratively complete, please review and approve the updated Notice of Receipt and Intent (NORI):

APPLICATION. Covia Solutions LLC, *2700 Technology Forest Boulevard, Suite 100, The Woodlands, Texas 77381*, which owns a silica sand mining and processing facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0001401000 (EPA I.D. No. TX0001830) to authorize the discharge of process generated-wastewater and stormwater at a dry-weather flow limit of 1,000,000 gallons per day at Outfalls 001, 002, and 003; and at an intermittent and flow-variable rate via Outfall 004 and 005. The facility is located at 1788 County Road 308, Cleburne, in Somervell County, Texas 76033. The discharge route is from the plant site via Outfall 001 to Georges Creek; via Outfalls 002 and 003 to unnamed tributaries; thence to Georges Creek; via Outfall 004 to an emergency spillway; thence to Georges Creek; and via Outfall 005 to an emergency spillway; thence to an unnamed tributary; thence to Georges Creek; thence all outfalls to the Brazos River Below Lake Granbury. TCEQ received this application on February 15, 2024. The permit application will be available for viewing and copying at Somervell County/District Clerk's Office, 107 North East Vernon Street, Glen Rose, Texas prior to the date this notice is published in the newspaper. 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=-97.625833,32.295&level=18

Further information may also be obtained from Covia Solutions LLC at the address stated above or by calling Mr. Mike Foster at 432-227-2727.

Please confirm the permit mailing address identified in RED. The CDF has 3 Summit Park Drive Independence Ohio and the application shows 1788 County Road 308 Cleburne Texas.

Once I get the confirmation on the above items, I will proceed with completing the application review process.

p.s – I will be on vacation Janury 29th – February 10th.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

Take Care of Texas
TakeCareOfTexas.org
Please consider whether it is necessary to print this e-mail.

From: Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Sent: Friday, January 17, 2025 12:33 PM
To: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>; Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>; Michele Oxlade <michele.oxlade@coviacorp.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: RE: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Hello Erwin,

Please see the updated CDF attached with the updated filing number and Tax ID.

Best,

Kathryn Nickel
Consulting Specialist
C: +1 805 231 1281
bsigroup.com/ehs

www.bsigroup.com
We support the UN Sustainable Development Goals. Please consider the environment before printing this email.
By Royal Charter
bsi
SUSTAINABLE DEVELOPMENT GOALS

From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Thursday, January 2, 2025 1:30 PM
To: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>; Michele Oxlade <michele.oxlade@coviacorp.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: RE: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

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Hi Makenzie,

Thank you for sending the CDF, however, can you please confirm the filling information; so for the information on the CDF comes back to Covia Holdings LLC:

Filing Number:	8625806	**Entity Type:**	Foreign Limited Liability Company (LLC)
Original Date of Filing:	January 11, 1991	**Entity Status:**	In existence
Formation Date:	N/A		
Tax ID:	11326566715	**FEIN:**	132656671
Name:	Covia Holdings LLC		
Address:	3 Summit Park Drive Suite 700 Independence, OH 44131 USA		
Fictitious Name:	N/A		
Jurisdiction:	DE, USA		
Foreign Formation Date:	January 13, 1970		

But, the SOS information for Covia Solutions LLC is:

Filing Number:	802423859	**Entity Type:**	Foreign Limited Liability Company (LLC)
Original Date of Filing:	March 28, 2016	**Entity Status:**	In existence
Formation Date:	N/A		
Tax ID:	13415137101	**FEIN:**	341513710
Name:	Covia Solutions LLC		
Address:	3 Summit Park Drive, Suite 700 Independence, OH 44131 USA		
Fictitious Name:	N/A		
Jurisdiction:	DE, USA		
Foreign Formation Date:	June 27, 2024		

I need to verify the correct customer per SOS, please advise.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

Take Care of Texas
TakeCareOfTexas.org
Please consider whether it is necessary to print this e-mail.

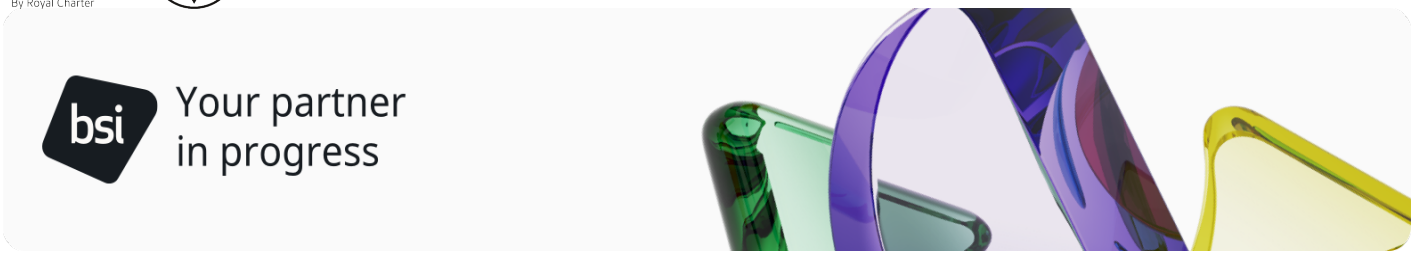
From: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Sent: Thursday, January 2, 2025 12:58 PM
To: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>; Michele Oxlade <michele.oxlade@coviacorp.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: RE: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Erwin,

Please see the signed CDF attached.

Best,

Makenzie Menchaca
Associate Consultant, Manager
M: (737) 336-6170
7800 North MoPac Expressway, Suite 325, Austin, TX 78759
Makenzie.Menchaca@bsigroup.com
bsigroup.com/ehs | LinkedIn



From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Thursday, January 2, 2025 10:21 AM
To: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>; Michele Oxlade <michele.oxlade@coviacorp.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: RE: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

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Hi Makenzie,

The transfer application appears to complete, however, in order for me to verify the CN for the new entity I need to review the Core Data Form for Covia Solutions LLC. Can you please send me a copy of the CDF so I can verify the filling information?

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

Take Care of Texas
TakeCareOfTexas.org
Please consider whether it is necessary to print this e-mail.

From: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Sent: Thursday, January 2, 2025 8:48 AM
To: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>; Michele Oxlade <michele.oxlade@coviacorp.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: RE: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Good morning Erwin, and happy 2025!

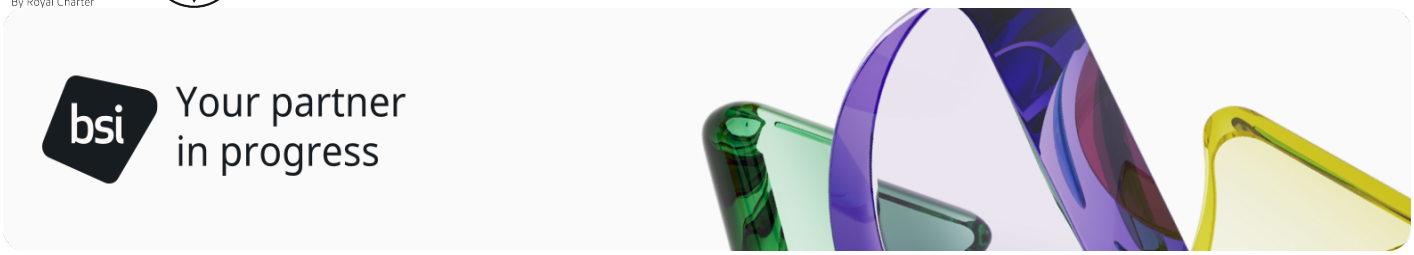
We spoke before the holiday break about moving forward with your review of the transfer application for the Covia Cleburne Facility, previously submitted on 7.25.24, and reattached here. Please review and advise when we can drop off the physical copy of the application.

If you need additional information at this time, please let me know. Thank you in advance,

Makenzie Menchaca
Associate Consultant, Manager
M: (737) 336-6170
7800 North MoPac Expressway, Suite 325, Austin, TX 78759
Makenzie.Menchaca@bsigroup.com
bsigroup.com/ehs | LinkedIn

By Royal Charter

SUSTAINABLE DEVELOPMENT GOALS



From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Wednesday, September 25, 2024 10:06 AM
To: Michele Oxlade <michele.oxlade@coviacorp.com>; Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: RE: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

* This message originated from outside of BSI. Please treat hyperlinks, attachments and instructions in this email with caution. *

Thank you for the update. If I can be of any assistance in the meantime, please let me know.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

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

From: Michele Oxlade <Michele.Oxlade@coviacorp.com>
Sent: Wednesday, September 25, 2024 9:55 AM
To: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>; Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: Re: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Good Morning Erwin,

I spoke withCovia Legal last week and was told there was an error in the documentation and it had to be corrected and re-submitted. I was told this happened last week so it may be another week before it shows in your system.

I apologize for the delay.

Michele

Act responsibly.

COVIA

Michele Oxlade

Senior Environmental Specialist

WHC Coordinator

P: 980-495-2572 | M: 203.246.0291

Covia

1 Albion Road | Hephzibah, GA 30815

Book time to meet with me

From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Wednesday, September 25, 2024 10:44 AM
To: Michele Oxlade <Michele.Oxlade@coviacorp.com>; Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: RE: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

CAUTION External Sender

Hi Michele,

I apologize for the delay in responding to your email, I have been out of the office. I have looked into our application logs and do not see a transfer application received for Covia (WQ0001401000). Can you please confirm when and where the application was mailed?

If you have any questions, please let me know.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

Take Care of Texas
TakeCareOfTexas.org
Please consider whether it is necessary to print this e-mail.

From: Michele Oxlade <Michele.Oxlade@coviacorp.com>
Sent: Wednesday, August 28, 2024 7:27 AM
To: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>; Erwin Madrid <Erwin.Madrid@tceq.texas.gov>

Cc: Mike Foster <Michael.Foster@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: Re: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Good Morning,

I wanted to advise the group that Covia Legal has submitted the transfer documentation to the State. I was advised that it will take approximately a week for everything to be updated.

Michele

Act responsibly.

Michele Oxlade

Senior Environmental Specialist

WHC Coordinator

P: 980-495-2572 | M: 203.246.0291

Covia

1 Albion Road | Hephzibah, GA 30815

Book time to meet with me

From: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Sent: Tuesday, July 30, 2024 3:56 PM
To: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; Michele Oxlade <Michele.Oxlade@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Jerrod Mendoza

<Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: [EXT] RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

CAUTION External Sender

Understood, we will hold onto it for now.

Thank you!

Makenzie Menchaca
Associate Consultant, Manager
M: (737) 336-6170
7800 North MoPac Expressway, Suite 325, Austin, TX 78759
Makenzie.Menchaca@bsigroup.com
bsigroup.com/ehs | LinkedIn

From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Tuesday, July 30, 2024 2:48 PM
To: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; Michele Oxlade <michele.oxlade@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

*** This message originated from outside of BSI. Please treat hyperlinks, attachments and instructions in this email with caution. ***

I would wait until everything has been sorted out before submitting the application. This way, there is no confusion or misunderstandings in processing the application. If, however, you submit the application while I am on leave, please refer to these emails when submitting so the reviewer in-turn can be up to speed.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

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

From: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Sent: Tuesday, July 30, 2024 2:27 PM
To: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; Michele Oxlade <michele.oxlade@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Thank you Erwin. Does it work for you if I go ahead and hand deliver the physical copy of the transfer application this week?

Best,

Makenzie Menchaca
Associate Consultant, Manager
M: (737) 336-6170
7800 North MoPac Expressway, Suite 325, Austin, TX 78759
Makenzie.Menchaca@bsigroup.com
bsigroup.com/ehs | LinkedIn

From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Tuesday, July 30, 2024 11:51 AM
To: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; Michele Oxlade <michele.oxlade@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Jerrod Mendoza <Jerrod.Mendoza@tceq.texas.gov>; Picole Sneed <Picole.Sneed@tceq.texas.gov>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

*** This message originated from outside of BSI. Please treat hyperlinks, attachments and instructions in this email with caution. ***

Hi Makenzie,

Thank you for the update. We will need to wait until the information with the Secretary of State is updated before we can proceed with the transfer application. For now, we can continue to keep the application on an administrative “HOLD” until SOS has been updated.

Please reach out to us once the information in SOS has been updated and provide the updated name and/or SOS filing information.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

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

From: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Sent: Monday, July 29, 2024 2:48 PM
To: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; Michele Oxlade <michele.oxlade@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

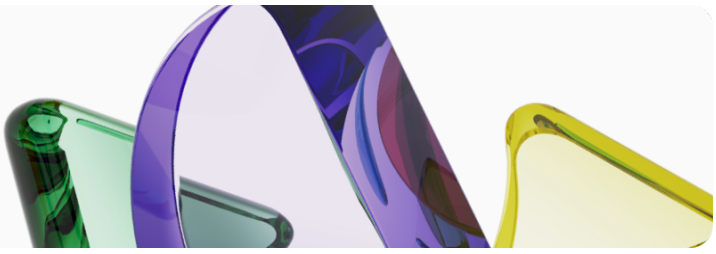
Erwin,

Covia, a State of Delaware LLC, is still in the process of getting the Secretary of State updated to reflect the change from Covia Solutions Inc. to Covia Solutions LLC (see the DE Certification of Conversion attached – as filed on June 25, 2024). Please advise if this may be considered sufficient at this time to move forward with the transfer application. The EIN and state IDs are remaining the same.

Best,

Makenzie Menchaca
Associate Consultant, Manager
M: (737) 336-6170
7800 North MoPac Expressway, Suite 325, Austin, TX 78759
Makenzie.Menchaca@bsigroup.com
bsigroup.com/ehs | LinkedIn

bsi Your partner in progress



From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Friday, July 26, 2024 2:30 PM
To: Kathryn Nickel <Kathryn.Nickel@bsigroup.com>; Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; Michele Oxlade <michele.oxlade@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

*** This message originated from outside of BSI. Please treat hyperlinks, attachments and instructions in this email with caution. ***

Hi Kathryn,

Thank you for providing the transfer application; however, I am once again looking in our system and I am very confused now. When I research CN606205722, it comes back to Covia Solutions Inc. I do not see an entity registered with the Secretary of State under Covia Solutions LLC, I show a Covia Holdings LLC (CN600795777). Additionally, I show the permit was once issued to Covia Holdings LLC prior to it transferring to Covia Solutions Inc.

Please contact me at your earliest convenience so we can try to make sense of all these entities.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

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

From: Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Sent: Thursday, July 25, 2024 8:32 PM
To: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>; Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; Michele Oxlade <michele.oxlade@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Hi Erwin,

The current permit is issued to “Covia Solutions Inc.” (**CN600795777**) but now should be transferred to “Covia Solutions LLC” (606205722). Please see the updated drafted Transfer of Ownership Application with the required signature pages attached.
The physical copies are on the way to TCEQ.

Best,

Kathryn Nickel
Consulting Specialist
C: +1 805 231 1281
bsigroup.com/ehs

www.bsigroup.com

We support the UN Sustainable Development Goals. Please consider the environment before printing this email.

From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Wednesday, July 3, 2024 7:58 AM
To: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; Michele Oxlade <michele.oxlade@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

*** This message originated from outside of BSI. Please treat hyperlinks, attachments and instructions in this email with caution. ***

Hi Makenzie,

I have reviewed the transfer application and have the following follow up:

- The current permit is issued to "Covia Solutions Inc." (CN605864560) but now should be transferred to "Covia Solutions LLC" (606205722)?

Once this is confirmed, please mail the original copy of the transfer application with the required signatures included and email me a copy so I can get a head start on processing.

If you have any questions/concerns, please let me know.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

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

From: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Sent: Friday, June 28, 2024 8:09 AM
To: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; Michele Oxlade <michele.oxlade@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Hello Erwin,

Please see the attached drafted Transfer of Ownership Application and Core Data Form for Covia Solutions LLC – Cleburne Facility. Please review and let me know if you have questions.

I understand that you are going on leave soon so if there's another contact at TCEQ that we should add in the loop, please advise.

Best,

Makenzie Menchaca
Associate Consultant, Manager
M: (737) 336-6170
7800 North MoPac Expressway, Suite 325, Austin, TX 78759
Makenzie.Menchaca@bsigroup.com
bsigroup.com/ehs | LinkedIn

From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Wednesday, June 19, 2024 4:05 PM
To: Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Cc: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

*** This message originated from outside of BSI. Please treat hyperlinks, attachments and instructions in this email with caution. ***

Hello Kathryn,

I am following up on the status of the transfer application for Covia Solutions, Inc. in order to proceed with the renewal application. Please let me know if you have an ETA on submitting the transfer application.

If you have any questions/concerns, please let me know.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

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

From: Erwin Madrid
Sent: Friday, May 3, 2024 4:43 PM
To: Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Cc: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)
Importance: High

Hi Kathryn,

In reviewing the response to the deficiency letter for permit number WQ0001401000 (Covia Solutions Inc.) and cross referencing our records, it appears that there has been a change on ownership and therefore we will need a Transfer Application submitted before we can declare the application administratively complete.

The process to request to Transfer Ownership of a Wastewater application is by completing the Wastewater Transfer Application, submitting a Core Data Form (TCEQ 10400), and paying the application fee of $100.

I am including a link to the application form below for your reference. If you have any questions while completing the form, please feel free to contact me.

- **Application and Instructions to Transfer a Wastewater Permit or CAFO Permit / Registration** - TCEQ 20031

I will place the application on an administrative "HOLD" until the trasnfer application is submitted. If you have any further questions, please feel free to contact me.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

Take Care of Texas
TakeCareOfTexas.org
Please consider whether it is necessary to print this e-mail.

From: Erwin Madrid
Sent: Wednesday, May 1, 2024 2:30 PM
To: Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Cc: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Hi Kathryn,

Thank you for following up, I am in receipt of your NOD response and will be working on the final administrative review process soon.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

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

From: Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Sent: Wednesday, May 1, 2024 2:26 PM
To: WQ-ARPTeam <WQ-ARPTeam@tceq.texas.gov>
Cc: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>; Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Hello,

I wanted to follow up on my email below. Can you please confirm that you have received the Response to Letter of Deficiency for the Covia Cleburne TPDES Wastewater Permit Renewal Application (WQ0001401000).

Best,

Kathryn Nickel
Consulting Specialist
C: +1 805 231 1281
bsigroup.com/ehs

www.bsigroup.com

By Royal Charter

SUSTAINABLE DEVELOPMENT GOALS

We support the UN Sustainable Development Goals. Please consider the environment before printing this email.

From: Kathryn Nickel
Sent: Tuesday, April 23, 2024 11:57 AM
To: WQ-ARPTeam@tceq.texas.gov
Cc: erwin.madrid@tceq.texas.gov; Mike Foster <Michael.Foster@coviacorp.com>; Michele Oxlade <michele.oxlade@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Subject: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Hello,

Please see the attached Response to Letter of Deficiency for the Covia Cleburne TPDES Wastewater Permit Renewal Application (WQ0001401000).

Please let me know if you have any questions.

Best,

Kathryn Nickel
Consulting Specialist
C: +1 805 231 1281
bsigroup.com/ehs

www.bsigroup.com

By Royal Charter

SUSTAINABLE DEVELOPMENT GOALS

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This email has been scanned for all known viruses.

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

Mr. Andrew O'Brien
Vice President, ESH
Covia Solutions LLC
3 Summit Park Drive
Independence, Ohio 44131

Re: Transfer of Permit No. WQ0001401000 (EPA ID NO. TX0001830) (RN101548956)
Covia Solutions LLC (CN606205722)

Dear Mr. O'Brien:

Enclosed is a copy of an order transferring the above referenced permit which was previously issued by the Commission to Covia Solutions Inc. This action is taken under authority delegated by the Executive Director of the Texas Commission on Environmental Quality. This document is part of the affected permit and should be incorporated therein.

Should you need additional information, please contact Mr. Erwin Madrid of the Texas Commission on Environmental Quality, Water Quality Division, Water Quality Support Section (MC-148) at (512) 239-2191.

Sincerely,

J Bowers

Jennifer E. Bowers, Section Manager
Water Quality Division Support, MC 148
Office of Water Quality
Texas Commission on Environmental Quality

JEB/em

Enclosure

CHECK LIST FOR APPLICATION TO TRANSFER A WATER QUALITY PERMIT/REGISTRATION	
Permit No. WQ0001401000	Review Date: 1/24/2025
TX: TX0001830	Region: R04
CN: 606205722	RN: 101548956

☑ Core Data Form received

Annual Fees

☑ Verified payment of annual fees and found not delinquent.

Outstanding fees _____ Account Number_____

Application fees:

☑ Verify that the $100 application fee is submitted.

1. APPLICANT INFORMATION

a. b.

☑ ☐ Corporation: ☐ verify status/ charter number with SOS ☐ print page ☐ Check spelling against 1.a. ☐ verify status/ TAX ID number with the Comptroller

☐ ☐ Individual: ☐ all info provided (Attachment 1 is required)

☐ ☐ Utility District: ☐ I-WUD - verify district is not dissolved (inactive is O.K. to process)

☐ ☐ Trust: ☐ copy of an executed trust agreement is provided by the applicant – each trustee or person on the estate must be listed on permit.

☐ ☐ Partnership: ☐ Verify w/ SOS ☐ Check against 1.a. ☐ Print page OR ☐ a copy of partnership agreement - If partnership not registered with SOS, the general partnership must register with the county where the facility is located. Limited Partnerships are required to register with SOS.

☐ ☐ Governmental Agency: Confirm legal name of agency when possible, using TNL City official book, State Directory.

☑ Verify address to be used on the permit is provided. ☐ Verify w/USPS ☐ print page

2. CONTACT INFORMATION

☑ a. Application Contact info provided ☑ b. Permit Contact info provided and ☑ Update made to database

3. PERMIT / REGISTRATION INFORMATION

☑ a. Check Permit No. and Expiration Date. If expired/ application & fee to be returned to the applicant. If expiring soon, contact the new owner to make certain they are aware of the expiration date.

☒ b. If permit requires implementation of approved pretreatment program, make a copy of endorsement and transfer application to Pretreatment Team Leader.

☑ c. If there is a Domestic Reclaimed Water authorization associated with the transfer, make copy of the entire transfer application and give to Applications Review and Processing Team Leader.

4. SITE INFORMATION

☑ a. Name of the project or site is provided - ☑ update to database needed/done

☐ b. Facility/outfall subject to Edward Aquifer rules

☑ c. The owner of land on which the treatment facility is located is the **SAME** as the applicant.

☐ Owner of the land DIFFERENT from the owner of the facility &:

___The treatment facility IS a fixture of land the owner of the land has applied as a co-permittee

OR

___The treatment facility is NOT a fixture of the land - provided a copy of a lease agreement

☒ d. If irrigation is authorized in permit:

_____ The applicant **OWNS** the effluent disposal site

_____ The applicant **DOES NOT OWN** the site & provided a long-term lease agreement for term of the permit

_____ The owner of the land where effluent disposal, sludge disposal, and/or composting is currently permitted or proposed, is the same as the applicant, and they are seeking authorization in this permit

☑ e. For CAFOs, provided Warranty Deed, Tax Records, and OR Lease; provided facility size info.

5. TRANSFER DATE

☑ a. Verify an actual date of transfer of ownership was provided

6. REPORTING / BILLING INFORMATION

☑ a. Verify mailing address for receiving DMR/MER forms with USPS.com

☑ Copy DMR Address Page and Give to Coders

☑ b. Verify mailing address for receiving annual Water Quality Fee assessments with USPS.com

☐ Update made in PARIS

7. TRANSFEROR (OPERATORE OF PERMITTED FACILITY) SIGNATURE PAGE

☑ **The appropriate signature of the Transferor, as indicated below has been provided, and has been notarized**:

___ City: elected official or position verified in TML City Official Book

___ Individual: only the individual signs for himself/herself.

___ Corporation: at least the level of vice president (CEO, Chairman of Board, Secretary equivalent to V.P.)

___ Utility District: at least level of vice president, (Board of Directors, District Manager, the position can be verified through the District Section of TCEQ, Water Utilities Division).

___ Water Authority: Regional managers.

___ Independent School Districts: at least level of the Assistant Superintendent (or board members).

___ Governmental Agencies: Directors of Divisions or Regional Directors.

___ Partnership: General Partner as identified in the partnership agreement OR if the partnership is on file with the Secretary of State. The Vice President or General Partner may sign.

___ Trust: The trustee that has been identified in the trust agreement.

___ A letter of authorization for another person to sign on behalf of an entity has been provided or is on file with TCEQ. (The letter includes both the name and the title of person giving the authority.)

☐ If transferee can't obtain signature of transferor, app processed as involuntary transfer with the following:

___ Proof of ownership of the site, if applicable, and treatment facility has been provided by the transferee.

___ Facilities not built & permittee no longer has sufficient property rights in the site of the proposed facilities.

___ Transferor no longer owns the permitted facilities.

___ ED provided notice by certified mail to transferor, using the last address of record, giving opportunity for hearing, **and**

___ ED didn't receive request for hearing from permittee within 30 days from the date the notice was mailed.

8. TRANSFEREE (NEW SITE OWNER AND/OR OPERATOR) SIGNATURE PAGE

☐ **The appropriate signature of the Transferee, as indicated below has been provided, and has been notarized**:

___ City: elected official or position verified in TML City Official Book

___ Individual: only the individual signs for himself/herself.

___ Corporation: at least the level of vice president (CEO, Chairman of Board, Secretary Equivalent to V.P.)

___ Utility District: at least level of vice president, (Board of Directors, District Manager, and the position can be verified through the District Section of TCEQ, Water Utilities Division).

___ Water Authority: Regional managers

___ Independent School Districts: at least level of the Assistant Superintendent (or board members).

___ Governmental Agencies: Directors of Divisions or Regional Directors.

___ Partnership: General Partner as identified in the partnership agreement OR if the partnership is on file with the SOS. The Vice President or General Partner may sign.

___ Trust: The trustee that has been identified in the trust agreement.

___ A letter of authorization for another person to sign on behalf of an entity has been provided or is on file with TCEQ. The letter includes both the name and the title of person giving the authority.)

9. LANDOWNER SIGNATURE PAGE

☒ Landowner Original - If land application of sludge is authorized in the current permit and the owner of the land on which sludge disposal occurs is **NOT** the applicant **the sludge signature page** bearing the notarized signature of the landowner and applicant is provided.

PARIS UPDATES

☑ CR SEARCH Contacts ☐ Update Mailing Address ☑ Update Billing Address ☑ Facility and Facility Contact Person

☑ If you have a change in customer and there is **not a pending application** then click on Set issued To Name

☑ If there **is a pending application** you do not have to click on Set issued To Name

ICIS UPDATES

☑ Update ICIS/DMR Contact/Facility Address

Look Up a ZIP Code™ FAQs

Go to

ZIP Code™ by Address

You entered:

3 SUMMIT PARK DR
INDEPENDENCE OH

If more than one address matches the information provided, try narrowing your search by entering a street address and, if applicable, a unit number. **Edit and search again. (zip-code-lookup.htm?byaddress)**

Showing Results
1- 10 of 27

3 SUMMIT PARK DR INDEPENDENCE OH **44131-2599**
3 SUMMIT PARK DR INDEPENDENCE OH **44131-2599**
3 SUMMIT PARK DR STE 125 INDEPENDENCE OH **44131-2517**
3 SUMMIT PARK DR STE 325 INDEPENDENCE OH **44131-2568**
3 SUMMIT PARK DR STE (Range 130 - 140) INDEPENDENCE OH **44131-2582**
3 SUMMIT PARK DR STE (EVEN Range 200 - 220) INDEPENDENCE OH **44131-2582**

Feedback

3 SUMMIT PARK DR STE 300 INDEPENDENCE OH **44131-2582**
3 SUMMIT PARK DR STE 400 INDEPENDENCE OH **44131-2582**
3 SUMMIT PARK DR STE 430 INDEPENDENCE OH **44131-2582**
3 SUMMIT PARK DR STE 610 INDEPENDENCE OH **44131-2582**

Results per page:
10

1 2 3

Look Up Another ZIP Code™

Edit and Search Again (/zip-code-lookup.htm?byaddress)

TEXAS SECRETARY of STATE
JANE NELSON

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number:	802423859	**Entity Type:**	Foreign Limited Liability Company (LLC)
Original Date of Filing:	March 28, 2016	**Entity Status:**	In existence
Formation Date:	N/A		
Tax ID:	13415137101	**FEIN:**	341513710

Name:	Covia Solutions LLC
Address:	3 Summit Park Drive, Suite 700 Independence, OH 44131 USA
Fictitious Name:	N/A
Jurisdiction:	DE, USA
Foreign Formation Date:	June 27, 2024

REGISTERED AGENT | FILING HISTORY | NAMES | MANAGEMENT | ASSUMED NAMES | ASSOCIATED ENTITIES | INITIAL ADDRESS

Name	Address	Inactive Date
C T Corporation System	1999 Bryan St., Ste. 900 Dallas, TX 75201-3136 USA	

Order | Return to Search

Instructions:

- To place an order for additional information about a filing press the 'Order' button.

Franchise Tax Account Status

As of : 01/24/2025 10:18:47

This summary page is designed to satisfy standard business needs. If you need to reinstate or terminate a business with the Texas Secretary of State, you must
obtain a certificate **specific to that purpose.**

COVIA SOLUTIONS LLC	
Texas Taxpayer Number	13415137101
Mailing Address	3 SUMMIT PARK DR STE 700 INDEPENDENCE, OH 44131-6901
Right to Transact Business in Texas	ACTIVE
State of Formation	DE
SOS Registration Status (SOS status updated each business day)	ACTIVE
Effective SOS Registration Date	03/28/2016
Texas SOS File Number	0802423859
Registered Agent Name	C T CORPORATION SYSTEM
Registered Office Street Address	1999 BRYAN ST., STE. 900 DALLAS, TX 75201

Additional ID Detail

Additional ID Program	WWPERMIT		**Legacy System (Code)**	(WQ)	
Additional ID	WQ0001401000	**Status**	ACTIVE	**ID Type**	PERMIT
Name	COVIA SOLUTIONS CLEBURNE FACILITY			**Sec. Addn Id**	TX0001830, EPA ID
Physical Address	1788 COUNTY ROAD 308, CLEBURNE, TX 76033 9409				
Description					
County	SOMERVELL	**Region**	REGION 04 - DFW METROPLEX		
Nearest City	CLEBURNE	**State**	TX	**Nearest Zip**	76033
Latitude	32° 17 min 42 sec (32.295)		**Longitude**	97° 37 min 33 sec (-97.625833)	

Map It | Copy Map It URL | Prior Names

Industry Types

Classification System	Code	Name	Primary Flag
NAICS	212322	Industrial Sand Mining	Y
SIC	1446	Industrial Sand	Y

Industry Type: (1-2 of 2 Records)

Site Classifications

Program	Site Classification	Begin Date	End Date	CMS Min Freq Qty
WASTEWATER	INDUSTRIAL MINOR	01/1/1800	12/31/3000	0

Site Classification: (1-1 of 1 Record)

Customers

List All

CN Number	Name ▲	Role
CN600795777	COVIA HOLDINGS LLC	OWN
CN605864560	COVIA SOLUTIONS INC	OWNOPR

Customers: (1-2 of 2 Records)

Issued To

CN Number	Issued To Name	Start Date	'Issued To' History
CN600795777	Covia Holdings Corporation	07/12/2018	View
CN600795777	Covia Holdings Corporation	07/12/2018	View

Issued To: (1-2 of 2 Records)

Regulated Entity

Reference Number	RN101548956	**Name**	COVIA CLEBURNE PLANT	**Stand-Alone**	N
Business Description	INDUSTRIAL CHEMICAL MANUFACTURING PLANT				

Location

Address	1788 COUNTY ROAD 308, CLEBURNE, TX 76033 9409				
Description	APPROX 8MI E OF GLEN ROSE ON HWY 67 1788 COUNTY ROAD 308				
County	SOMERVELL		**Region**	REGION 04 - DFW METROPLEX	
Nearest City	CLEBURNE	**State**	TX	**Nearest Zip**	76031
Latitude	32° 17 min 45 sec (32.295833)		**Longitude**	97° 37 min 45 sec (-97.629166)	

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Central Registry Internal Reporting

Customer Detail

Customer Name	COVIA SOLUTIONS INC		**CN**	CN605864560	
Customer Legal Name	Covia Solutions Inc.	**Customer Type**	CORPORATION	**Last Updated**	Mar 4, 2021
Customer Status	ACTIVE	**Status Comment**			
Federal Tax Id			**State Franchise Tax Id**		
State Sales Tax Id			**Local Tax Id**		
DUNS Number			**SOS Filing No**	803951995	
Compliance Class	HIGH	**Compliance Rating**		**Publication Date**	Nov 15, 2024
Independently Owned	Y		**Number Employees**	21-100	

Affiliated Regulated Entities

List All

RN Number	Regulated Entity Name	Roles	Begin Date
RN103671186	COVIA BLACK LAB FRESNO	OWNER OPERATOR	01/01/2021
RN101548956	COVIA CLEBURNE PLANT	OWNER, OWNER OPERATOR	01/01/2021

Customer Affiliations: (1-2 of 2 Records)

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Water Quality Receipt Report

JAN-23-25 09:00 PM

Paid In By: NORTHWEST HARRIS COUNTY MUD 9

Acct.Name	Fee	Endorse. #	Ref#2	PayTyp	Check#	Card#	Tran.Date	Rec.Amnt
WATER QUALITY PERMIT APPLICATION	WQP	M318762A	14030001	CK	16971		18-JUL-23	-$1700.00
NOTICE FEES WQP WATER QUALITY PMT	PTGQ	M318762B	14030001	CK	16971		18-JUL-23	-$65.00

Paid In By: NRG ENERGY INC

Acct.Name	Fee	Endorse. #	Ref#2	PayTyp	Check#	Card#	Tran.Date	Rec.Amnt
WATER QUALITY PERMIT APPLICATION	WQP	M318390		CK	7065758		07-JUL-23	-$100.00

Paid In By: NRG TEXAS POWER LLC

Acct.Name	Fee	Endorse. #	Ref#2	PayTyp	Check#	Card#	Tran.Date	Rec.Amnt
WATER QUALITY PERMIT APPLICATION	WQP	M318911A	001241000	CK	7005632		21-JUL-23	-$2000.00
NOTICE FEES WQP WATER QUALITY PMT	PTGQ	M318911B	001241000	CK	7005632		21-JUL-23	-$15.00

Paid In By: NRG THW GT LLC

Acct.Name	Fee	Endorse. #	Ref#2	PayTyp	Check#	Card#	Tran.Date	Rec.Amnt
WATER QUALITY PERMIT APPLICATION	WQP	M401773A	01039000	CK	7000007		23-OCT-23	-$400.00
NOTICE FEES WQP WATER QUALITY PMT	PTGQ	M401773B	01039000	CK	7000007		23-OCT-23	-$50.00

Paid In By: NUECES COUNTY WCID 4

Acct.Name	Fee	Endorse. #	Ref#2	PayTyp	Check#	Card#	Tran.Date	Rec.Amnt
WATER QUALITY PERMIT APPLICATION	WQP	M418161A	10846002	CK	53916		11-JUN-24	-$1600.00
NOTICE FEES WQP WATER QUALITY PMT	PTGQ	M418161B	10846002	CK	53916		11-JUN-24	-$15.00
WATER QUALITY PERMIT APPLICATION	WQP	M549700A	10846001	CK	54441		30-DEC-24	-$2000.00
NOTICE FEES WQP WATER QUALITY PMT	PTGQ	M549700B	10846001	CK	54441		30-DEC-24	-$15.00

Paid In By: OAK MANOR

Acct.Name	Fee	Endorse. #	Ref#2	PayTyp	Check#	Card#	Tran.Date	Rec.Amnt
WATER QUALITY PERMIT APPLICATION	WQP	M318779A	10700001	CK	1392		18-JUL-23	-$500.00
NOTICE FEES WQP WATER QUALITY PMT	PTGQ	M318779B	10700001	CK	1392		18-JUL-23	-$15.00

Paid In By: OBRIEN, ANDREW D

Acct.Name	Fee	Endorse. #	Ref#2	PayTyp	Check#	Card#	Tran.Date	Rec.Amnt
WATER QUALITY PERMIT APPLICATION	WQP	M550550	01401000	CK	1041		06-JAN-25	-$100.00

Paid In By: OCCIDENTAL CHEMICAL CORPORATION

Acct.Name	Fee	Endorse. #	Ref#2	PayTyp	Check#	Card#	Tran.Date	Rec.Amnt
WATER QUALITY PERMIT APPLICATION	WQP	M416472A	00002000	CK	1053918		17-APR-24	-$2000.00
NOTICE FEES WQP WATER QUALITY PMT	PTGQ	M416472B	00002000	CK	1053918		17-APR-24	-$15.00

Basis 2 A/R Outstanding Past Due Transactions Detail Report By Customer Name

JAN-24-25 06:30 AM

Customer Name: COVENANT PLASTICS INC
Account #: 20045061 Debtcollpath Stage: AGENCY:REFERRED Calls: MAIL

GPS	GPS0221979	COLLECTION COST RECOVERY			07-AUG-20	07-AUG-20	$50.00
GPS	GPS0230496	COLLECTION COST RECOVERY			07-AUG-20	07-AUG-20	$50.00
GPS	GPS0239362	SW WQ ANNUAL FEE	FY21	TXR05DL78	31-DEC-20	31-JAN-21	$200.00
GPS	GPS0239362	COLLECTION COST RECOVERY			30-APR-21	30-APR-21	$50.00
GPS	GPS0248031	SW WQ ANNUAL FEE	FY22	TXR05DL78	31-DEC-21	31-JAN-22	$200.00
GPS	GPS0248031	COLLECTION COST RECOVERY			06-MAY-22	06-MAY-22	$50.00

Total of delinquent transactions (Account): $1304.78

Total of delinquent transactions (Customer): $1304.78

Customer Name: COVINGTON AILEEN
Account #: 0055834U Debtcollpath Stage: UNCOL:EXHAUST Calls:

UST	UST0560278	U'GROUND TANK FEE TANKS:FY98	0000056373	30-SEP-00	31-OCT-00	$50.00
UST	UST0560276	U'GROUND TANK FEE TANKS:FY00	0000056373	30-SEP-00	31-OCT-00	$50.00
UST	UST0560277	U'GROUND TANK FEE TANKS:FY99	0000056373	30-SEP-00	31-OCT-00	$50.00
UST	UST0560275	U'GROUND TANK FEE TANKS:FY01	0000056373	30-SEP-00	31-OCT-00	$50.00
UST	UST0560284	U'GROUND TANK FEE TANKS:FY92	0000056373	30-SEP-00	31-OCT-00	$50.00
UST	UST0560280	U'GROUND TANK FEE TANKS:FY96	0000056373	30-SEP-00	31-OCT-00	$50.00
UST	UST0560281	U'GROUND TANK FEE TANKS:FY95	0000056373	30-SEP-00	31-OCT-00	$50.00
UST	UST0560282	U'GROUND TANK FEE TANKS:FY94	0000056373	30-SEP-00	31-OCT-00	$50.00
UST	UST0560283	U'GROUND TANK FEE TANKS:FY93	0000056373	30-SEP-00	31-OCT-00	$50.00
UST	UST0560279	U'GROUND TANK FEE TANKS:FY97	0000056373	30-SEP-00	31-OCT-00	$50.00
UST	SC2103-001	LATE FEE FOR UST0560284	0000056373	10-NOV-00	10-DEC-00	$2.50
UST	SC2103-002	LATE FEE FOR UST0560283	0000056373	10-NOV-00	10-DEC-00	$2.50
UST	SC2103-003	LATE FEE FOR UST0560282	0000056373	10-NOV-00	10-DEC-00	$2.50
UST	SC2103-004	LATE FEE FOR UST0560281	0000056373	10-NOV-00	10-DEC-00	$2.50
UST	SC2103-005	LATE FEE FOR UST0560280	0000056373	10-NOV-00	10-DEC-00	$2.50
UST	SC2103-006	LATE FEE FOR UST0560279	0000056373	10-NOV-00	10-DEC-00	$2.50
UST	SC2103-007	LATE FEE FOR UST0560278	0000056373	10-NOV-00	10-DEC-00	$2.50
UST	SC2103-008	LATE FEE FOR UST0560277	0000056373	10-NOV-00	10-DEC-00	$2.50
UST	SC2103-009	LATE FEE FOR UST0560276	0000056373	10-NOV-00	10-NOV-00	$2.50
UST	SC2103-010	LATE FEE FOR UST0560275	0000056373	10-NOV-00	10-NOV-00	$2.50
UST	SC2104-005	LATE FEE FOR UST0560280	0000056373	11-DEC-00	11-JAN-01	$2.50
UST	SC2104-002	LATE FEE FOR UST0560283	0000056373	11-DEC-00	11-JAN-01	$2.50
UST	SC2104-003	LATE FEE FOR UST0560282	0000056373	11-DEC-00	11-JAN-01	$2.50
UST	SC2104-004	LATE FEE FOR UST0560281	0000056373	11-DEC-00	11-JAN-01	$2.50
UST	SC2104-009	LATE FEE FOR UST0560276	0000056373	11-DEC-00	11-DEC-00	$2.50
UST	SC2104-007	LATE FEE FOR UST0560278	0000056373	11-DEC-00	11-JAN-01	$2.50
UST	SC2104-008	LATE FEE FOR UST0560277	0000056373	11-DEC-00	11-JAN-01	$2.50
UST	SC2104-010	LATE FEE FOR UST0560275	0000056373	11-DEC-00	11-DEC-00	$2.50
UST	SC2104-001	LATE FEE FOR UST0560284	0000056373	11-DEC-00	11-JAN-01	$2.50
UST	SC2104-006	LATE FEE FOR UST0560279	0000056373	11-DEC-00	11-JAN-01	$2.50
UST	SC2105-006	LATE FEE FOR UST0560279	0000056373	16-JAN-01	16-FEB-01	$.44
UST	SC2105-001	LATE FEE FOR UST0560284	0000056373	16-JAN-01	16-FEB-01	$.44
UST	SC2105-003	LATE FEE FOR UST0560282	0000056373	16-JAN-01	16-FEB-01	$.44
UST	SC2105-002	LATE FEE FOR UST0560283	0000056373	16-JAN-01	16-FEB-01	$.44
UST	SC2105-010	LATE FEE FOR UST0560275	0000056373	16-JAN-01	16-JAN-01	$.44
UST	SC2105-004	LATE FEE FOR UST0560281	0000056373	16-JAN-01	16-FEB-01	$.44
UST	SC2105-007	LATE FEE FOR UST0560278	0000056373	16-JAN-01	16-FEB-01	$.44
UST	SC2105-009	LATE FEE FOR UST0560276	0000056373	16-JAN-01	16-JAN-01	$.44
UST	SC2105-008	LATE FEE FOR UST0560277	0000056373	16-JAN-01	16-FEB-01	$.44
UST	SC2105-005	LATE FEE FOR UST0560280	0000056373	16-JAN-01	16-FEB-01	$.44
UST	SC2106-006	LATE FEE FOR UST0560279	0000056373	12-FEB-01	12-MAR-01	$.44
UST	SC2106-010	LATE FEE FOR UST0560275	0000056373	12-FEB-01	12-FEB-01	$.44
UST	SC2106-002	LATE FEE FOR UST0560283	0000056373	12-FEB-01	12-MAR-01	$.44
UST	SC2106-001	LATE FEE FOR UST0560284	0000056373	12-FEB-01	12-MAR-01	$.44
UST	SC2106-007	LATE FEE FOR UST0560278	0000056373	12-FEB-01	12-MAR-01	$.44
UST	SC2106-005	LATE FEE FOR UST0560280	0000056373	12-FEB-01	12-MAR-01	$.44
UST	SC2106-003	LATE FEE FOR UST0560282	0000056373	12-FEB-01	12-MAR-01	$.44
UST	SC2106-004	LATE FEE FOR UST0560281	0000056373	12-FEB-01	12-MAR-01	$.44
UST	SC2106-009	LATE FEE FOR UST0560276	0000056373	12-FEB-01	12-FEB-01	$.44
UST	SC2106-008	LATE FEE FOR UST0560277	0000056373	12-FEB-01	12-MAR-01	$.44
UST	SC2107-009	LATE FEE FOR UST0560276	0000056373	12-MAR-01	12-MAR-01	$.44
UST	SC2107-008	LATE FEE FOR UST0560277	0000056373	12-MAR-01	12-APR-01	$.44
UST	SC2107-007	LATE FEE FOR UST0560278	0000056373	12-MAR-01	12-APR-01	$.44
UST	SC2107-006	LATE FEE FOR UST0560279	0000056373	12-MAR-01	12-APR-01	$.44

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 606205722		**RN 111863031**

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:*

Covia Solutions 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)*
802423859	13415137101	341513710	

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

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

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

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

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

15. Mailing Address:	3 Summit Park Drive							
	City	Independence	**State**	OH	**ZIP**	44131	**ZIP + 4**	

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

18. Telephone Number	**19. Extension or Code**	**20. Fax Number** *(if applicable)*

( ) -		( ) -

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.)*

Covia Solutions LLC

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	1788 County Road 308							
	City	Cleburne	**State**	TX	**ZIP**	76033	**ZIP + 4**	
24. County	Somervell							

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

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

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

27. Latitude (N) In Decimal:			**28. Longitude (W) In Decimal:**		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
1446	NA	212322	NA

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

Silica Sand Mining and Processing

34. Mailing Address:	**1788 County Road 308**							
	City	**Cleburne**	**State**	**TX**	**ZIP**	**76033**	**ZIP + 4**	
35. E-Mail Address:	**michael.foster@coviacorp.com**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(432) 227-2727	**NA**	( ) -

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
	TXR050000			
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☒ Other: Air
	WQ0001401000			Permit Number 38808

SECTION IV: Preparer Information

40. Name:	Kathryn Nickel		41. Title:	Consulting Specialist
42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**	
(805) 231-1281		( ) -	kathryn.nickel@bsigroup.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:	Covia Solutions LLC	**Job Title:**	Plant Manager	
Name *(In Print):*	Michael Foster		**Phone:**	**(432) 227-2727**
Signature:	Michael Foster Michael Foster (Jan 15, 2025 08:06 CST)		**Date:**	15/01/2025

TCEQ Use Only

TCEQ Core Data Form

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SECTION I: General Information

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☒ 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 606205722		RN 111863031

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:*

Covia Solutions 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)*
802423859	13415137101	341513710	

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

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

12. Number of Employees

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

13. Independently Owned and Operated?

☐ Yes ☒ No

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

☐ Owner ☐ Operator ☒ Owner & Operator ☐ Other:

☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant

15. Mailing Address:

3 Summit Park Drive

City	Independence	State	OH	ZIP	44131	ZIP + 4	

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

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*

( ) -		( ) -

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

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Covia Solutions LLC

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	City	Cleburne	**State**	TX	**ZIP**	76033	**ZIP + 4**	
24. County	Somervell							

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

25. Description to Physical Location:					
26. Nearest City			**State**		**Nearest ZIP Code**
Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).					
27. Latitude (N) In Decimal:			**28. Longitude (W) In Decimal:**		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
1446	NA	212322	NA

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

Silica Sand Mining and Processing

34. Mailing Address:	**1788 County Road 308**							
	City	**Cleburne**	**State**	**TX**	**ZIP**	**76033**	**ZIP + 4**	
35. E-Mail Address:	**michael.foster@coviacorp.com**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(432) 227-2727	**NA**	( ) -

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
	TXR050000			
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☒ Other: Air
	WQ0001401000			Permit Number 38808

SECTION IV: Preparer Information

40. Name:	Kathryn Nickel		41. Title:	Consulting Specialist
42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**	
(805) 231-1281		( ) -	kathryn.nickel@bsigroup.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:	Covia Solutions LLC	**Job Title:**	Plant Manager	
Name *(In Print):*	Michael Foster		**Phone:**	**(432) 227-2727**
Signature:	Michael Foster Michael Foster (Jan 15, 2025 08:06 CST)		**Date:**	15/01/2025

TCEQ Core Data Form Covia Solutions LLC - Cleburne Facility.pdf - Final

Final Audit Report 2025-01-15

Created:	2025-01-08
By:	Michele Oxlade (michele.oxlade@coviacorp.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAvdkFIgvPCFPUQBH5i4MUSCnUaYgVYIgS

"TCEQ Core Data Form Covia Solutions LLC - Cleburne Facility.pdf - Final" History

Document created by Michele Oxlade (michele.oxlade@coviacorp.com)
2025-01-08 - 1:24:13 PM GMT

Document emailed to Michael Foster (michael.foster@coviacorp.com) for signature
2025-01-08 - 1:24:18 PM GMT

Email viewed by Michael Foster (michael.foster@coviacorp.com)
2025-01-14 - 11:35:23 PM GMT

Email viewed by Michael Foster (michael.foster@coviacorp.com)
2025-01-15 - 1:30:41 PM GMT

Document e-signed by Michael Foster (michael.foster@coviacorp.com)
Signature Date: 2025-01-15 - 2:06:56 PM GMT - Time Source: server

Agreement completed.
2025-01-15 - 2:06:56 PM GMT

Adobe Acrobat Sign

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

APPLICATION TO TRANSFER A WASTEWATER PERMIT OR CAFO PERMIT

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

SECTION 1. CURRENT PERMIT INFORMATION

What is the Permit Number? WQ0001401000

What is the EPA I.D. Number? TX 0001830

What is the Current Name on the Permit?

Covia Holdings Corporation

What is the Customer Number (CN) for the current permittee? CN 600795777

What is the Regulated Entity Reference Number (RN): RN 101548956

For Publicly Owned Treatment Works (POTWs) Only:

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

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

SECTION 2. FACILITY OWNER (APPLICANT) INFORMATION

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

Covia Solutions LLC

B. What is the Customer Number (CN) issued to this entity? CN 606205722

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

SECTION 3. CO-APPLICANT INFORMATION

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

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

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

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

SECTION 4. APPLICATION CONTACT INFORMATION

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

Application Contact First and Last Name: Michele Oxlade

Title: Senior Environmental Specialist, WHC Coordinator Credentials:

Company Name: Covia Solutions LLC

Mailing Address: 3 Summit Park Drive

City, State, and Zip Code: Independence, Ohio 44131

Phone Number: 980-495-2572 Fax Number:

E-mail Address: michele.oxlade@coviacorp.com

SECTION 5. PERMIT CONTACT INFORMATION

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

Permit Contact First and Last Name: Mike Foster

Title: Sr. Plant Manager Credentials:

Company Name: Covia Solutions LLC

Mailing Address: 1788 County Road 308

City, State, and Zip Code: Cleburne, TX, 76033

Phone Number: 432-227-2727 Fax Number:

E-mail Address: michael.foster@coviacorp.com

SECTION 6. SITE INFORMATION

Site Name:

SECTION 7. LEASE AND EASEMENT REQUIREMENTS

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

Landowner Name: Covia Solutions LLC

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

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

B. Landowner of the effluent disposal site:

Landowner Name: Covia Solutions LLC

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

C. For CAFOs: Attach the following records:

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

Facility Size on the proof of ownership, in acres:

SECTION 8. TRANSFER DATE

What is the date that the transfer of operator or ownership will occur? Current. Company had a name change.

SECTION 9. REPORTING AND BILLING INFORMATION

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

First and Last Name: Mike Foster

Title: Sr. Plant Manager Credentials:

Company Name: Covia Solutions LLC

Mailing Address: 1788 County Road 308

City, State, and Zip Code: Cleburne, TX, 76033

Phone Number: 432-227-2727 Fax Number:

E-mail Address: michael.foster@coviacorp.com

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

First and Last Name: Mike Foster

Title: Sr. Plant Manager Credentials:

Company Name: Covia Solutions LLC

Mailing Address: 1788 County Road 308

City, State, and Zip Code: Cleburne, TX, 76033

Phone Number: 432-227-2727 Fax Number:

E-mail Address: michael.foster@coviacorp.com

SECTION 10. DELINQUENT FEES OR PENALTIES

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

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

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

TRANSFEROR SIGNATURE (Current Facility Owner)

I consent to the transfer of the permit and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized under 30 Texas Administrative Code Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Facility Owner Name: Andrew O'Brien

Title: VP EHS

Signature: _____ Date: 23 July 24

SUBSCRIBED AND SWORN to before me by the said Andrew O'Brien on this 23 day of July, 20 24

My commission expires on the 31 day of August, 20 27

(Seal)

SHAMONIKI LACOLE ELLISON
NOTARY PUBLIC
REGISTRATION # 8089521
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
AUGUST 31, 2027

_____
Notary Public

Richmond, Virginia
County, Texas

TRANSFEROR SIGNATURE (Current Facility Co-Applicant)

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

I consent to the transfer of the permit and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized under 30 Texas Administrative Code Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Facility Co-Applicant Name:

Title:

Signature: _____ Date: _____

SUBSCRIBED AND SWORN to before me by the said _____ on

this _____ day of _____, 20_____

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

(Seal)

_____
Notary Public

_____
County, Texas

TRANSFEREE SIGNATURE (New Facility Owner)

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

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

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

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

The transferee certifies under penalty of law that this document is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations and revocation of this permit.

New Facility Owner: Andrew O'Brien

Title: VP EHS

Signature: _____ Date: 23 July 24

SUBSCRIBED AND SWORN to before me by the said Andrew O'Brien on

this 23 day of July, 20 24

My commission expires on the 31 day of August, 20 2027

_____
Notary Public

(Seal)
SHAMONIKI LACOLE ELLISON
NOTARY PUBLIC
REGISTRATION # 8089521
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
AUGUST 31, 2027

Richmond, Virginia
County, ~~Texas~~

TEXAS SECRETARY of STATE
JANE NELSON

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number:	802423859	**Entity Type:**	Foreign Limited Liability Company (LLC)
Original Date of Filing:	March 28, 2016	**Entity Status:**	In existence
Formation Date:	N/A		
Tax ID:	13415137101	**FEIN:**	341513710

Name:	Covia Solutions LLC
Address:	3 Summit Park Drive, Suite 700 Independence, OH 44131 USA
Fictitious Name:	N/A
Jurisdiction:	DE, USA
Foreign Formation Date:	June 27, 2024

REGISTERED AGENT | FILING HISTORY | NAMES | MANAGEMENT | ASSUMED NAMES | ASSOCIATED ENTITIES | INITIAL ADDRESS

Name	Address	Inactive Date
C T Corporation System	1999 Bryan St., Ste. 900 Dallas, TX 75201-3136 USA	

Order | Return to Search

Instructions:

- To place an order for additional information about a filing press the 'Order' button.

Erwin Madrid

From: Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Sent: Thursday, July 25, 2024 8:32 PM
To: Erwin Madrid; Makenzie Menchaca
Cc: Mike Foster; Michele Oxlade; LINDSEY RENFRO
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)
Attachments: Application to Transfer a Wastewater Permit- Covia Solutions LLC - Cleburne Facility.pdf

Hi Erwin,

The current permit is issued to "Covia Solutions Inc." (**CN600795777**) but now should be transferred to "Covia Solutions LLC" (606205722). Please see the updated drafted Transfer of Ownership Application with the required signature pages attached.
The physical copies are on the way to TCEQ.

Best,

Kathryn Nickel
Consulting Specialist
C: +1 805 231 1281
bsigroup.com/ehs

www.bsigroup.com
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By Royal Charter
SUSTAINABLE DEVELOPMENT GOALS

From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Wednesday, July 3, 2024 7:58 AM
To: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; Michele Oxlade <michele.oxlade@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

*** This message originated from outside of BSI. Please treat hyperlinks, attachments and instructions in this email with caution. ***

Hi Makenzie,

I have reviewed the transfer application and have the following follow up:

- The current permit is issued to “Covia Solutions Inc.” (CN605864560) but now should be transferred to “Covia Solutions LLC” (606205722)?

Once this is confirmed, please mail the original copy of the transfer application with the required signatures included and email me a copy so I can get a head start on processing.

If you have any questions/concerns, please let me know.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

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

From: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Sent: Friday, June 28, 2024 8:09 AM
To: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Cc: Mike Foster <Michael.Foster@coviacorp.com>; Michele Oxlade <michele.oxlade@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Hello Erwin,

Please see the attached drafted Transfer of Ownership Application and Core Data Form for Covia Solutions LLC – Cleburne Facility. Please review and let me know if you have questions.

I understand that you are going on leave soon so if there’s another contact at TCEQ that we should add in the loop, please advise.

Best,

Makenzie Menchaca
Associate Consultant, Manager
M: (737) 336-6170
7800 North MoPac Expressway, Suite 325, Austin, TX 78759
Makenzie.Menchaca@bsigroup.com
bsigroup.com/ehs | LinkedIn

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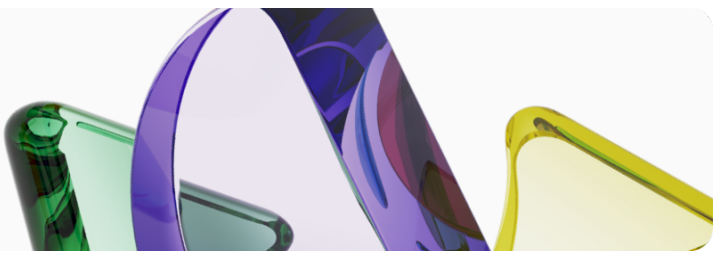
bsi Your partner in progress



From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Wednesday, June 19, 2024 4:05 PM
To: Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Cc: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

*** This message originated from outside of BSI. Please treat hyperlinks, attachments and instructions in this email with caution. ***

Hello Kathryn,

I am following up on the status of the transfer application for Covia Solutions, Inc. in order to proceed with the renewal application. Please let me know if you have an ETA on submitting the transfer application.

If you have any questions/concerns, please let me know.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

Take Care of Texas
TakeCareOfTexas.org
Please consider whether it is necessary to print this e-mail.

From: Erwin Madrid
Sent: Friday, May 3, 2024 4:43 PM
To: Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Cc: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)
Importance: High

Hi Kathryn,

In reviewing the response to the deficiency letter for permit number WQ0001401000 (Covia Solutions Inc.) and cross referencing our records, it appears that there has been a change on ownership and therefore we will need a Transfer Application submitted before we can declare the application administratively complete.

The process to request to Transfer Ownership of a Wastewater application is by completing the Wastewater Transfer Application, submitting a Core Data Form (TCEQ 10400), and paying the application fee of $100.

I am including a link to the application form below for your reference. If you have any questions while completing the form, please feel free to contact me.

- **Application and Instructions to Transfer a Wastewater Permit or CAFO Permit / Registration** - TCEQ 20031

I will place the application on an administrative “HOLD” until the trasnfer application is submitted. If you have any further questions, please feel free to contact me.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

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

From: Erwin Madrid
Sent: Wednesday, May 1, 2024 2:30 PM
To: Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Cc: Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Hi Kathryn,

Thank you for following up, I am in receipt of your NOD response and will be working on the final administrative review process soon.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

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

From: Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Sent: Wednesday, May 1, 2024 2:26 PM
To: WQ-ARPTeam <WQ-ARPTeam@tceq.texas.gov>
Cc: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>; Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Subject: RE: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Hello,

I wanted to follow up on my email below. Can you please confirm that you have received the Response to Letter of Deficiency for the Covia Cleburne TPDES Wastewater Permit Renewal Application (WQ0001401000).

Best,

Kathryn Nickel
Consulting Specialist
C: +1 805 231 1281
bsigroup.com/ehs

www.bsigroup.com
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From: Kathryn Nickel
Sent: Tuesday, April 23, 2024 11:57 AM
To: WQ-ARPTeam@tceq.texas.gov
Cc: erwin.madrid@tceq.texas.gov; Mike Foster <Michael.Foster@coviacorp.com>; Michele Oxlade <michele.oxlade@coviacorp.com>; LINDSEY RENFRO <Lindsey.Renfro@bsigroup.com>; Makenzie Menchaca <Makenzie.Menchaca@bsigroup.com>
Subject: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)

Hello,

Please see the attached Response to Letter of Deficiency for the Covia Cleburne TPDES Wastewater Permit Renewal Application (WQ0001401000).

Please let me know if you have any questions.

Best,

Kathryn Nickel
Consulting Specialist
C: +1 805 231 1281
bsigroup.com/ehs

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Erwin Madrid

From: Kathryn Nickel <Kathryn.Nickel@bsigroup.com>
Sent: Tuesday, April 23, 2024 1:57 PM
To: WQ-ARPTeam
Cc: Erwin Madrid; Mike Foster; Michele Oxlade; LINDSEY RENFRO; Makenzie Menchaca
Subject: Response to Letter of Deficiency for Wastewater Permit Renewal Application (WQ0001401000)
Attachments: 1173950 Covia Cleburne TPDES Renewal TCEQ Response Letter 042224.pdf

Hello,

Please see the attached Response to Letter of Deficiency for the Covia Cleburne TPDES Wastewater Permit Renewal Application (WQ0001401000).

Please let me know if you have any questions.

Best,

Kathryn Nickel
Consulting Specialist
C: +1 805 231 1281
bsigroup.com/ehs

www.bsigroup.com
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By Royal Charter

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April 22, 2024

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

Re: ATTN: Erwin Madrid

Covia Solutions Inc. – Cleburne Facility
1788 Country Road 308
Cleburne TX 76033
CN 606205722
RN 111863031
Texas TPDES Permit Renewal Application No. WQ0001401000

Response to Letter of Deficiency for TPDES Permit Renewal Application – BSI Project No. 1173950

Dear Erwin Madrid:

This letter is in response to the Texas Commission on Environmental Quality (TCEQ) Notice of Deficiency letter dated April 10, 2024. The following items have been addressed:

1. Item 1.e on page 1 of the Administrative Report.
   Response: Permit renewal changes consist of the following: owner name, owner address, facility name, and RN. Covia Holdings LLC (CN600795777), once located in Mankato, Minnesota, is now doing business as Covia Solutions Inc. (CN606205722) and is based in Independence, Ohio. Following the company name change, the facility name subsequently changed from Covia Holdings Corporation – Cleburne Facility (RN101548956), to Covia Solutions Inc. – Cleburne Facility (RN111863031). These changes are described in 1.f of the Administrative Report.
2. Item 10.g on page 7 of the Administrative Report.
   Response: Organization information from this section has been removed as land application is not being requested at this time.

BSI America Professional Services Inc.
7800 North MoPac Expwy
Suite 325
Austin TX 78759

T: 800.790.6236
bsigroup.com

Please contact Makenzie Menchaca at 737.336.6170 or via email at makenzie.menchaca@bsigroup.com if there are any questions or if further assistance is required regarding this matter.

Regards,

Makenzie Menchaca

Makenzie Menchaca
Associate Consultant

Reviewed by:

William Clayton

William Clayton, PG
Senior Consultant

Attachments

Attachment 1: TPDES Permit Renewal Application

Look Up a ZIP Code™ FAQs (https://www.usps.com/faqs.htm)

ZIP Code™ by Address

You entered:

2700 TECHNOLOGY FOREST BLVD STE 100
THE WOODLANDS TX

If more than one address matches the information provided, try narrowing your search by entering a street address and, if applicable, a unit number. **Edit and search again. (zip-code-lookup.htm?byaddress)**

2700 TECHNOLOGY FOREST BLVD STE 100
THE WOODLANDS TX **77381-3908**

Feedback

Look Up Another ZIP Code™

Edit and Search Again (/zip-code-lookup.htm?byaddress)

Look Up a ZIP Code™

FAQs (https://www.usps.com/faqs.htm)

Go to

ZIP Code™ by Address

You entered:

1788 COUNTY ROAD 308
CLEBURNE TX

If more than one address matches the information provided, try narrowing your search by entering a street address and, if applicable, a unit number. **Edit and search again. (zip-code-lookup.htm?byaddress)**

1788 COUNTY ROAD 308 CLEBURNE TX **76033-9409**
(Range 1700 - 1799) COUNTY ROAD 308 CLEBURNE TX **76033-9409**
1788 COUNTY ROAD 308 STE B CLEBURNE TX **76033-9400**

Look Up Another ZIP Code™

Edit and Search Again (/zip-code-lookup.htm?byaddress)

Feedback

Top

Franchise Tax Account Status

As of : 04/09/2024 17:51:13

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

COVIA SOLUTIONS INC.	
Texas Taxpayer Number	13415137101
Mailing Address	3 SUMMIT PARK DR STE 700 INDEPENDENCE, OH 44131-6901
Right to Transact Business in Texas	ACTIVE
State of Formation	DE
Effective SOS Registration Date	03/28/2016
Texas SOS File Number	0802423859
Registered Agent Name	C T CORPORATION SYSTEM
Registered Office Street Address	1999 BRYAN ST., STE. 900 DALLAS, TX 75201

Additional ID Detail

Additional ID Program	WWPERMIT		**Legacy System (Code)**	(WQ)	
Additional ID	WQ0001401000	**Status**	ACTIVE	**ID Type**	PERMIT
Name	COVIA HOLDINGS CLEBURNE FACILITY			**Sec. Addn Id**	TX0001830, EPA ID
Physical Address	1788 COUNTY ROAD 308, CLEBURNE, TX 76033 9409				
Description					
County	SOMERVELL	**Region**	REGION 04 - DFW METROPLEX		
Nearest City	CLEBURNE	**State**	TX	**Nearest Zip**	76033
Latitude	32° 17 min 42 sec (32.295)		**Longitude**	97° 37 min 33 sec (-97.625833)	

Map It | Copy Map It URL | Prior Names

Industry Types

Classification System	Code	Name	Primary Flag
NAICS	212322	Industrial Sand Mining	Y
SIC	1446	Industrial Sand	Y

Industry Type: (1-2 of 2 Records)

Site Classifications

Program	Site Classification	Begin Date	End Date	CMS Min Freq Qty
WASTEWATER	INDUSTRIAL MINOR	01/1/1800	12/31/3000	0

Site Classification: (1-1 of 1 Record)

Customers

List All

CN Number	Name ▲	Role
CN600795777	COVIA HOLDINGS LLC	OWN
CN605864560	COVIA SOLUTIONS INC	OWNOPR

Customers: (1-2 of 2 Records)

Issued To

CN Number	Issued To Name	Start Date	'Issued To' History
CN600795777	Covia Holdings Corporation	07/12/2018	View
CN600795777	Covia Holdings Corporation	07/12/2018	View

Issued To: (1-2 of 2 Records)

Regulated Entity

Reference Number	RN101548956	**Name**	COVIA CLEBURNE PLANT	**Stand-Alone**	N
Business Description	INDUSTRIAL CHEMICAL MANUFACTURING PLANT				

Location

Address	1788 COUNTY ROAD 308, CLEBURNE, TX 76033 9409				
Description	APPROX 8MI E OF GLEN ROSE ON HWY 67 1788 COUNTY ROAD 308				
County	SOMERVELL		**Region**	REGION 04 - DFW METROPLEX	
Nearest City	CLEBURNE	**State**	TX	**Nearest Zip**	76031
Latitude	32° 17 min 45 sec (32.295833)		**Longitude**	97° 37 min 45 sec (-97.629166)	

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Customer Name: COX JOHN

Total of delinquent transactions (Customer): $860.00

Customer Name: COX LEROY
Account #: 0000364U Debtcollpath Stage: WHOLD:REFERRED,UNCOL:EXHAUST Calls:

UST	UST0415558	U'GROUND TANK FEE TANKS:FY97		0000000542	30-SEP-96	31-OCT-96	$150.00

Total of delinquent transactions (Account): $150.00

Total of delinquent transactions (Customer): $150.00

Customer Name: COYANOSA GAS PLANT
Account #: 0503781 Debtcollpath Stage: Calls:

TOX	TOX0008190	TRI FORM R REPORT EACH	RY22	79730CYNSG	31-JAN-24	29-FEB-24	$75.00
TOX	SC00344735	LATE FEE - MAR 2024			10-MAR-24	10-MAR-24	$3.75

Total of delinquent transactions (Account): $78.75

Total of delinquent transactions (Customer): $78.75

Customer Name: CPM DEVELOPMENT LLC
Account #: 20013190 Debtcollpath Stage: Calls: MAIL

GPS	GPS0041290	GEN PMTS STORMWTR	FY05	TXR15F535	31-DEC-04	31-JAN-05	$100.00
GPS	SC2506-001	LATE FEE FOR GPS0041290		TXR15F535	10-FEB-05	10-FEB-05	$5.00
GPS	SC2507-001	LATE FEE FOR GPS0041290		TXR15F535	10-MAR-05	10-MAR-05	$5.00
GPS	SC2508-001	LATE FEE FOR GPS0041290		TXR15F535	11-APR-05	11-APR-05	$.52
GPS	SC2509-001	LATE FEE FOR GPS0041290		TXR15F535	10-MAY-05	10-MAY-05	$.52
GPS	SC2510-001	LATE FEE FOR GPS0041290		TXR15F535	09-JUN-05	09-JUN-05	$.52
GPS	SC2511-001	LATE FEE FOR GPS0041290		TXR15F535	11-JUL-05	11-JUL-05	$.52
GPS	SC2512-001	LATE FEE FOR GPS0041290		TXR15F535	10-AUG-05	10-AUG-05	$.52
GPS	SC2601-001	LATE FEE FOR GPS0041290		TXR15F535	12-SEP-05	12-SEP-05	$.52
GPS	SC2602-001	LATE FEE FOR GPS0041290		TXR15F535	10-OCT-05	10-OCT-05	$.52
GPS	SC2603-001	LATE FEE FOR GPS0041290		TXR15F535	10-NOV-05	10-NOV-05	$.52
GPS	SC2604-001	LATE FEE FOR GPS0041290		TXR15F535	12-DEC-05	12-DEC-05	$.52
GPS	GPS0061377	GEN PMTS STORMWTR	FY06	TXR15F535	31-DEC-05	31-JAN-06	$100.00
GPS	SC2605-001	LATE FEE FOR GPS0041290		TXR15F535	10-JAN-06	10-JAN-06	$.69
GPS	SC2606-001	LATE FEE FOR GPS0061377		TXR15F535	10-FEB-06	10-FEB-06	$5.00
GPS	SC2606-002	LATE FEE FOR GPS0041290		TXR15F535	10-FEB-06	10-FEB-06	$.69
GPS	SC2607-002	LATE FEE FOR GPS0041290		TXR15F535	10-MAR-06	10-MAR-06	$.69
GPS	SC2607-001	LATE FEE FOR GPS0061377		TXR15F535	10-MAR-06	10-MAR-06	$5.00
GPS	SC2608-002	LATE FEE FOR GPS0041290		TXR15F535	11-APR-06	11-APR-06	$.69
GPS	SC2608-001	LATE FEE FOR GPS0061377		TXR15F535	11-APR-06	11-APR-06	$.69
GPS	SC2609-002	LATE FEE FOR GPS0041290		TXR15F535	10-MAY-06	10-MAY-06	$.69
GPS	SC2609-001	LATE FEE FOR GPS0061377		TXR15F535	10-MAY-06	10-MAY-06	$.69
GPS	SC2610-001	LATE FEE FOR GPS0061377		TXR15F535	12-JUN-06	12-JUN-06	$.69
GPS	SC2610-002	LATE FEE FOR GPS0041290		TXR15F535	12-JUN-06	12-JUN-06	$.69
GPS	SC2611-002	LATE FEE FOR GPS0041290		TXR15F535	10-JUL-06	10-JUL-06	$.69
GPS	SC2611-001	LATE FEE FOR GPS0061377		TXR15F535	10-JUL-06	10-JUL-06	$.69
GPS	SC2612-002	LATE FEE FOR GPS0041290		TXR15F535	10-AUG-06	10-AUG-06	$.69
GPS	SC2612-001	LATE FEE FOR GPS0061377		TXR15F535	10-AUG-06	10-AUG-06	$.69
GPS	SC2701-002	LATE FEE FOR GPS0041290		TXR15F535	11-SEP-06	11-SEP-06	$.69
GPS	SC2701-001	LATE FEE FOR GPS0061377		TXR15F535	11-SEP-06	11-SEP-06	$.69
GPS	GPS0085504	GEN PMTS STORMWTR	FY07	TXR15F535	31-DEC-06	31-JAN-07	$100.00
GPS	GPS0109537	GEN PMTS STORMWTR	FY08	TXR15F535	31-DEC-07	31-JAN-08	$100.00

Total of delinquent transactions (Account): $435.03

Total of delinquent transactions (Customer): $435.03

Customer Name: CPS SECURITY USA INC
Account #: 0804033H Debtcollpath Stage: WHOLD:REFERRED,UNCOL:EXHAUST Calls:

WMS	WMS0036286	MUN TRAN SLDG FEE GALS	FY14	24033	31-JUL-14	31-AUG-14	$100.00
WMS	WMS0036286	COLLECTION COST RECOVERY			03-APR-15	03-APR-15	$25.00
WMS	SC00157212	LATE FEE - APR 2015			10-APR-15	10-APR-15	$.35
WMS	SC00159041	LATE FEE - MAY 2015			11-MAY-15	11-MAY-15	$.35

100ft

-97.626 32.295 Degrees

200ft

-97.626 32.295 Degrees

Somervell County Texas

OUR COMMUNITY, OUR COMMITMENT.

Commissioner’s Court

Precinct 1 Commissioner

Jeff Harris

Physical Address:
107 N.E. Vernon
Glen Rose, Texas 76043

Mailing Address:
P.O. Box 28
Glen Rose, Texas 76043

Phone: 254-897-2206
Fax: 254-897-7703

CONFLICTS DISCLOSURE STATEMENT

Precinct 2 Commissioner

Richard Talavera

Physical Address:
107 N.E. Vernon
Glen Rose, Texas 76043

Mailing Address:
P.O. Box 28
Glen Rose, Texas 76043

Phone: 254-897-2206
Fax: 254-897-7703

CONFLICTS DISCLOSURE STATEMENT

Precinct 3 Commissioner

Tammy Ray

Physical Address:
107 N.E. Vernon
Glen Rose, Texas 76043

Mailing Address:
P.O. Box 28
Glen Rose, Texas 76043

Phone: 254-897-2206
Fax: 254-879-7703

CONFLICTS DISCLOSURE STATEMENT

Precinct 4 Commissioner

Wade Busch

Physical Address:
107 N.E. Vernon
Glen Rose, Texas 76043

Mailing Address:
P.O. Box 28
Glen Rose, Texas 76043

Phone: 254-897-2206
Fax: 254-879-7703

CONFLICTS DISCLOSURE STATEMENT

Duties & Responsibilities of the COUNTY COMMISSIONER from the Texas Association of Counties.

TEXAS SECRETARY of STATE
JANE NELSON

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number:	802423859	**Entity Type:**	Foreign For-Profit Corporation
Original Date of Filing:	March 28, 2016	**Entity Status:**	In existence
Formation Date:	N/A		
Tax ID:	13415137101	**FEIN:**	341513710

Name:	Covia Solutions Inc.
Address:	8384 MAYFIELD ROAD Chesterland, OH 44026 USA
Fictitious Name:	N/A
Jurisdiction:	DE, USA
Foreign Formation Date:	January 9, 1986

REGISTERED AGENT | FILING HISTORY | NAMES | MANAGEMENT | ASSUMED NAMES | ASSOCIATED ENTITIES | INITIAL ADDRESS

Name	Address	Inactive Date
C T Corporation System	1999 Bryan St., Ste. 900 Dallas, TX 75201-3136 USA	

Order | Return to Search

Instructions:

- To place an order for additional information about a filing press the 'Order' button.

Attachment 1

TPDES Permit Renewal Application

Texas Wastewater Permit Application

Covia Solutions Inc. – Cleburne Facility

April 2024

Prepared for:

Covia Solutions Inc. – Cleburne Facility
1788 County Road 308
Cleburne TX 76033

Prepared by:

Kathryn Nickel
Consulting Specialist
kathryn.nickel@bsigroup.com

Reviewed by:

William McCurley
Principal Consultant
william.mccurley@bsigroup.com

bsi.

By Royal Charter

Table of Contents

1. Administrative Report 1
2. Technical Report 2

Attachments

Attachment A: Payment Submittal Form
Attachment B: Core Data Form
Attachment C: USGS Topographic Maps
Attachment D: Quadrangle Maps
Attachment E: Plain Language Summary
Attachment F: Facility Map
Attachment G: Flow Schematics

1. Administrative Report

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

TCEQ INDUSTRIAL WASTEWATER PERMIT APPLICATION

INDUSTRIAL ADMINISTRATIVE REPORT 1.0

This report is required for all applications for TPDES permits and TLAPs. Contact the Applications Review and Processing Team at 512-239-4671 with any questions about completing this report

Item 1. Application Information and Fees (Instructions, Page 25)

a. Complete each field with the requested information, if applicable.

Applicant Name: Covia Solutions Inc. – Cleburne Facility EPA ID No.: TX0001830

Permit No.: WQ0001401000 Expiration Date: August 20, 2024

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

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

☒ Active ☐ Inactive

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

☒ TPDES Permit ☐ TLAP

e. Check the box next to the appropriate application type.

☐ New

☒ Renewal with changes ☐ Renewal without changes

☐ Major amendment with renewal ☐ Major amendment without renewal

☐ Minor amendment without renewal ☐ Minor modification without renewal

f. If applying for an amendment or modification, describe the request: Due to a change in company name (previously Covia Holdings Corporation., now Covia Solutions Inc.) updates to the owner name, the owner address, the facility name, and the facility RN are being requested.

g. Application Fee

EPA Classification	New	Major Amend. (with or without renewal)	Renewal (with or without changes)	Minor Amend. / Minor Mod. (without renewal)
Minor facility not subject to EPA categorical effluent guidelines (*40 CFR Parts 400-471*)	☐ $350	☐ $350	☐ $315	☐ $150
Minor facility subject to EPA categorical effluent guidelines (*40 CFR Parts 400-471*)	☐ $1,250	☐ $1,250	☒ $1,215	☐ $150
Major facility	N/A [1]	☐ $2,050	☐ $2,015	☐ $450

For TCEQ Use Only

Segment Number _____County _____

[1] All facilities are designated as minors until formally classified as a major by EPA.

h. Payment Information

Mailed

Check or money order No.: Click to enter text. Check or money order amt.: Click to enter text.

Named printed on check or money order: Click to enter text.

Epay

Voucher number: Click to enter text. Copy of voucher attachment: Click to enter text.

Item 2. Applicant Information (Instructions, Pages 25)

a. Customer Number, if applicant is an existing customer: CN606205722

Note: Locate the customer number using the TCEQ's Central Registry Customer Search[2].

b. Legal name of the entity (applicant) applying for this permit: Covia Solutions Inc.

Note: The owner of the facility must apply for the permit. The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

☒ Mr. ☐ Ms. First/Last Name: Douglas S. Losee

Title: V.P. Environmental Credential: Vice President Environmental

d. Will the applicant have overall financial responsibility for the facility?

☒ Yes ☐ No

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

Item 3. Co-applicant Information (Instructions, Page 26)

☒ Check this box if there is no co-applicant.; otherwise, complete the below questions.

a. Legal name of the entity (co-applicant) applying for this permit: Click to enter text.

Note: The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

b. Customer Number (if applicant is an existing customer): CNClick to enter text.

Note: Locate the customer number using the TCEQ's Central Registry Customer Search.

c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

☐ Mr. ☐ Ms. First/Last Name: Click to enter text.

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

d. Will the co-applicant have overall financial responsibility for the facility?

☐ Yes ☐ No

[2] https://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

Item 4. Core Data Form (Instructions, Pages 26)

a. Complete one Core Data Form (TCEQ Form 10400) for each customer (applicant and co-applicant(s)) and include as an attachment. If the customer type selected on the Core Data Form is Individual, complete Attachment 1 of the Administrative Report. Attachment: B

Item 5. Application Contact Information (Instructions, Page 26)

Provide names of two individuals who can be contact for additional information about this application. Indicate if the individual can be contact about administrative or technical information, or both.

a. ☐ Administrative Contact . ☒ Technical Contact

☐ Mr. ☒ Ms. Full Name (First and Last): Michele Oxlade

Title: Senior Environmental Specialist, WHC Coordinator Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Mailing Address: 2700 Technology Forest Blvd Ste 100

City: The Woodlands State: TX Zip Code: 77381

Phone No: 980-495-2572 Fax No: Click to enter text. Email: michele.oxlade@coviacorp.com

b. ☒ Administrative Contact . ☐ Technical Contact

☒ Mr. ☐ Ms. Full Name (First and Last): Mike Foster

Title: Sr. Plant Manager Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Mailing Address: 1788 County Road 308

City: Cleburne State: TX Zip Code: 76033

Phone No: 432-227-2727 Fax No: Click to enter text. Email: michael.foster@coviacorp.com

Attachment: Click to enter text.

Item 6. Permit Contact Information (Instructions, Pages 26)

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

a. ☒ Mr. ☐ Ms. Full Name (First and Last): Mike Foster

Title: Sr. Plant Manager Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Mailing Address: 1788 County Road 308

City: Cleburne State: TX Zip Code: 76033

Phone No: 432-227-2727 Fax No: Click to enter text. Email: michael.foster@coviacorp.com

b. ☐ Mr. ☒ Ms. Full Name (First and Last): Michele Oxlade

Title: Senior Environmental Specialist, WHC Coordinator Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Mailing Address: 2700 Technology Forest Blvd Ste 100

City: The Woodlands State: TX Zip Code: 77381

Phone No: 980-495-2572 Fax No: Click to enter text. Email: michele.oxlade@coviacorp.com

Attachment: Click to enter text.

Item 7. Billing Contact Information (Instructions, Page 27)

The permittee is responsible for paying the annual fee. The annual fee will be assessed for 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 (form TCEQ-20029).

Provide the complete mailing address where the annual fee invoice should be mailed and the name and phone number of the permittee's representative responsible for payment of the invoice.

☒ Mr. ☐ Ms. Full Name (First and Last): Mike Foster

Title: Sr. Plant Manager Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Mailing Address: 1788 County Road 308

City: Cleburne State: TX Zip Code: 76033

Phone No: 432-227-2727 Fax No: Click to enter text. Email: michael.foster@coviacorp.com

Item 8. DMR/MER Contact Information (Instructions, Page 27)

Provide the name and mailing address of the person delegated to receive and submit DMRs or MERs. **Note:** DMR data must be submitted through the NetDMR system. An electronic reporting account can be established once the facility has obtained the permit number.

☒ Mr. ☐ Ms. Full Name (First and Last): Mike Foster

Title: Sr. Plant Manager Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Mailing Address: 1788 County Road 308

City: Cleburne State: TX Zip Code: 76033

Phone No: 432-227-2727 Fax No: Click to enter text. Email: michael.foster@coviacorp.com

Item 9. NOTICE INFORMATION (Instructions, Pages 27

a. Individual Publishing the Notices

☒ Mr. ☐ Ms. Full Name (First and Last): Mike Foster

Title: Sr. Plant Manager Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Mailing Address: 1788 County Road 308

City: Cleburne State: TX Zip Code: 76033

Phone No: 432-227-2727 Fax No: Click to enter text. Email: michael.foster@coviacorp.com

b. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package (only for NORI, NAPD will be sent via regular mail)

☒ E-mail: @coviacorp.com

☐ Fax: Click to enter text.

☐ Regular Mail (USPS)

Mailing Address: Click to enter text.

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

c. Contact in the Notice

☒ Mr. ☐ Ms Full Name (First and Last): Mike Foster

Title: Sr. Plant Manager Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Phone No: 432-227-2727 Fax No: Click to enter text. Email: michael.foster@coviacorp.com

d. Public Viewing Location Information

Note: If the facility or outfall is located in more than one county, provide a public viewing place for each county.

Public building name: Somervell County Annex Building Location within the building: Click to enter text.

Physical Address of Building: 107 North East Vernon

City: Glen Rose County: Somervell

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 Item 8 (Regulated Entity and Permitted Site Information.)

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 ☐ N/A

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

f. Plain Language Summary Template – Complete the Plain Language Summary at the end of this application.

g. Complete one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment and include as an attachment. Attachment: Click to enter text.

Item 10. Regulated Entity and Permitted Site Information (Instructions Pages 28-30)

a. TCEQ issued Regulated Entity Number (RN), if available: RN111863031

Note: If your business site is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search the TCEQ's Central Registry to determine the RN or to see if the larger site may already be registered as a Regulated Entity. If the site is found, provide the assigned RN.

b. Name of project or site (the name known by the community where located): Covia - Cleburne Facility

c. Is the location address of the facility in the existing permit the same?

☒ Yes ☐ No ☐ N/A (new permit)

Note: If the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson County, additional information concerning protection of the Edwards Aquifer may be required.

d. Owner of treatment facility:

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Covia Solutions Inc.

Mailing Address: 3 Summit Park Dr #700

City: Independence State: OH Zip Code: 44131

Phone No: 440-214-3200 Fax No: Click to enter text. Email: Click to enter text.

e. Ownership of facility: ☐ Public ☒ Private ☐ Both ☐ Federal

f. Owner of land where treatment facility is or will be: Click to enter text.

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Covia Solutions Inc.

Mailing Address: 3 Summit Park Dr #700

City: Independence State: OH Zip Code: 44131

Phone No: 440-214-3200 Fax No: Click to enter text. Email: Click to enter text.

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years (In some cases, a lease may not suffice - see instructions). Attachment: Click to enter text.

g. Owner of effluent TLAP disposal site (if applicable): Click to enter text.

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No: 440-214-3200 Fax No: Click to enter text. Email: Click to enter text.

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: Click to enter text.

h. Owner of sewage sludge disposal site (if applicable):

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No: Click to enter text. Fax No: Click to enter text. Email: Click to enter text.

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: Click to enter text.

Item 11. TDPES Discharge/TLAP Disposal Information (Instructions, Pages 30-32)

a. Is the facility located on or does the treated effluent cross Native American Land?

☐ Yes ☒ No

b. Attach an original full size USGS Topographic Map (or an 8.5"×11" reproduced portion for renewal or amendment applications) with all required information. Check the box next to each item below to confirm it has been included on the map.

☒ One-mile radius
☒ Three-miles downstream information
☒ Applicant's property boundaries
☒ Treatment facility boundaries
☒ Labeled point(s) of discharge
☒ Highlighted discharge route(s)
☒ Effluent disposal site boundaries
☒ All wastewater ponds
☐ Sewage sludge disposal site
☐ New and future construction

Attachment: C

c. Is the location of the sewage sludge disposal site in the existing permit accurate?

☐ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: N/A

d. Are the point(s) of discharge in the existing permit correct?

☒ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: Click to enter text.

e. Are the discharge route(s) in the existing permit correct?

☒ Yes ☐ No or New Permit

If no, or a new permit, provide an accurate description of the discharge route: Click to enter text.

f. City nearest the outfall(s): Cleburne

g. County in which the outfalls(s) is/are located: Johnson

h. 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, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: Click to enter text.

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.

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

☐ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: Click to enter text.

j. City nearest the disposal site: Cleburne

k. County in which the disposal site is located: Johnson

l. Disposal Site Latitude: See Map Longitude: See Map

m. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site: Click to enter text.

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

Item 12. MISCELLANEOUS INFORMATION (Instructions, Page 32)

a. 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: Click to enter text.

b. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the account no.: Click to enter text. and total amount due: Click to enter text.

c. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, provide the enforcement order no.: Click to enter text. and amount due: Click to enter text.

Item 13. SIGNATURE PAGE (Instructions, Pages 32-33)

Permit No: WQ0001401000

Applicant Name: Covia Solutions Inc.

Certification: I, Click to enter text., 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): Douglas S. Losee

Signatory title: V.P. Environmental

Signature: _____ Date: _____
(Use blue ink)

Subscribed and Sworn to before me by the said _____

on this _____ day of _____, 20_____.

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

_____
Notary Public [SEAL]

_____
County, Texas

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

INDUSTRIAL ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

Item 1. AFFECTED LANDOWNER INFORMATION (Instructions, Pages 34-35)

a. Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.

☐ 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 (e.g., irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property.

☐ The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located.

☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners within one-quarter mile of 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 (e.g., sludge surface disposal site or sludge monofil) is located.

Attachment: Click to enter text.

b. Check the box next to the format of the landowners list:

☐ Readable/Writeable CD ☐ Four sets of labels

Attachment: Click to enter text.

d. Provide the source of the landowners' names and mailing addresses: Click to enter text.

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.

Item 2. Public Involvement Plan Form (Instructions, Page 36)

Complete and attach one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment to a permit.

Item 3. ORIGINAL PHOTOGRAPHS (Instructions, Page 36)

Provide original ground level photographs. Check the box next to each of the following items to indicate it is included.

☐ 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.

Attachment: Click to enter text.

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING 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 36)

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

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

The following applies to all applications:

1. Permittee Name: Covia Solutions Inc.

2. Permit No.: WQ0001401000 EPA ID No.: TX00001830

3. Address of the project (location description that includes street/highway, city/vicinity, and county): 1788 County Road 308, Cleburne, TX 76033

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

   Full Name (First and Last): Mike Foster

   Organization Name: Covia Solutions Inc. Mailing Address: 1788 County Road 308

   City: Cleburne State: TX Zip Code: 76033

   Phone No: 432-227-2727 Fax No: Click to enter text. Email: michael.foster@coviacorp.com

5. List the county in which the facility is located: Johnson

6. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property: Click to enter text.

7. 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: 001 – George's Creek 002, 003, 004, 005 – Unnamed Tributary to George's Creek. Process water Outfalls 001, 002, and 005 have not discharged to Unnamed Tributary to George's Creek since 2019. The mine dewatering Outfall 003 has also not discharged since 2019. Outfall 005 has not discharged to Unnamed Tributary to George's Creek since November of 2023.

8. 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.) Attachment: D

9. Provide original photographs of any structures 50 years or older on the property. Attachment: Click to enter text.

10. 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

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

12. Describe existing disturbances, vegetation, and land use: All current disturbance is to pre-existing range land.

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

13. List construction dates of all buildings and structures on the property: Click to enter text.

14. Provide a brief history of the property, and name of the architect/builder, if known: Click to enter text.

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if mailing the payment. (Instructions, Page 36-37)

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP **Permit No:** WQ0001401000

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

   Name of Project or Site: Covia Cleburne Facility

   Physical Address of Project or Site: 1788 County Road 308, Cleburne TX

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

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Item 1. Individual information (Instructions, Page 37)

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., or Miss): Click to enter text.

Full legal name (first, middle, and last): 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 No.: Click to enter text.

Fax No.: Click to enter text.

E-mail Address: Click to enter text.

CN: Click to enter text.

Checklist of Common Deficiencies

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

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

☐ Correct and Current Industrial Wastewater Permit Application Forms
(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)

☐ Water Quality Permit Payment Submittal Form (Page 14)
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)

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

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

☒ N/A ☐ Landowners Map
(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.

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

☒ N/A ☐ Landowners Labels or CD-RW attached
(See instructions for landowner requirements.)

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

☐ Plain Language Summary

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS INDUSTRIAL 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 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.

1. Enter applicant's name here. (2. Enter Customer Number here (i.e., CN6########).) 3. Choose from the drop-down menu. 4. Enter name of facility here. 5. Enter Regulated Entity Number here (i.e., RN1########). 6. Choose from the drop-down menu. 7. Enter facility description here.. The facility 8. Choose from the drop-down menu. located 9. Enter location here. , in 10. Enter city name here., 11. Enter county name here. County, Texas 12. Enter zip code here.. 13. Enter summary of application request here.*<<For TLAP applications include the following sentence, otherwise delete:>>* This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain14. List all expected pollutants here..15. Enter types of wastewater discharged here. 16. Choose from the drop-down menu. treated by 17. Enter a description of wastewater treatment used at the facility here..

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

AGUAS RESIDUALES INDUSTRIALES/AGUAS PLUVIALES

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

1. Introduzca el nombre del solicitante aquí. (2. Introduzca el número de cliente aquí (es decir, CN6 #########).) 3. Elija del menú desplegable. 4. Introduzca el nombre de la instalación aquí. 5. Introduzca el número de entidad regulada aquí (es decir, RN1 #########). 6. Elija del menú desplegable. 7. Introduzca la descripción de la instalación aquí. La instalación 8. Elija del menú desplegable. ubicado 9. Introduzca la ubicación aquí, en 10. Introduzca el nombre de la ciudad aquí., Condado de 11. Introduzca el nombre del condado aquí, Texas 12. Introduzca el código postal aquí.
13. Introduzca el resumen de la 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 contengan14. Liste todos los contaminantes esperados aquí. 15. Introduzca los tipos de aguas residuales descargadas aquí. 16. Elija del menú desplegable. tratado por 17. Introduzca una descripción del tratamiento de aguas residuales utilizado en la instalación aquí.

INSTRUCTIONS

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

15. Enter the discharge types from your facility in this section (e.g., stormwater, process wastewater, once through cooling water, etc.)
16. Choose the appropriate verb tense to complete the sentence.
17. Enter a description of the wastewater treatment used at your facility. Include a description of each process, starting with initial treatment and finishing with the outfall/point of disposal. Use additional lines for individual discharge types if necessary.

Example

Individual Industrial Wastewater Application

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

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

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

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

Cooling water and boiler make-up water are supplied by Lake Starr Reservoir. The City of Austin municipal water plant (CN600000000, PWS 00000) supplies the facility's potable water and serves as an alternate source of boiler make-up water. Water from the Lake Starr Reservoir is withdrawn at the intake structure and treated with sodium hypochlorite to prevent biofouling and sodium bromide as a chlorine enhancer to improve efficacy and then passed through condensers and auxiliary equipment on a once-through basis to cool equipment and condense exhaust steam. Low volume wastewater from blowdown of boiler Units 1 and 2 and metal cleaning wastes receive no treatment prior to discharge via Outfall 101. Plant floor and equipment drains and stormwater runoff from diked oil storage areas, yards, and storm drains are routed through an oil and water separator prior to discharge via Outfall 101. Domestic wastewater, blowdown, and backwash water from the service water filter, clarifier, and sand filter are routed to the Starr Creek Domestic Sewage Treatment Plant, TPDES Permit No. WQ0010000001, for treatment and disposal. Metal cleaning waste from equipment cleaning is generally disposed of off-site.

2. Technical Report

TECHNICAL REPORT 1.0
INDUSTRIAL

The following information **is required** for all applications for a TLAP or an individual TPDES discharge permit.

For additional information or clarification on the requested information, refer to the Instructions for Completing the Industrial Wastewater Permit Application[1] available on the TCEQ website.

If more than one outfall is included in the application, provide applicable information for each individual outfall. **If an item does not apply to the facility, enter N/A** to indicate that the item has been considered. Include separate reports or additional sheets as **clearly cross-referenced attachments** and provide the attachment number in the space provided for the item the attachment addresses.

NOTE: This application is for an industrial wastewater permit only. Additional authorizations from the TCEQ Waste Permits Division or the TCEQ Air Permits Division may be needed.

1. FACILITY/SITE INFORMATION (Instructions, Pages 39-40)

a. Describe the general nature of the business and type(s) of industrial and commercial activities. Include all applicable SIC codes (up to 4).

The Covia Cleburne facility mines, washes, dries, screens, and ships silica sand.

b. Describe all wastewater-generating processes at the facility.

Water is used to wash clay and other particles from the silica sand. The water then passes through a series of ponds to allow suspended particles to settle out prior to being reused or discharged.

[1] https://www.tceq.texas.gov/permitting/wastewater/industrial/TPDES_industrial_wastewater_steps.html

c. Provide a list of raw materials, major intermediates, and final products handled at the facility.

Materials List

Raw Materials	Intermediate Products	Final Products
Silica Sand		Silica Sand
Clay		
Water		

Attachment: Click to enter text

d. Attach a facility map (drawn to scale) with the following information:

- Production areas, maintenance areas, materials-handling areas, waste-disposal areas, and water intake structures.
- The location of each unit of the WWTP including the location of wastewater collection sumps, impoundments, outfalls, and sampling points, if significantly different from outfall locations.

Attachment: F

e. Is this a new permit application for an existing facility?

☐ Yes ☒ No

If **yes**, provide background discussion: Click to enter text

f. Is/will the treatment facility/disposal site be located above the 100-year frequency flood level.

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: FEMA's National Flood Hazard Layer

If **no**, provide the elevation of the 100-year frequency flood plain and describe what protective measures are used/proposed to prevent flooding (including tail water and rainfall run-on controls) of the treatment facility and disposal area: Click to enter text

Attachment: Click to enter text

g. For **new** or **major amendment** permit applications, will any construction operations result in a discharge of fill material into a water in the state?

☐ Yes ☐ No ☒ N/A (renewal only)

h. If **yes** to Item 1.g, has the applicant applied for a USACE CWA Chapter 404 Dredge and Fill permit?

☐ Yes ☐ No

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

If **no**, provide an approximate date of application submittal to the USACE: Click to enter text

2. TREATMENT SYSTEM (Instructions, Page 40)

a. List any physical, chemical, or biological treatment process(es) used/proposed to treat wastewater at this facility. Include a description of each treatment process, starting with initial treatment and finishing with the outfall/point of disposal.

Settling Pond # 1W - 2.5 Acres Settling
Settling Pond # 1E - 6.1 Acres
Settling Pond # 2 - 4.8 Acres Settling
Settling Pond # 4 - 6.4 Acres Settling
Settling Pond # 5 - 3.3 Acres Settling - Outfall 002
Settling Pond # 7 - 9.3 Acres Settling – Proposed Outfall 005 (Emergency Spillway)
Settling Pond # 8 - 5.1 Acres Settling – Outfall 001
Settling Pond # 9 - 13.9 Acres Settling
Settling Pond NV East - 4.4 Acres Settling
Settling Pond NV West - 2.0 Acres Settling
Settling Pond Tomiceta - 1.1 Acres Settling - Outfall 003
Settling Pond #10 - 41.9 Acres Settling - Outfall 004 (Emergency Spillway)

b. Attach a flow schematic **with a water balance** showing all sources of water and wastewater flow into the facility, wastewater flow into and from each treatment unit, and wastewater flow to each outfall/point of disposal.

Attachment: G

3. IMPOUNDMENTS (Instructions, Pages 40-42)

Does the facility use or plan to use any wastewater impoundments (e.g., lagoons or ponds?)

☒ Yes ☐ No

If **no**, proceed to Item 4. If **yes**, complete **Item 3.a** for **existing** impoundments and **Items 3.a - 3.e** for **new or proposed** impoundments. **NOTE:** See instructions, Pages 40-42, for additional information on the attachments required by Items 3.a – 3.e.

a. Complete the table with the following information for each existing, new, or proposed impoundment:

Use Designation: Indicate the use designation for each impoundment as Treatment (**T**), Disposal (**D**), Containment (**C**), or Evaporation (**E**).

Associated Outfall Number: Provide an outfall number if a discharge occurs or will occur.

Liner Type: Indicate the liner type as Compacted clay liner (**C**), In-situ clay liner (**I**), Synthetic/plastic/rubber liner (**S**), or Alternate liner (**A**). **NOTE:** See instructions for further detail on liner specifications. If an alternate liner (A) is selected, include an attachment that provides a description of the alternate liner and any additional technical information necessary for an evaluation.

Leak Detection System: If any leak detection systems are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no.

Groundwater Monitoring Wells and Data: If groundwater monitoring wells are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no. Attach any existing groundwater monitoring data.

Dimensions: Provide the dimensions, freeboard, surface area, storage capacity of the impoundments, and the maximum depth (not including freeboard). For impoundments with irregular shapes, submit surface area instead of length and width.

Compliance with 40 CFR Part 257, Subpart D: If the impoundment is required to be in compliance with 40 CFR Part 257, Subpart D, enter **Y** for yes. Otherwise, enter **N** for no.

Date of Construction: Enter the date construction of the impoundment commenced (mm/dd/yy).

Impoundment Information

Parameter	**Pond #**	**Pond #**	**Pond #**	**Pond #**
Use Designation: (T) (D) (C) or (E)	T, D, C	T, D, C	T, D, C	T, D, C
Associated Outfall Number	N/A	N/A	N/A	N/A
Liner Type (C) (I) (S) or (A)	None	None	None	None
Alt. Liner Attachment Reference	Mined Out Quarry	Mined Out Quarry	Mined Out Quarry	
Leak Detection System, Y/N				
Groundwater Monitoring Wells, Y/N				
Groundwater Monitoring Data Attachment				
Pond Bottom Located Above The Seasonal High-Water Table, Y/N				
Length (ft)				
Width (ft)				
Max Depth From Water Surface (ft), Not Including Freeboard				
Freeboard (ft)	Min 3	Min 3	Min 3	Min 3
Surface Area (acres)	2.5	6.1	4.8	6.4
Storage Capacity (gallons)	1.62 MM	3.96 MM	7.82 MM	10.43 MM
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

Impoundment Information

Parameter	**Pond #**	**Pond #**	**Pond #**	**Pond #**
Use Designation: (T) (D) (C) or (E)	T, D, C	T, D, C	T, D, C	T, D, C
Associated Outfall Number	002	005 (proposed)	001	N/A
Liner Type (C) (I) (S) or (A)	None	None	None	None
Alt. Liner Attachment Reference		Mined Out Quarry	Mined Out Quarry	Mined Out Quarry
Leak Detection System, Y/N				
Groundwater Monitoring Wells, Y/N				
Groundwater Monitoring Data Attachment				
Pond Bottom Located Above The Seasonal High-Water Table, Y/N				
Length (ft)				
Width (ft)				
Max Depth From Water Surface (ft), not including freeboard				
Freeboard (ft)	Min 3	Min 3	Min 3	Min 3
Surface Area (acres)	3.3	9.3	5.1	13.9
Storage Capacity (gallons)	5.38 MM	45.45 MM	49.86 MM	73.15 MM
40 CFR Part 257, Subpart D, Y/N				

Parameter	Pond #	Pond #	Pond #	Pond #
Date of Construction				

Attachment: Click to enter text

The following information (**Items 3.b – 3.e**) is required only for **new or proposed** impoundments.

b. For new or proposed impoundments, attach any available information on the following items. If attached, check **yes** in the appropriate box. Otherwise, check **no** or **not yet designed**.

i. Liner data

☐ Yes ☐ No ☐ Not yet designed

ii. Leak detection system or groundwater monitoring data

☐ Yes ☐ No ☐ Not yet designed

iii. Groundwater impacts

☐ Yes ☐ No ☐ Not yet designed

NOTE: Item b.iii is required if the bottom of the pond is not above the seasonal high-water table in the shallowest water-bearing zone.

Attachment: Click to enter text

For TLAP applications: Items 3.c – 3.e are **not required**, continue to Item 4.

c. Attach a USGS map or a color copy of original quality and scale which accurately locates and identifies all known water supply wells and monitor wells within ½-mile of the impoundments.

Attachment: Click to enter text

d. Attach copies of State Water Well Reports (e.g., driller's logs, completion data, etc.), and data on depths to groundwater for all known water supply wells including a description of how the depths to groundwater were obtained.

Attachment: Click to enter text

e. Attach information pertaining to the groundwater, soils, geology, pond liner, etc. used to assess the potential for migration of wastes from the impoundments or the potential for contamination of groundwater or surface water.

Attachment: Click to enter text

4. OUTFALL/DISPOSAL METHOD INFORMATION (Instructions, Pages 42-43)

Complete the following tables to describe the location and wastewater discharge or disposal operations for each outfall for discharge operations, and for each point of disposal for TLAP operations.

If there are more outfalls/points of disposal at the facility than the spaces provided, copies of pages 6 and/or numbered accordingly (i.e., page 6a, 6b, etc.) may be used to provide information on the additional outfalls.

For TLAP applications: Indicate the disposal method and each individual irrigation area **I**, evaporation pond **E**, or subsurface drainage system **S** by providing the appropriate letter designation for the disposal method followed by a numerical designation for each disposal area in the space provided for **Outfall** number (e.g. **E1** for evaporation pond 1, **I2** for irrigation area No. 2, etc.).

Outfall Latitude and Longitude

Outfall Number	Latitude-degrees	Latitude-minutes	Latitude-seconds	Longitude-degrees	Longitude-minutes	Longitude-seconds
001	32	17	50	97	37	37
002	32	17	32	97	37	52
003	32	18	23	97	38	41
004	32	17	47	97	38	4
005	32	17	33	97	37	59

Outfall Location Description

Outfall Number	Location Description
001	From Pond 8 through 24" trough to George's Creek
002	From Pond 5 through 24" pipe to unnamed tributary to George's Creek
003	From Pond TO (Tomiceta) through 24" trough to unnamed tributary to George's Creek
004	From Pond 10 over emergency spillway to unnamed tributary to George's Creek
005	From Pond 7 over emergency spillway to unnamed tributary to George's Creek

Description of Sampling Points (if different from Outfall location)

Outfall Number	Description of Sampling Point

Outfall Flow Information – Permitted and Proposed

Outfall Number	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	0.5	Report			
002	0.5	Report			
003	0.5	Report			
004	Report	Report			
005	Report	Report			

Outfall Discharge – Method and Measurement

Outfall Number	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	N	N	Operator Est.
002	N	N	Operator Est.
003	N	N	Operator Est.
004	N	Y	Operator Est.

Outfall Number	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
005	N	Y	Operator Est.

Outfall Discharge – Flow Characteristics

Outfall Number	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
001	Y	N	N			
002	Y	N	N			
003	Y	N	N			
004	Y	N	N			
005	Y	N	N			

Wastestream Contributions

Outfall No.: 001

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Process Water. Outfall 001 has not discharged to Unnamed Tributary to George's Creek since 2019.	0.5	100

Outfall No.: 002

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Process Water. Outfall 002 has not discharged to Unnamed Tributary to George's Creek since 2019.	0.5	100

Outfall No.: 003

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Mine Dewatering. Outfall 003 has not discharged to Unnamed Tributary to George's Creek since 2019.	0.5	100

Outfall No.: 004

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Process Water		
Clean water from settling pond will be pumped to Pond 8. Spillway is for emergency use only in the event of a mechanical pumping failure or extreme rainfall event. Outfall 004 has not discharged to Unnamed Tributary to George's Creek since 2019.		

Outfall No.: 005

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Process Water	0.5	100

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Clean water from settling pond will be pumped to Pond 8 or 10. Spillway is for emergency use only in the event of a mechanical pumping failure or extreme rainfall event. Outfall 005 has not discharged to Unnamed Tributary to George's Creek since November of 2023.		

Attachment: Click to enter text

5. BLOWDOWN AND ONCE-THROUGH COOLING WATER DISCHARGES (Instructions, Page 44)

a. Does the facility use/propose to use any cooling towers which discharge blowdown or other wastestreams to the outfall(s)?

☐ Yes ☒ No

NOTE: If the facility uses or plans to use cooling towers, Item 12 **is required**.

b. Does the facility use or plan to use any boilers that discharge blowdown or other wastestreams to the outfall(s)?

☐ Yes ☒ No

c. Does or will the facility discharge once-through cooling water to the outfall(s)?

☐ Yes ☒ No

NOTE: If the facility uses or plans to use once-through cooling water, Item 12 **is required**.

d. If **yes** to Items 5.a, 5.b, **or** 5.c, attach the SDS with the following information for each chemical additive.

- Manufacturers Product Identification Number
- Product use (e.g., biocide, fungicide, corrosion inhibitor, etc.)
- Chemical composition including CASRN for each ingredient
- Classify product as non-persistent, persistent, or bioaccumulative
- Product or active ingredient half-life
- Frequency of product use (e.g., 2 hours/day once every two weeks)
- Product toxicity data specific to fish and aquatic invertebrate organisms
- Concentration of whole product or active ingredient, as appropriate, in wastestream.

Attach a summary of this information in addition to the submittal of the SDS for each specific wastestream and the associated chemical additives and specify which outfalls are affected.

Attachment: Click to enter text

e. Cooling Towers and Boilers

If **yes** to either Item 5.a **or** 5.b, complete the following table.

Cooling Towers and Boilers

Type of Unit	Number of Units	Dly Avg Blowdown (gallons/day)	Dly Max Blowdown (gallons/day)
Cooling Towers			
Boilers			

6. STORMWATER MANAGEMENT (Instructions, Page 44)

Are there any existing/proposed outfalls which discharge stormwater associated with industrial activities, as defined at *40 CFR § 122.26(b)(14)*, commingled with any other wastestream?

☒ Yes ☐ No

If **yes**, briefly describe the industrial processes and activities that occur outdoors or in some manner which may result in exposure of the activities or materials to stormwater: **The Cleburne facility mines,**

washes, dries, screens, and ships silica sand. Water is used to wash clay and other particles from the silica sand. The water then passes through a series of ponds to allow suspended particles to settle out prior to being reused or discharged.

7. DOMESTIC SEWAGE, SEWAGE SLUDGE, AND SEPTAGE MANAGEMENT AND DISPOSAL (Instructions, Page 45)

Domestic Sewage - Waste and wastewater from humans or household operations that is discharged to a wastewater collection system or otherwise enters a treatment works.

a. Check the box next to the appropriate method of domestic sewage and domestic sewage sludge treatment or disposal. Complete Worksheet 5.0 or Item 7.b if directed to do so.

☐ Domestic sewage is routed (i.e., connected to or transported to) to a WWTP permitted to receive domestic sewage for treatment, disposal, or both. **Complete Item 7.b**.

☒ Domestic sewage disposed of by an on-site septic tank and drainfield system. **Complete Item 7.b**.

☐ Domestic and industrial treatment sludge **ARE commingled** prior to use or disposal.

☐ Industrial wastewater and domestic sewage are treated separately, and the respective sludge **IS NOT commingled** prior to sludge use or disposal. **Complete Worksheet 5.0**.

☐ Facility is a POTW. **Complete Worksheet 5.0**.

☐ Domestic sewage is not generated on-site.

☐ Other (e.g., portable toilets), specify and **Complete Item 7.b**: Click to enter text

b. Provide the name and TCEQ, NPDES, or TPDES Permit No. of the waste-disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.
Jackey Lackey Septic Cleaning	23271

8. IMPROVEMENTS OR COMPLIANCE/ENFORCEMENT REQUIREMENTS (Instructions, Page 45)

a. Is the permittee currently required to meet any implementation schedule for compliance or enforcement?

☐ Yes ☒ No

b. Has the permittee completed or planned for any improvements or construction projects?

☐ Yes ☒ No

c. If **yes** to either 8.a **or** 8.b, provide a brief summary of the requirements and a status update: Click to enter text

9. TOXICITY TESTING (Instructions, Page 45)

Have any biological tests for acute or chronic toxicity been made on any of the discharges or on a receiving water in relation to the discharge within the last three years?

☐ Yes ☒ No

If **yes**, identify the tests and describe their purposes: Click to enter text

Additionally, attach a copy of all tests performed which **have not** been submitted to the TCEQ or EPA.

Attachment: Click to enter text

10. OFF-SITE/THIRD PARTY WASTES (Instructions, Page 45)

a. Does or will the facility receive wastes from off-site sources for treatment at the facility, disposal on-site via land application, or discharge via a permitted outfall?

☐ Yes ☒ No

If **yes**, provide responses to Items 10.b through 10.d below.

If **no**, proceed to Item 11.

b. Attach the following information to the application:

- List of wastes received (including volumes, characterization, and capability with on-site wastes).
- Identify the sources of wastes received (including the legal name and addresses of the generators).
- Description of the relationship of waste source(s) with the facility's activities.

Attachment: Click to enter text

c. Is or will wastewater from another TCEQ, NPDES, or TPDES permitted facility commingled with this facility's wastewater after final treatment and prior to discharge via the final outfall/point of disposal?

☐ Yes ☒ No

If **yes**, provide the name, address, and TCEQ, NPDES, or TPDES permit number of the contributing facility and a copy of any agreements or contracts relating to this activity.

Attachment: Click to enter text

d. Is this facility a POTW that accepts/will accept process wastewater from any SIU and has/is required to have an approved pretreatment program under the NPDES/TPDES program?

☐ Yes ☒ No

If **yes**, **Worksheet 6.0** of this application **is required**.

11. RADIOACTIVE MATERIALS (Instructions, Pages 46)

a. Are/will radioactive materials be mined, used, stored, or processed at this facility?

☐ Yes ☒ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L.

Radioactive Materials Mined, Used, Stored, or Processed

Radioactive Material	Concentration (pCi/L)

b. Does the applicant or anyone at the facility have any knowledge or reason to believe that radioactive materials may be present in the discharge, including naturally occurring radioactive materials in the source waters or on the facility property?

☐ Yes ☒ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L. Do not include information provided in response to Item 11.a.

Radioactive Materials Present in the Discharge

Radioactive Material	Concentration (pCi/L)

12. COOLING WATER (Instructions, Pages 46-47)

a. Does the facility use or propose to use water for cooling purposes?

☐ Yes ☒ No

If **no**, stop here. If **yes**, complete Items 12.b thru 12.f.

b. Cooling water is/will be obtained from a groundwater source (e.g., on-site well).

☐ Yes ☐ No

If **yes**, stop here. If **no**, continue.

c. Cooling Water Supplier

i. Provide the name of the owner(s) and operator(s) for the CWIS that supplies or will supply water for cooling purposes to the facility.

Cooling Water Intake Structure(s) Owner(s) and Operator(s)

CWIS ID				
Owner				
Operator				

ii. Cooling water is/will be obtained from a Public Water Supplier (PWS)

☐ Yes ☐ No

If **no**, continue. If **yes**, provide the PWS Registration No. and stop here: PWS No. Click to enter text

iii. Cooling water is/will be obtained from a reclaimed water source?

☐ Yes ☐ No

If **no**, continue. If **yes**, provide the Reuse Authorization No. and stop here: Click to enter text

iv. Cooling water is/will be obtained from an Independent Supplier

☐ Yes ☐ No

If **yes**, provide the actual intake flow of the Independent Supplier's CWIS that is/will be used to provide water for cooling purposes to the facility and proceed: Click to enter text.

If **no**, proceed to Item 12.d.

d. 316(b) General Criteria

i. The CWIS(s) used to provide water for cooling purposes to the facility has or will have a cumulative design intake flow of 2 MGD or greater.

☐ Yes ☐ No

ii. At least 25% of the total water withdrawn by the CWIS is/will be used at the facility exclusively for cooling purposes on an annual average basis.

☐ Yes ☐ No

iii. The CWIS(s) withdraw(s)/propose(s) to withdraw water for cooling purposes from surface waters that meet the definition of Waters of the United States in *40 CFR § 122.2*.

☐ Yes ☐ No

If **no**, provide an explanation of how the waterbody does not meet the definition of Waters of the United States in *40 CFR § 122.2*: Click to enter text.

If **yes** to all three questions in Item 12.d, the facility **meets** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA. Proceed to **Item 12.f**.

If **no** to any of the questions in Item 12.d, the facility **does not meet** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA; however, a determination is required based upon BPJ. Proceed to **Item 12.e**.

e. The facility does not meet the minimum requirements to be subject to the fill requirements of Section 316(b) **and uses/proposes to use cooling towers**.

☐ Yes ☐ No

If **yes**, stop here. If **no**, complete Worksheet 11.0, Items 1(a), 1(b)(i-iii) and (vi), 2(b)(i), and 3(a) to allow for a determination based upon BPJ.

f. Oil and Gas Exploration and Production

i. The facility is subject to requirements at 40 CFR Part 435, Subparts A or D.

☐ Yes ☐ No

If **yes**, continue. If **no**, skip to Item 12.g.

ii. The facility is an existing facility as defined at 40 CFR § 125.92(k) or a new unit at an existing facility as defined at 40 CFR § 125.92(u).

☐ Yes ☐ No

If **yes**, complete Worksheet 11.0, Items 1(a), 1(b)(i-iii) and (vi), 2(b)(i), and 3(a) to allow for a determination based upon BPJ. If **no**, skip to Item 12.g.iii.

g. Compliance Phase and Track Selection

i. Phase I – New facility subject to 40 CFR Part 125, Subpart I

☐ Yes ☐ No

If **yes**, check the box next to the facility's compliance track selection, attach the requested information, and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

☐ Track I – AIF greater than 2 MGD, but less than 10 MGD
- Attach information required by *40 CFR §§ 125.86(b)(2)-(4)*.

☐ Track I – AIF greater than 10 MGD
- Attach information required by *40 CFR § 125.86(b)*.

☐ Track II
- Attach information required by *40 CFR § 125.86(c)*.

Attachment: Click to enter text

ii. Phase II – Existing facility subject to 40 CFR Part 125, Subpart J

☐ Yes ☐ No

If **yes**, complete Worksheets 11.0 through 11.3, as applicable.

iii. Phase III – New facility subject to 40 CFR Part 125, Subpart N

☐ Yes ☐ No

If **yes**, check the box next to the facility's compliance track selection and provide the requested information.

☐ Track I – Fixed facility
- Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

☐ Track I – Not a fixed facility
- Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Item 2 (except the CWIS latitude and longitude under Item 2.a).

☐ Track II – Fixed facility
- Attach information required by 40 CFR § 125.136(c) and complete Worksheet 11.0, Items 2 and 3.

Attachment: Click to enter text

NOTE: Item 13 is required only for existing permitted facilities.

13. PERMIT CHANGE REQUESTS (Instructions, Pages 49-50)

a. Is the facility requesting a **major amendment** of an existing permit?

☐ Yes ☒ No

If **yes**, list each request individually and provide the following information: 1) detailed information regarding the scope of each request and 2) a justification for each request. Attach any supplemental information or additional data to support each request.

Click to enter text.

b. Is the facility requesting any **minor amendments** to the permit?

☐ Yes ☒ No

If **yes**, list and discuss the requested changes.

Click to enter text.

c. Is the facility requesting any **minor modifications** to the permit?

☐ Yes ☒ No

If **yes**, list and discuss the requested changes.

Click to enter text.

WORKSHEET 1.0
EPA CATEGORICAL EFFLUENT GUIDELINES

This worksheet **is required** for all applications for TPDES permits for discharges of wastewaters subject to EPA categorical effluent limitation guidelines (ELGs).

1. CATEGORICAL INDUSTRIES (Instructions, Pages 50-52)

Is this facility subject to any of the 40 CFR categorical ELGs outlined on page 53 of the instructions?

☒ Yes ☐ No

If **no**, this worksheet is not required. If **yes**, provide the appropriate information in the table below.

40 CFR Effluent Guidelines

Industry	40 CFR Part
Mineral Mining and Processing	436

2. PRODUCTION/PROCESS DATA (Instructions, Page 54)

NOTE: For all TPDES permit applications requesting individual permit coverage for discharges of oil and gas exploration and production wastewater (discharges into or adjacent to water in the state, falling under the Oil and Gas Extraction Effluent Guidelines – 40 CFR Part 435), see Worksheet 12.0, Item 2 instead.

a. **Production Data**

Provide the appropriate data for effluent guidelines with production-based effluent limitations.

Production Data

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units
N/A			

b. **Organic Chemicals, Plastics, and Synthetic Fibers Manufacturing Data (40 CFR Part 414)**

Provide each applicable subpart and the percent of total production. Provide data for metal-bearing and cyanide-bearing wastestreams, as required by *40 CFR Part 414, Appendices A and B*.

Percentages of Total Production

Subcategory	Percent of Total Production	Appendix A and B - Metal	Appendix A – Cyanide
N/A			

c. **Refineries (40 CFR Part 419)**

Provide the applicable subcategory and a brief justification.

N/A

3. PROCESS/NON-PROCESS WASTEWATER FLOWS (Instructions, Page 54)

Provide a breakdown of wastewater flow(s) generated by the facility, including both process and non-process wastewater flow(s). Specify which wastewater flows are to be authorized for discharge under this permit and the disposal practices for wastewater flows, excluding domestic, which are not to be authorized for discharge under this permit.

Mine dewatering to Pond (Tomiceta Pond) – Approximately 300 gpm, maximum of 250,000 gpd.

4. NEW SOURCE DETERMINATION (Instructions, Page 54)

Provide a list of all wastewater-generating processes subject to EPA categorical ELGs, identify the appropriate guideline Part and Subpart, and provide the date the process/construction commenced.

Wastewater-generating Processes Subject to Effluent Guidelines

Process	EPA Guideline: Part	EPA Guideline: Subpart	Date Process/ Construction Commenced
Process Water	436	D	Pre-1973
Mine Dewatering	436	D	4/1995

WORKSHEET 2.0
POLLUTANT ANALYSES REQUIREMENTS

Worksheet 2.0 **is required** for all applications submitted for a TPDES permit. Worksheet 2.0 is not required for applications for a permit to dispose of all wastewater by land disposal or for discharges solely of stormwater associated with industrial activities.

1. LABORATORY ACCREDITATION (Instructions, Page 56)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

a. The laboratory is an in-house laboratory and is:
   i. periodically inspected by the TCEQ; or
   ii. located in another state and is accredited or inspected by that state; or
   iii. performing work for another company with a unit located in the same site; or
   iv. performing pro bono work for a governmental agency or charitable organization.

b. The laboratory is accredited under federal law.

c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.

d. The laboratory supplies data for which the TCEQ does not offer accreditation.

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 34, for a list of approved signatories.

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

_____

(Signature)

2. GENERAL TESTING REQUIREMENTS (Instructions, Pages 56-58)

a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): Click to enter text

b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.

c. Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm. **Attachment:** Click to enter text

3. SPECIFIC TESTING REQUIREMENTS (Instructions, Pages 58-69)

Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment:** Click to enter text

TABLE 1 and TABLE 2 (Instructions, Page 58)

Completion of Tables 1 and 2 **is required** for **all external outfalls** for all TPDES permit applications.

Table 1 for Outfall No.: 001, 002, 003, and 004

Samples are (check one): ☐ **Composite** ☒ **Grab**

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)	N/A			
CBOD (5-day)	N/A			
Chemical oxygen demand	N/A			
Total organic carbon	N/A			
Dissolved oxygen	N/A			
Ammonia nitrogen	N/A			
Total suspended solids	N/A			
Nitrate nitrogen	N/A			
Total organic nitrogen	N/A			
Total phosphorus	N/A			
Oil and grease	N/A			
Total residual chlorine	N/A			
Total dissolved solids	N/A			
Sulfate	N/A			
Chloride	N/A			
Fluoride	N/A			
Total alkalinity (mg/L as $CaCO_3$)	N/A			
Temperature (°F)	N/A			
pH (standard units)	N/A			

Table 1 for Outfall No.: 005

Samples are (check one): ☐ **Composite** ☒ **Grab**

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)	1.5			
CBOD (5-day)	1.19			
Chemical oxygen demand	ND (Not Detected)			
Total organic carbon	1.70			
Dissolved oxygen	9.73			
Ammonia nitrogen	0.133			
Total suspended solids	30.8			
Nitrate nitrogen				
Total organic nitrogen	0.105			
Total phosphorus	0.0504			
Oil and grease	ND (Not Detected)			
Total residual chlorine	ND (Not Detected)			
Total dissolved solids	364			
Sulfate	180			
Chloride	14.8			
Fluoride	ND (Not Detected)			
Total alkalinity (mg/L as $CaCO_3$)	72.0			
Temperature (°F)	70.9			
pH (standard units)	8.56			

Table 2 for Outfall No.: 001, 002, 003, and 004

Samples are (check one): ☐ **Composites** ☒ **Grabs**

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total	N/A				2.5
Antimony, total	N/A				5
Arsenic, total	N/A				0.5
Barium, total	N/A				3
Beryllium, total	N/A				0.5
Cadmium, total	N/A				1
Chromium, total	N/A				3
Chromium, hexavalent	N/A				3
Chromium, trivalent	N/A				N/A
Copper, total	N/A				2
Cyanide, available	N/A				2/10
Lead, total	N/A				0.5
Mercury, total	N/A				0.005/0.0005
Nickel, total	N/A				2
Selenium, total	N/A				5
Silver, total	N/A				0.5
Thallium, total	N/A				0.5
Zinc, total	N/A				5.0

Table 2 for Outfall No.: 005

Samples are (check one): ☐ **Composite** ☒ **Grab**

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)
BOD (5-day)	1.5				2.5
CBOD (5-day)	1.19				5
Chemical oxygen demand	ND (Not Detected)				0.5
Total organic carbon	1.70				3
Dissolved oxygen	9.73				0.5
Ammonia nitrogen	0.133				1
Total suspended solids	30.8				3
Nitrate nitrogen					3
Total organic nitrogen	0.105				N/A
Total phosphorus	0.0504				2
Oil and grease	ND (Not Detected)				2/10
Total residual chlorine	ND (Not Detected)				0.5
Total dissolved solids	364				0.005/0.0005
Sulfate	180				2
Chloride	14.8				5
Fluoride	ND (Not Detected)				0.5
Total alkalinity (mg/L as $CaCO_3$)	72.0				0.5
Temperature (°F)	70.9				5.0
pH (standard units)	8.56				2.5

TABLE 3 (Instructions, Page 58)

Completion of Table 3 **is required** for all **external outfalls** which discharge process wastewater.

Partial completion of Table 3 **is required** for all **external outfalls** which discharge non-process wastewater and stormwater associated with industrial activities commingled with other wastestreams (see instructions for additional guidance).

Table 3 for Outfall No.: 001, 002, and 004

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Acrylonitrile	N/A				50
Anthracene	N/A				10
Benzene	N/A				10
Benzidine	N/A				50
Benzo(a)anthracene	N/A				5
Benzo(a)pyrene	N/A				5
Bis(2-chloroethyl)ether	N/A				10
Bis(2-ethylhexyl)phthalate	N/A				10
Bromodichloromethane [Dichlorobromomethane]	N/A				10
Bromoform	N/A				10
Carbon tetrachloride	N/A				2
Chlorobenzene	N/A				10
Chlorodibromomethane [Dibromochloromethane]	N/A				10
Chloroform	N/A				10
Chrysene	N/A				5
m-Cresol [3-Methylphenol]	N/A				10
o-Cresol [2-Methylphenol]	N/A				10
p-Cresol [4-Methylphenol]	N/A				10
1,2-Dibromoethane	N/A				10
m-Dichlorobenzene [1,3-Dichlorobenzene]	N/A				10
o-Dichlorobenzene [1,2-Dichlorobenzene]	N/A				10
p-Dichlorobenzene [1,4-Dichlorobenzene]	N/A				10
3,3'-Dichlorobenzidine	N/A				5
1,2-Dichloroethane	N/A				10
1,1-Dichloroethene [1,1-Dichloroethylene]	N/A				10
Dichloromethane [Methylene chloride]	N/A				20
1,2-Dichloropropane	N/A				10
1,3-Dichloropropene [1,3-Dichloropropylene]	N/A				10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
2,4-Dimethylphenol	N/A				10
Di-n-Butyl phthalate	N/A				10
Ethylbenzene	N/A				10
Fluoride	N/A				500
Hexachlorobenzene	N/A				5
Hexachlorobutadiene	N/A				10
Hexachlorocyclopentadiene	N/A				10
Hexachloroethane	N/A				20
Methyl ethyl ketone	N/A				50
Nitrobenzene	N/A				10
N-Nitrosodiethylamine	N/A				20
N-Nitroso-di-n-butylamine	N/A				20
Nonylphenol	N/A				333
Pentachlorobenzene	N/A				20
Pentachlorophenol	N/A				5
Phenanthrene	N/A				10
Polychlorinated biphenyls (PCBs) (**)	N/A				0.2
Pyridine	N/A				20
1,2,4,5-Tetrachlorobenzene	N/A				20
1,1,2,2-Tetrachloroethane	N/A				10
Tetrachloroethene [Tetrachloroethylene]	N/A				10
Toluene	N/A				10
1,1,1-Trichloroethane	N/A				10
1,1,2-Trichloroethane	N/A				10
Trichloroethene [Trichloroethylene]	N/A				10
2,4,5-Trichlorophenol	N/A				50
TTHM (Total trihalomethanes)	N/A				10
Vinyl chloride	N/A				10

(*) Indicate units if different from µg/L.
(**) Total of detects for PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, and PCB-1016. If all non-detects, enter the highest non-detect preceded by a "<".

Table 3 for Outfall No.: 005

Samples are (check one): ☐ **Composite** ☒ **Grab**

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)
Acrylonitrile	ND (Not Detected)				50
Anthracene	ND (Not Detected)				10
Benzene	ND (Not Detected)				10
Benzidine	ND (Not Detected)				50
Benzo(a)anthracene	ND (Not Detected)				5

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)
Benzo(a)pyrene	ND (Not Detected)				5
Bis(2-chloroethyl)ether	ND (Not Detected)				10
Bis(2-ethylhexyl)phthalate	ND (Not Detected)				10
Bromodichloromethane [Dichlorobromomethane]	ND (Not Detected)				10
Bromoform	ND (Not Detected)				10
Carbon tetrachloride	ND (Not Detected)				2
Chlorobenzene	ND (Not Detected)				10
Chlorodibromomethane [Dibromochloromethane]	ND (Not Detected)				10
Chloroform	ND (Not Detected)				10
Chrysene	ND (Not Detected)				5
m-Cresol [3-Methylphenol]					10
o-Cresol [2-Methylphenol]	ND (Not Detected)				10
p-Cresol [4-Methylphenol]					10
1,2-Dibromoethane					10
m-Dichlorobenzene [1,3-Dichlorobenzene]	ND (Not Detected)				10
o-Dichlorobenzene [1,2-Dichlorobenzene]	ND (Not Detected)				10
p-Dichlorobenzene [1,4-Dichlorobenzene]	ND (Not Detected)				10
3,3'-Dichlorobenzidine	ND (Not Detected)				5
1,2-Dichloroethane	ND (Not Detected)				10
1,1-Dichloroethene [1,1-Dichloroethylene]	ND (Not Detected)				10
Dichloromethane [Methylene chloride]	ND (Not Detected)				20
1,2-Dichloropropane	ND (Not Detected)				10
1,3-Dichloropropene [1,3-Dichloropropylene]	ND (Not Detected)				10
2,4-Dimethylphenol	ND (Not Detected)				10
Di-n-Butyl phthalate	ND (Not Detected)				10
Ethylbenzene	ND (Not Detected)				10
Fluoride	ND (Not Detect				500
Hexachlorobenzene	ND (Not Detected)				5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene	ND (Not Detected)				10
Hexachloroethane	ND (Not Detected)				20
Methyl ethyl ketone					50
Nitrobenzene	ND (Not Detected)				10
N-Nitrosodiethylamine	ND (Not Detected)				20
N-Nitroso-di-n-butylamine	ND (Not Detected)				20
Nonylphenol	ND (Not Detected)				333
Pentachlorobenzene	ND (Not Detected)				20
Pentachlorophenol	ND (Not Detected)				5

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)
Phenanthrene	ND (Not Detected)				10
Polychlorinated biphenyls (PCBs) (**)	ND (Not Detected)				0.2
Pyridine	ND (Not Detected)				20
1,2,4,5-Tetrachlorobenzene	ND (Not Detected)				20
1,1,2,2-Tetrachloroethane	ND (Not Detected)				10
Tetrachloroethene [Tetrachloroethylene]	ND (Not Detected)				10
Toluene	ND (Not Detected)				10
1,1,1-Trichloroethane	ND (Not Detected)				10
1,1,2-Trichloroethane	ND (Not Detected)				10
Trichloroethene [Trichloroethylene]	ND (Not Detected)				10
2,4,5-Trichlorophenol	ND (Not Detected)				50
TTHM (Total trihalomethanes)					10
Vinyl chloride	ND (Not Detected)				10

(*) Indicate units if different from µg/L.

(**) Total of detects for PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, and PCB-1016. If all non-detects, enter the highest non-detect preceded by a"<".

TABLE 4 (Instructions, Pages 58-59)

Partial completion of Table 4 **is required** for each **external outfall** based on the conditions below.

a. Tributyltin

Is this facility an industrial/commercial facility which currently or proposes to directly dispose of wastewater from the types of operations listed below or a domestic facility which currently or proposes to receive wastewater from the types of industrial/commercial operations listed below?

☐ Yes ☒ No

If **yes**, check the box next to each of the following criteria which apply and provide the appropriate testing results in Table 4 below (check all that apply).

☐ Manufacturers and formulators of tributyltin or related compounds.
☐ Painting of ships, boats and marine structures.
☐ Ship and boat building and repairing.
☐ Ship and boat cleaning, salvage, wrecking and scaling.
☐ Operation and maintenance of marine cargo handling facilities and marinas.
☐ Facilities engaged in wood preserving.
☐ Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent.

b. Enterococci (discharge to saltwater)

i. This facility discharges/proposes to discharge directly into saltwater receiving waters **and** Enterococci bacteria are expected to be present in the discharge based on facility processes.

☐ Yes ☒ No

ii. Domestic wastewater is/will be discharged.

☐ Yes ☒ No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

c. E. coli (discharge to freshwater)

i. This facility discharges/proposes to discharge directly into freshwater receiving waters **and** *E. coli* bacteria are expected to be present in the discharge based on facility processes.

☐ Yes ☒ No

ii. Domestic wastewater is/will be discharged.

☐ Yes ☒ No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

Table 2 for Outfall No.: N/A

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1	Sample 2	Sample 3	Sample 4	MAL
Tributyltin (µg/L)					0.010
Enterococci (cfu or MPN/100 mL)					N/A
E. coli (cfu or MPN/100 mL)					N/A

TABLE 5 (Instructions, Page 59)

Completion of Table 5 **is required** for all **external outfalls** which discharge process wastewater from a facility which manufactures or formulates pesticides or herbicides or other wastewaters which may contain pesticides or herbicides.

If this facility does not/will not manufacture or formulate pesticides or herbicides and does not/will not discharge other wastewaters which may contain pesticides or herbicides, check N/A.

☐ N/A

Table 3 for Outfall No.: N/A

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Aldrin					0.01
Carbaryl					5
Chlordane					0.2
Chlorpyrifos					0.05
4,4'-DDD					0.1
4,4'-DDE					0.1
4,4'-DDT					0.02
2,4-D					0.7
Danitol [Fenpropathrin]					—
Demeton					0.20
Diazinon					0.5/0.1
Dicofol [Kelthane]					1
Dieldrin					0.02
Diuron					0.090
Endosulfan I (*alpha*)					0.01
Endosulfan II (*beta*)					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Guthion [Azinphos methyl]					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
Hexachlorocyclohexane (*alpha*)					0.05
Hexachlorocyclohexane (*beta*)					0.05
Hexachlorocyclohexane (*gamma*) [Lindane]					0.05
Hexachlorophene					10
Malathion					0.1
Methoxychlor					2.0
Mirex					0.02
Parathion (ethyl)					0.1
Toxaphene					0.3
2,4,5-TP [Silvex]					0.3

* Indicate units if different from µg/L.

TABLE 6 (Instructions, Page 59)

Completion of Table 6 **is required** for all **external outfalls**.

Table 4 for Outfall No.: 001, 002, 003, and 004
Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	☐	☒					400
Color (PCU)	☐	☒					—
Nitrate-Nitrite (as N)	☒	☐					—
Sulfide (as S)	☐	☒					—
Sulfite (as SO_3)	☐	☒					—
Surfactants	☒	☐					—
Boron, total	☐	☒					20
Cobalt, total	☐	☒					0.3
Iron, total	☐	☒					7
Magnesium, total	☐	☒					20
Manganese, total	☒	☐					0.5
Molybdenum, total	☐	☒					1
Tin, total	☐	☒					5
Titanium, total	☐	☒					30

* Indicate units if different from µg/L.

Table 5 for Outfall No.: 005
Samples are (check one): ☐ **Composites** ☒ **Grabs**

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	☐	☒					400
Color (PCU)	☐	☒					—
Nitrate-Nitrite (as N)	☒	☐	.861				—
Sulfide (as S)	☐	☒					—
Sulfite (as SO_3)	☐	☒					—
Surfactants	☒	☐					—
Boron, total	☐	☒					20
Cobalt, total	☐	☒					0.3
Iron, total	☐	☒					7
Magnesium, total	☐	☒					20
Manganese, total	☒	☐	0.00491				0.5
Molybdenum, total	☐	☒					1
Tin, total	☐	☒					5
Titanium, total	☐	☒					30

* Indicate units if different from µg/L.

TABLE 7 (Instructions, Page 60)

Check the box next to any of the industrial categories applicable to this facility. If no categories are applicable, check N/A. If GC/MS testing is required, check the box provided to confirm the testing results for the appropriate parameters are provided with the application.

☒ N/A

Table 6 for Applicable Industrial Categories

Industrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/Neutrals Table 10	Pesticides Table 11
☐ Adhesives and Sealants		☐ Yes	☐ Yes	☐ Yes	No
☐ Aluminum Forming	467	☐ Yes	☐ Yes	☐ Yes	No
☐ Auto and Other Laundries		☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Battery Manufacturing	461	☐ Yes	No	☐ Yes	No
☐ Coal Mining	434	No	No	No	No
☐ Coil Coating	465	☐ Yes	☐ Yes	☐ Yes	No
☐ Copper Forming	468	☐ Yes	☐ Yes	☐ Yes	No
☐ Electric and Electronic Components	469	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Electroplating	413	☐ Yes	☐ Yes	☐ Yes	No
☐ Explosives Manufacturing	457	No	☐ Yes	☐ Yes	No
☐ Foundries		☐ Yes	☐ Yes	☐ Yes	No
☐ Gum and Wood Chemicals - Subparts A,B,C,E	454	☐ Yes	☐ Yes	No	No
☐ Gum and Wood Chemicals - Subparts D,F	454	☐ Yes	☐ Yes	☐ Yes	No
☐ Inorganic Chemicals Manufacturing	415	☐ Yes	☐ Yes	☐ Yes	No
☐ Iron and Steel Manufacturing	420	☐ Yes	☐ Yes	☐ Yes	No
☐ Leather Tanning and Finishing	425	☐ Yes	☐ Yes	☐ Yes	No
☐ Mechanical Products Manufacturing		☐ Yes	☐ Yes	☐ Yes	No
☐ Nonferrous Metals Manufacturing	421,471	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Oil and Gas Extraction - Subparts A, D, E, F, G, H	435	☐ Yes	☐ Yes	☐ Yes	No
☐ Ore Mining - Subpart B	440	No	☐ Yes	No	No
☐ Organic Chemicals Manufacturing	414	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Paint and Ink Formulation	446,447	☐ Yes	☐ Yes	☐ Yes	No
☐ Pesticides	455	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Petroleum Refining	419	☐ Yes	No	No	No
☐ Pharmaceutical Preparations	439	☐ Yes	☐ Yes	☐ Yes	No
☐ Photographic Equipment and Supplies	459	☐ Yes	☐ Yes	☐ Yes	No
☐ Plastic and Synthetic Materials Manufacturing	414	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Plastic Processing	463	☐ Yes	No	No	No
☐ Porcelain Enameling	466	No	No	No	No
☐ Printing and Publishing		☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Pulp and Paperboard Mills - Subpart C	430	☐ *	☐ Yes	☐ *	☐ Yes
☐ Pulp and Paperboard Mills - Subparts F, K	430	☐ *	☐ Yes	☐ *	☐ *
☐ Pulp and Paperboard Mills - Subparts A, B, D, G, H	430	☐ Yes	☐ Yes	☐ *	☐ *
☐ Pulp and Paperboard Mills - Subparts I, J, L	430	☐ Yes	☐ Yes	☐ *	☐ Yes
☐ Pulp and Paperboard Mills - Subpart E	430	☐ Yes	☐ Yes	☐ Yes	☐ *
☐ Rubber Processing	428	☐ Yes	☐ Yes	☐ Yes	No
☐ Soap and Detergent Manufacturing	417	☐ Yes	☐ Yes	☐ Yes	No
☐ Steam Electric Power Plants	423	☐ Yes	☐ Yes	No	No
☐ Textile Mills (Not Subpart C)	410	☐ Yes	☐ Yes	☐ Yes	No
☐ Timber Products Processing	429	☐ Yes	☐ Yes	☐ Yes	☐ Yes

* Test if believed present.

TABLES 8, 9, 10, and 11 (Instructions, Page 60)

Completion of Tables 8, 9, 10, and 11 **is required** as specified in Table 7 for all **external outfalls** that contain process wastewater.

Completion of Tables 8, 9, 10, and 11 **may be required** for types of industry not specified in Table 7 for specific parameters that are believed to be present in the wastewater.

Table 7 for Outfall No.: N/A : Volatile Compounds

Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	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 [1,1-Dichloroethene]					10
1,2-Dichloropropane					10
1,3-Dichloropropylene [1,3-Dichloropropene]					10
Ethylbenzene					10
Methyl bromide [Bromomethane]					50
Methyl chloride [Chloromethane]					50
Methylene chloride [Dichloromethane]					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethylene [Tetrachloroethene]					10
Toluene					10
1,2-Trans-dichloroethylene [1,2-Trans-dichloroethene]					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethylene [Trichloroethene]					10
Vinyl chloride					10

* Indicate units if different from µg/L.

Table 8 for Outfall No.: N/A : Acid Compounds

Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	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
Pentachlorophenol					5
Phenol					10
2,4,6-Trichlorophenol					10

* Indicate units if different from µg/L.

Table 9 for Outfall No.: N/A : Base/Neutral Compounds

Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acenaphthene					10
Acenaphthylene					10
Anthracene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
3,4-Benzofluoranthene [Benzo(b)fluoranthene]					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
Butylbenzyl phthalate					10
2-Chloronaphthalene					10
4-Chlorophenyl phenyl ether					10
Chrysene					5
Dibenzo(a,h)anthracene					5
1,2-Dichlorobenzene [o-Dichlorobenzene]					10
1,3-Dichlorobenzene [m-Dichlorobenzene]					10
1,4-Dichlorobenzene [p-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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 Azobenzene)					20
Fluoranthene					10
Fluorene					10
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					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

* Indicate units if different from µg/L.

Table 10 for Outfall No.: N/A : Pesticides

Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Aldrin					0.01
alpha-BHC [alpha-Hexachlorocyclohexane]					0.05
beta-BHC [beta-Hexachlorocyclohexane]					0.05
gamma-BHC [gamma-Hexachlorocyclohexane]					0.05
delta-BHC [delta-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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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

* Indicate units if different from µg/L.

Attachment: Click to enter text

TABLE 12 (DIOXINS/FURAN COMPOUNDS)

Complete of Table 12 **is required** for **external outfalls**, as directed below. (Instructions, Pages 60-61)

a. Indicate which compound(s) are manufactured or used at the facility and provide a brief description of the conditions of its/their presence at the facility (check all that apply).

- ☐ 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP) CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel) CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol (TCP) CASRN 95-95-4
- ☐ hexachlorophene (HCP) CASRN 70-30-4
- ☐ None of the above

Description: Click to enter text

b. Does the applicant or anyone at the facility 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 the effluent proposed for discharge?

- ☐ Yes ☒ No

Description: Click to enter text

If **yes** to either Items a **or** b, complete Table 12 as instructed.

Table 11 for Outfall No.: N/A

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDD	1					10
1,2,3,7,8-PeCDD	1.0					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	0.03					50
2,3,4,7,8-PeCDF	0.3					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					500
PCB 81	0.0003					500
PCB 126	0.1					500
PCB 169	0.03					500
Total						

TABLE 13 (HAZARDOUS SUBSTANCES)

Complete Table 13 **is required** for all **external outfalls** as directed below. (Instructions, Page 61)

a. Are there any pollutants listed in the instructions (pages 55-62) believed present in the discharge?

☐ Yes ☒ No

b. Are there pollutants listed in Item 1.c. of Technical Report 1.0 which are believed present in the discharge and have not been analytically quantified elsewhere in this application?

☐ Yes ☒ No

If **yes** to either Items a **or** b, complete Table 13 as instructed.

Table 12 for Outfall No.: N/A

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	CASRN	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	Analytical Method

WORKSHEET 3.0
LAND APPLICATION OF EFFLUENT

This worksheet is required for all applications for a permit to dispose of wastewater by land application.

1. TYPE OF DISPOSAL SYSTEM (Instructions, Page 70)

Check the box next to the type of land disposal requested by this application:

- ☐ Irrigation
- ☐ Evaporation
- ☐ Evapotranspiration beds
- ☐ Drip irrigation system
- ☐ Subsurface application
- ☐ Subsurface soils absorption
- ☐ Surface application
- ☐ Other, specify: Click to enter text

2. LAND APPLICATION AREA (Instructions, Page 70)

Land Application Area Information

Effluent Application (gallons/day)	Irrigation Acreage (acres)	Describe land use & indicate type(s) of crop(s)	Public Access? (Y/N)

3. ANNUAL CROPPING PLAN (Instructions, Page 70)

Attach the required cropping plan that includes each of the following:

- Cool and warm season plant species
- Breakdown of acreage and percent of total acreage for each crop
- Crop growing season
- Harvesting method/number of harvests
- Minimum/maximum harvest height
- Crop yield goals
- Soils map
- Nitrogen requirements per crop
- Additional fertilizer requirements
- Supplemental watering requirements
- Crop salt tolerances
- Justification for not removing existing vegetation to be irrigated

Attachment: Click to enter text

4. WELL AND MAP INFORMATION (Instructions, Page 71)

a. Check each box to confirm the required information is shown and labeled on the attached USGS map:

- ☐ The exact boundaries of the land application area
- ☐ On-site buildings
- ☐ Waste-disposal or treatment facilities
- ☐ Effluent storage and tailwater control facilities
- ☐ Buffer zones
- ☐ All surface waters in the state onsite and within 500 feet of the property boundaries
- ☐ All water wells within ½-mile of the disposal site, wastewater ponds, or property boundaries
- ☐ All springs and seeps onsite and within 500 feet of the property boundaries

Attachment: Click to enter text.

b. List and cross reference all water wells located on or within 500 feet of the disposal site, wastewater ponds, or property boundaries in the following table. Attach additional pages as necessary to include all of the wells.

Well and Map Information Table

Well ID	Well Use	Producing? Y/N/U	Open, cased, capped, or plugged?	Proposed Best Management Practice

Attachment: Click to enter text.

c. Groundwater monitoring wells or lysimeters are/will be installed around the land application site or wastewater ponds.

☐ Yes ☐ No

If **yes**, provide the existing/proposed location of the monitoring wells or lysimeters on the site map attached for Item 4.a. Additionally, attach information on the depth of the wells or lysimeters, sampling schedule, and monitoring parameters for TCEQ review, possible modification, and approval.

Attachment: Click to enter text.

d. Attach a short groundwater technical report using *30 TAC § 309.20(a)(4)* as guidance.

Attachment: Click to enter text.

5. SOIL MAP AND SOIL INFORMATION (Instructions, Page 72)

Check each box to confirm that the following information is attached:

a. ☐ USDA NRCS Soil Survey Map depicting the area to be used for land application with the locations identified by fields and crops

b. ☐ Breakdown of acreage and percent of total acreage for each soil type

c. ☐ Copies of laboratory soil analyses

Attachment: Click to enter text

6. LABORATORY ACCREDITATION CERTIFICATION (Instructions, Page 73)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

a. The laboratory is an in-house laboratory and is:
   i. periodically inspected by the TCEQ; or
   ii. located in another state and is accredited or inspected by that state; or
   iii. performing work for another company with a unit located in the same site; or
   iv. performing pro bono work for a governmental agency or charitable organization.

b. The laboratory is accredited under federal law.

c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.

d. The laboratory supplies data for which the TCEQ does not offer accreditation.

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 32, for a list of approved signatories.

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

_____

(Signature)

7. EFFLUENT MONITORING DATA (Instructions, Page 73)

Completion of Table 14 **is required** for all **renewal** and **major amendment** applications. Complete the table with monitoring data for the previous two years for all parameters regulated in the current permit. An additional table has been provided with blank headers for parameters regulated in the current permit which are not listed in Table 14.

Table 13 for Site No.: Click to enter text.

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Date (mo/yr)	Daily Avg Flow (gpd)	BOD_5 (mg/L)	TSS (mg/L)	Nitrogen (mg/L)	Conductivity (mmhos/cm)	Total acres irrigated	Hydraulic Application rate (acre-feet/month)

Attach an explanation of all persistent excursions to permitted parameters and corrective actions taken.

Attachment: Click to enter text.

Use this table to provide effluent analysis for parameters regulated in the current permit which are not listed in Table 14.

Additional Parameter Effluent Analysis

Date (mo/yr)							

Attach an explanation of all persistent excursions to permitted parameters and corrective actions taken.

Attachment: Click to enter text

8. POLLUTANT ANALYSIS (Instructions, Page 73)

a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): Click to enter text

b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.

c. Completion of Tables 15 and 16 **is required** for all applications for the authorization of land application.

Table 14 for Site No.: Click to enter text **; Samples are (check one):** ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand				
Total organic carbon				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Fecal Coliform (cfu/100 mL)				
Specific conductance (mmhos/cm)				
pH (standard units; min/max)				
Soluble sodium				
Soluble calcium				
Soluble magnesium				
SAR (unitless)				

Table 15: for Site No.: Click to enter text **; Samples are (check one):** ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3
Beryllium, total					0.5
Boron, total					20
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5
Zinc, total					5.0

WORKSHEET 3.1
SURFACE LAND APPLICATION AND EVAPORATION

This worksheet **is required** for all applications for a permit to dispose of wastewater by surface land application or evaporation.

1. EDWARDS AQUIFER (Instructions, Page 74)

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

☐ Yes ☒ No

If **no**, proceed to Item 2. If **yes**, complete Items 1.b **and** 1.c.

b. Check the box next to the subchapter applicable to the facility.

☐ *30 TAC Chapter 213, Subchapter A*

☐ *30 TAC Chapter 213, Subchapter B*

c. If *30 TAC Chapter 213, Subchapter A* applies, attach **either**: 1) a Geologic Assessment (if conducted in accordance with *30 TAC § 213.5*) **or** 2) a report that contains the following information:

- A description of the surface geological units within the proposed land application site and wastewater pond area.
- The location and extent of any sensitive recharge features in the land application site and wastewater pond area
- A list of any proposed BMPs to protect the recharge features.

Attachment: Click to enter text.

2. SURFACE SPRAY/IRRIGATION (Instructions, Pages 74-75)

a. Provide the following information on the irrigation operations:

Area under irrigation (acres): Click to enter text.

Design application rate (acre-ft/acre/yr): Click to enter text.

Design application frequency (hours/day): Click to enter text.

Design application frequency (days/week): Click to enter text.

Design total nitrogen loading rate (lbs nitrogen/acre/year): 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.

Irrigation efficiency (percent): Click to enter text.

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

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

Curve number: Click to enter text.

Describe the application method and equipment: Click to enter text.

b. Attach a detailed engineering report which includes a water balance, storage volume calculations, and a nitrogen balance.

Attachment: Click to enter text.

3. EVAPORATION PONDS (Instructions, Page 75)

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

b. Attach a separate engineering report of evaporation calculations for average long-term and worst-case critical conditions.

Attachment: Click to enter text.

4. EVAPOTRANSPIRATION BEDS (Instructions, Page 75)

a. Provide the following information on the evapotranspiration beds:

Number of beds: Click to enter text.

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

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

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

Storage volume within the beds (include units): Click to enter text.

Description of any lining to protect groundwater: Click to enter text.

b. Attach a certification by a licensed Texas professional engineer that the liner meets TCEQ requirements.

Attachment: Click to enter text.

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

Attachment: Click to enter text.

5. OVERLAND FLOW (Instructions, Page 75)

a. Provide the following information on the overland flow:

Area used for application (acres): Click to enter text.

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

Design application rate (gpm/foot of slope width): Click to enter text.

Slope length (feet): Click to enter text.

Design BOD_5 loading rate (lbs BOD_5/acre/day): Click to enter text.

Design application frequency (hours/day): Click to enter text.

Design application frequency (days/week): Click to enter text.

b. Attach a separate engineering report with the method of application and design requirements according to *30 TAC § 217.212*.

Attachment: Click to enter text.

WORKSHEET 3.2
SUBSURFACE IRRIGATION SYSTEMS (NON-DRIP)

This worksheet **is required** for all applications for a permit to dispose of wastewater by subsurface land application.

☐ Check the box to confirm the Class V Injection Well Inventory/Authorization Form (Worksheet 9.0) has been submitted to the TCEQ UIC Permits Team as directed.

1. EDWARDS AQUIFER (Instructions, Page 76)

a. The subsurface system is/will be located on the Edwards Aquifer Recharge Zone, as mapped by the TCEQ?

☐ Yes ☒ No

b. The subsurface system is/will be located on the Edwards Aquifer Transition Zone, as mapped by the TCEQ?

☐ Yes ☒ No

If **yes** to Item 1.a **or** 1.b, the subsurface system may be prohibited by *30 TAC § 213.8*. Contact the Water Quality Assessment Section at (512) 239-4671 to determine if the proposed activity is affected by this rule.

2. SUBSURFACE APPLICATION (Instructions, Page 76)

a. Check the box next to the type of subsurface land disposal system requested by this application:

☐ Conventional drainfield, beds, or trenches
☐ Low pressure dosing
☐ Other: Click to enter text.

b. Provide the following information on the irrigation operations:

Application area (acres): Click to enter text.
Area of drainfield (square feet): Click to enter text.
Application rate (gal/square ft/day): Click to enter text.
Depth to groundwater (feet): Click to enter text.
Area of trench (square feet): Click to enter text.
Dosing duration per area (hours): Click to enter text.
Number of beds: Click to enter text.
Dosing amount per area (inches/day): Click to enter text.
Soil infiltration rate (inches/hour): Click to enter text.
Storage volume (gallons): Click to enter text.
Area of bed(s) (square feet): Click to enter text.
Soil classification: Click to enter text.

c. Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation.

Attachment: Click to enter text.

WORKSHEET 3.3
SUBSURFACE AREA DRIP DISPERSAL SYSTEMS

This worksheet **is required** for all applications for a permit to dispose of wastewater using a SADDS.

☐ Check the box to confirm the Class V Injection Well Inventory/Authorization Form (Worksheet 9.0) for this type of disposal system has been submitted to the TCEQ UIC Permits Team as directed.

1. EDWARDS AQUIFER (Instructions, Page 76)

a. The SADDS is/will be located on the Edwards Aquifer Recharge Zone, as mapped by the TCEQ?

☐ Yes ☐ No

b. The SADDS is/will be located on the Edwards Aquifer Transition Zone, as mapped by the TCEQ?

☐ Yes ☐ No

If **yes** to Item 1.a **or** 1.b, the SADDS may be prohibited by *30 TAC § 213.8*. Contact the Water Quality Assessment Section at (512) 239-4671 to determine if the proposed activity is affected by this rule.

2. ADMINISTRATIVE INFORMATION (Instructions, Page 77)

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: Click to enter text.

b. The owner of the land where the WWTF is/will be located is the same as the owner of the WWTF.

☐ 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 WWTF is/will be located: Click to enter text.

c. Provide the legal name of the owner of the SADDS: Click to enter text.

d. The owner of the SADDS is the same as the owner of the WWTF or the site where the WWTF is/will be located.

☐ Yes ☐ No

If **no**, identify the legal name 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. Provide the legal name of the owner of the land where the SADDS is located: Click to enter text.

f. The owner of the land where the SADDS is/will be located is the same as owner of the WWTF, the site where the WWTF is located, or the owner of the SADDS.

☐ Yes ☐ No

If **no**, provide the legal 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.

3. SADDS (Instructions, Pages 78-79)

a. Check the box next to the type SADDS requested by this application:

☐ Subsurface drip/trickle irrigation
☐ Surface drip irrigation
☐ Other: Click to enter text.

b. Attach a description of the SADDS proposed/used by the facility (see instructions for guidance).

Attachment: Click to enter text.

c. Provide the following information on the SADDS:

Application area (acres): Click to enter text.

Soil infiltration rate (inches/hour): Click to enter text.

Average slope of the application area: Click to enter text.

Maximum slope of the application area: Click to enter text.

Storage volume (gallons): Click to enter text.

Major soil series: Click to enter text.

Depth to groundwater (feet): Click to enter text.

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

d. The facility is/will be located west of the boundary shown in *30 TAC § 222.83* **and** using a vegetative cover of non-native grasses over seeded with cool-season grasses.

☐ Yes ☐ No

If **yes**, the facility may propose a hydraulic application rate up to, but not to exceed, 0.1 gal/ft^2/day.

e. The facility is/will be located east of the boundary shown in *30 TAC § 222.83* **or** is the facility proposing 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.

f. The facility has or plans to submit an alternative method to calculate the hydraulic application rate for approval by the ED.

☐ Yes ☐ No

If **yes**, provide the following information on the hydraulic application rates:

- Hydraulic application rate (gal/square foot/day): Click to enter text.
- Nitrogen application rate (gal/square foot/day): Click to enter text.

g. Provide the following dosing information:

Number of doses per day: Click to enter text.

Dosing duration per area (hours): Click to enter text.

Rest period between doses (hours): Click to enter text.

Dosing amount per area (inches/day): Click to enter text.

Number of zones: Click to enter text.

h. The system is/will be a surface drip irrigation system using existing native vegetation as a crop?

☐ Yes ☐ No

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

- A vegetation survey by a certified arborist describing the percent canopy cover and relative percentage of major overstory and understory plant species.

  Attachment: Click to enter text.

- Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation.

  Attachment: Click to enter text.

4. REQUIRED PLANS (Instructions, Pages 79-80)

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

Attachment: Click to enter text.

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

Attachment: Click to enter text.

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

Attachment: Click to enter text.

d. Provide soil sampling and testing with all information required in *30 TAC § 222.157*.

Attachment: Click to enter text.

5. FLOOD AND RUN-ON PROTECTION (Instructions, Page 80)

a. Is the existing/proposed SADDS located within the 100-year frequency flood level?

☐ Yes ☐ No

Source: Click to enter text.

If **yes**, describe how the site will be protected from inundation: Click to enter text.

b. Is the existing/proposed SADDS within a designated floodway?

☐ Yes ☐ No

If **yes**, attach either the FEMA flood map or alternate information used to make this determination.

Attachment: Click to enter text.

6. SURFACE WATERS IN THE STATE (Instructions, Page 80)

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

Attachment: Click to enter text.

b. The facility has or plans to request a buffer variance from water wells or waters in the state?

☐ Yes ☐ No

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

Attachment: Click to enter text.

WORKSHEET 4.0
RECEIVING WATERS

This worksheet **is required** for all TPDES permit applications.

1. DOMESTIC DRINKING WATER SUPPLY (Instructions, Page 81)

a. There is a surface water intake for domestic drinking water supply located within 5 (five) miles downstream from the point/proposed point of discharge.

☐ Yes ☒ No

If **no**, stop here and proceed to Item 2. If **yes**, provide the following information:

i. The legal name of the owner of the drinking water supply intake: Click to enter text.

v. The distance and direction from the outfall to the drinking water supply intake: Click to enter text.

b. Locate and identify the intake on the USGS 7.5-minute topographic map provided for Administrative Report 1.0.

☐ Check this box to confirm the above requested information is provided.

2. DISCHARGE INTO TIDALLY INFLUENCED WATERS (Instructions, Page 81)

If the discharge is to tidally influenced waters, complete this section. Otherwise, proceed to Item 3.

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

b. Are there oyster reefs in the vicinity of the discharge?

☐ Yes ☐ No

If **yes**, provide the distance and direction from the outfall(s) to the oyster reefs: Click to enter text.

c. Are there sea grasses within the vicinity of the point of discharge?

☐ Yes ☐ No

If **yes**, provide the distance and direction from the outfall(s) to the grasses: Click to enter text.

3. CLASSIFIED SEGMENT (Instructions, Page 81)

The discharge is/will be directly into (or within 300 feet of) a classified segment.

☐ Yes ☒ No

If **yes**, stop here. It is not necessary to complete Items 4 and 5 of this worksheet or Worksheet 4.1.

If **no**, complete Items 4 and 5 and Worksheet 4.1 may be required.

4. DESCRIPTION OF IMMEDIATE RECEIVING WATERS (Instructions, Page 82)

a. Name of the immediate receiving waters: Georges Creek

b. Check the appropriate description of the immediate receiving waters:

☐ Lake or Pond
- Surface area (acres): Click to enter text.
- Average depth of the entire water body (feet): Click to enter text.
- Average depth of water body within a 500-foot radius of the discharge point (feet): Click to enter text.

☐ Man-Made Channel or Ditch
☒ Stream or Creek
☐ Freshwater Swamp or Marsh
☐ Tidal Stream, Bayou, or Marsh
☐ Open Bay
☐ Other, specify: Click to enter text.

If **Man-Made Channel or Ditch** or **Stream or Creek** were selected above, provide responses to Items 4.c – 4.g below:

c. For **existing discharges**, check the description below that best characterizes the area **upstream** of the discharge.

For **new discharges**, check the description below that best characterizes the area **downstream** of the discharge.

☒ Intermittent (dry for at least one week during most years)
☐ Intermittent with Perennial Pools (enduring pools containing habitat to maintain aquatic life uses)
☐ Perennial (normally flowing)

Check the source(s) of the information used to characterize the area upstream (existing discharge) or downstream (new discharge):

☒ USGS flow records
☐ personal observation
☐ historical observation by adjacent landowner(s)
☐ other, specify: Click to enter text.

d. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point: Click to enter text.

e. 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**, describe how: Click to enter text.

f. General observations of the water body during normal dry weather conditions: Click to enter text.

Date and time of observation: Tuesday 11/7/2023 at 1:15 PM

g. The water body was influenced by stormwater runoff during observations.

☐ Yes ☒ No

If **yes**, describe how: Click to enter text.

5. GENERAL CHARACTERISTICS OF WATER BODY (Instructions, Page 82)

a. Is the receiving water upstream of the existing discharge or proposed discharge site influenced by any of the following (check all that apply):

- ☐ oil field activities
- ☐ agricultural runoff
- ☐ upstream discharges
- ☐ urban runoff
- ☐ septic tanks
- ☐ other, specify: Click to enter text.

b. Uses of water body observed or evidence of such uses (check all that apply):

- ☐ livestock watering
- ☐ non-contact recreation
- ☐ domestic water supply
- ☐ contact recreation
- ☒ fishing
- ☐ industrial water supply
- ☐ irrigation withdrawal
- ☐ navigation
- ☐ picnic/park activities
- ☐ other, specify: Click to enter text.

c. Description which best describes the aesthetics of the receiving water and the surrounding area (check only one):

- ☐ **Wilderness:** outstanding natural beauty; usually wooded or un-pastured area: water clarity exceptional
- ☐ **Natural Area:** trees or native vegetation common; 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

WORKSHEET 4.1
WATERBODY PHYSICAL CHARACTERISTICS

The following information **is required** for new applications, EPA-designated Major facilities, and major amendment applications requesting to add an outfall if the receiving waters are perennial or intermittent with perennial pools (including impoundments) for a TDPES permit.

Complete the transects downstream of the existing or proposed discharges.

1. DATA COLLECTION (Instructions, Pages 83-84)

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

Waterbody name: Click to enter text.

General location: Click to enter text.

b. Type of stream upstream of an existing discharge or downstream of a proposed discharge (check only one):

☐ perennial ☐ intermittent with perennial pools ☐ impoundment

c. No. of defined stream bends:

Well: Click to enter text. Moderately: Click to enter text. Poorly: Click to enter text.

d. No. of riffles: Click to enter text.

e. Evidence of flow fluctuations (check one):

☐ Minor ☐ Moderate ☐ Severe

f. Provide the observed stream uses and where there is evidence of channel obstructions/modifications: Click to enter text.

g. Complete the following table with information regarding the transect measurements.

Stream Transect Data

Transect Location	Habitat Type*	Water Surface Width (ft)	Stream Depths (ft)**								

* riffle, run, glide, or pool

** channel bed to water surface

2. SUMMARIZE MEASUREMENTS (Instructions, Page 84)

Provide the following information regarding the transect measurements:

Streambed slope of entire reach (from USGS map in ft. /ft.): Click to enter text.

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

Length of stream evaluated (ft): Click to enter text.

Number of lateral transects made: Click to enter text.

Average stream width (ft): Click to enter text.

Average stream depth (ft): Click to enter text.

Average stream velocity (ft/sec): Click to enter text.

Instantaneous stream flow (ft^3/sec): Click to enter text.

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

Flow fluctuations (i.e., minor, moderate, or severe): Click to enter text.

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

Maximum pool depth (ft): Click to enter text.

Total number of stream bends: Click to enter text.

- Number well defined: Click to enter text.
- Number moderately defined: Click to enter text.
- Number poorly defined: Click to enter text.

Total number of riffles: Click to enter text.

WORKSHEET 5.0
SEWAGE SLUDGE MANAGEMENT AND DISPOSAL

The following information **is required** for all TPDES permit applications that meet the conditions as outlined in Technical Report 1.0, Item 7.

1. SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN (Instructions, Page 85)

a. Is this a new permit application or an amendment permit application?

☐ Yes ☐ No

b. Does or will the facility discharge in the Lake Houston watershed?

☐ Yes ☐ No

If **yes** to either Item 1.a **or** 1.b, attach a solids management plan.

Attachment: Click to enter text

2. SEWAGE SLUDGE MANAGEMENT AND DISPOSAL (Instructions, Pages 85-86)

a. Check the box next to the sludge disposal method(s) authorized under the facility's existing permit (check all that apply).

☐ Permitted landfill
☐ Marketing and distribution by the permittee, attach Form TCEQ-00551
☐ Registered land application site, attach Form TCEQ-00565
☐ Processed by the permittee, attach Form TCEQ-00744
☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744
☐ Transported to another WWTP
☐ Beneficial land application, attach Form TCEQ-10451
☐ Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach the required TCEQ forms as directed. Failure to submit the required TCEQ form will result in delays in processing the application

Attachment: Click to enter text

b. Provide the following information for each disposal site:

Disposal site name: Click to enter text

TCEQ Permit/Registration Number: Click to enter text

County where disposal site is located: Click to enter text

c. Method of sewage sludge transportation: ☐ truck ☐ train ☐ pipe ☐ other: Click to enter text

TCEQ Hauler Registration Number: Click to enter text

Sludge is transported as a: ☐ liquid ☐ semi-liquid ☐ semi-solid ☐ solid

d. Purpose of land application: ☐ reclamation ☐ soil conditioning ☐ N/A

e. If sewage sludge is transported to another WWTP for treatment, attach a written statement or copy of contractual agreements confirming that the WWTP identified above will accept and be responsible for the sludge from this facility for the life of the permit (at least 5 years).

Attachment: Click to enter text

3. AUTHORIZATION FOR SEWAGE SLUDGE DISPOSAL (Instructions, Page 86)

a. If this is a new or major amendment application which requests authorization of a new sewage sludge disposal method, check the new sewage disposal method(s) requested for authorization (check all that apply):

- ☐ Marketing and distribution by the permittee, attach Form TCEQ-00551
- ☐ Processed by the permittee, attach Form TCEQ-00744
- ☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744
- ☐ Beneficial land application, attach Form TCEQ-10451
- ☐ Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach any required TCEQ forms, as directed. Failure to submit the required TCEQ form will result in delays in processing the application

Attachment: Click to enter text

NOTE: New authorization for beneficial land application, incineration, processing, or disposal in the TPDES permit or TLAP **requires a major amendment to the permit**. New authorization for composting may require a major amendment to the permit. See the instructions to determine if a major amendment is required or if authorization for composting can be added through the renewal process.

WORKSHEET 6.0
INDUSTRIAL WASTE CONTRIBUTION

This worksheet **is required** for all applications for publicly-owned treatment works (POTWs).

For an explanation of the terms used in this worksheet, refer to the General Definitions on pages 4-12 and the Definitions Relating to Pretreatment on pages 13-14 of the Instructions.

1. ALL POTWS (Instructions, Page 87)

a. Complete the following table with the number of each type of industrial users (IUs) that discharge to the POTW and the daily average flows from each.

Industrial User Information

Type of Industrial User	Number of Industrial Users	Daily Average Flow (gallons per day)
CIU		
SIU - Non-categorical		
Other IU		

b. In the past three years, has the POTW experienced treatment plant interference?

☐ Yes ☐ No

If **yes**, identify the date(s), duration, nature of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IU(s) that may have caused the interference: Click to enter text.

c. In the past three years, has the POTW experienced pass-through?

☐ Yes ☐ No

If **yes**, identify the date(s), duration, pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass-through event. Include the names of the IU(s) that may have caused the pass-through: Click to enter text.

d. Does the POTW have, or is it required to develop, an approved pretreatment program?

☐ Yes ☐ No

If **yes**, answer all questions in Item 2 and skip Item 3.

If **no**, skip Item 2 and answer all questions in Item 3 for each significant industrial user and categorical industrial user.

2. POTWS WITH APPROVED PRETREATMENT PROGRAMS OR THOSE REQUIRED TO DEVELOP A PRETREATMENT PROGRAM (Instructions, Pages 87-88)

a. Have there been any substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ) for approval according to *40 CFR § 403.18*?

☐ Yes ☐ No

If **yes**, include an attachment which identifies all substantial modifications that have not been submitted to the TCEQ and the purpose of the modifications.

Attachment: Click to enter text.

b. Have there been any non-substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ)?

☐ Yes ☐ No

If **yes**, include an attachment which identifies all non-substantial modifications that have not been submitted to the TCEQ and the purpose of the modification.

Attachment: Click to enter text.

c. List all parameters measured above the MAL in the POTW's effluent monitoring during the last three years:

Effluent Parameters Measured Above the MAL

Pollutant	Concentration	MAL	Units	Date

Attachment: Click to enter text.

d. Has any SIU, CIU, or other IU caused or contributed to any other problems (excluding interference or pass-through) at the POTW in the past three years?

☐ Yes ☐ No

If **yes**, provide a description of each episode, including date(s), duration, description of problems, and probable pollutants. Include the name(s) of the SIU(s)/CIU(s)/other IU(s) that may have caused or contributed to any of the problems: Click to enter text.

3. SIGNIFICANT INDUSTRIAL USER AND CATEGORICAL INDUSTRIAL USER INFORMATION (Instructions, Pages 88-89)

POTWs that **do not** have an approved pretreatment program **are required** to provide the following information for each SIU and CIU:

a. Mr. or Ms.: Click to enter text. First/Last Name: Click to enter text.

Organization Name: Click to enter text. SIC Code: Click to enter text.

Phone number: Click to enter text. Email address: Click to enter text.

Physical Address: Click to enter text. City/State/ZIP Code: Click to enter text.

Attachment: Click to enter text.

b. Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (e.g., process and non-process wastewater): Click to enter text.

Attachment: Click to enter text.

c. Provide a description of the principal products(s) or service(s) performed: Click to enter text.

d. Flow rate information

Flow rate information

Effluent Type	Discharge (gallons per day)	Discharge Frequency (continuous, batch, or intermittent)
Process wastewater		
Non-process wastewater		

e. Pretreatment Standards

i. Is the SIU or CIU subject to technology-based local limits as defined in the application instructions?

☐ Yes ☐ No

ii. Is the SIU subject to categorical pretreatment standards?

☐ Yes ☐ No

If **yes**, provide the category and subcategory or subcategories in the SIUs Subject To Categorical Pretreatment Standards table.

SIUs Subject To Categorical Pretreatment Standards

Category in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR

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

☐ Yes ☐ No

If **yes**, provide a description of each episode, including dates, duration, description of problems, and probable pollutants, and include the name(s) of the SIU(s)/CIU(s) that may have caused or contributed to the problem(s): Click to enter text.

WORKSHEET 7.0
STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges consisting of **either**: 1) solely of stormwater discharges associated with industrial activities, as defined in *40 CFR § 122.26(b)(14)(i-xi)*, **or** 2) stormwater discharges associated with industrial activities and any of the listed allowable non-stormwater discharges, as defined in the MSGP (TXR05000), Part II, Section A, Item 6.

Discharges of stormwater as defined in *40 CFR § 122.26 (b)(13)* are not required to obtain authorization under a TPDES permit (see exceptions at *40 CFR §§ 122.26(a)(1)* and *(9)*). Authorization for discharge may be required from a local municipal separate storm sewer system.

1. APPLICABILITY (Instructions, Page 90)

Do discharges from any of the existing/proposed outfalls consist either 1) solely of stormwater discharges associated with industrial activities **or** 2) stormwater discharges associated with industrial activities and any of the allowable non-stormwater discharges?

☒ Yes ☐ No

If **no**, stop here. If **yes**, proceed as directed.

2. STORMWATER OUTFALL COVERAGE (Instructions, Page 91)

List each existing/proposed stormwater outfall at the facility and indicate which type of authorization covers or is proposed to cover discharges.

Authorization coverage

Outfall	Authorized Under MSGP	Authorized Under Individual Permit
SW 001	☒	☐
SW 002	☒	☐
SW 003	☒	☐
SW 004	☒	☐
SW 005	☒	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

If **all** existing/proposed outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) are **authorized under the MSGP**, **stop** here.

If **seeking authorization** for any outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) **under an individual permit**, **proceed**.

NOTE: The following information is required for each existing/proposed stormwater outfall for which the facility is seeking individual permit authorization under this application.

3. SITE MAP (Instructions, Page 91)

Attach a site map or maps (drawn to scale) of the entire facility with the following information.

- the location of each stormwater outfall to be covered by the permit
- an outline of the drainage area that is within the facility's boundary and that contributes stormwater to each outfall to be covered by the permit
- connections or discharge points to municipal separate storm sewer systems
- locations of all structures (e.g. buildings, garages, storage tanks)
- structural control devices that are designed to reduce pollution in discharges of stormwater associated with industrial activities
- process wastewater treatment units (including ponds)
- bag house and other air treatment units exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)
- landfills; scrapyards; surface water bodies (including wetlands)
- vehicle and equipment maintenance areas
- physical features of the site that may influence discharges of stormwater associated with industrial activities or contribute a dry weather flow
- locations where spills or leaks of reportable quality (as defined in *30 TAC § 327.4*) have occurred during the three years before this application was submitted to obtain coverage under an individual permit
- processing areas, storage areas, material loading/unloading areas, and other locations where significant materials are exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)

☐ Check the box to confirm all the above information was provided on the facility site map(s).

Attachment: Click to enter text

4. FACILITY/SITE INFORMATION (Instructions, Pages 91-92)

a. Provide the area of impervious surface and the total area drained by each stormwater outfall requested for authorization by this permit application.

Impervious Surfaces

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)

b. Provide the following local area rainfall information and the source of the information.

Wettest month: Click to enter text

Average rainfall for wettest month (total inches): Click to enter text

25-year, 24-hour rainfall (inches): Click to enter text

Source: Click to enter text

c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:** Click to enter text

d. Attach narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff (see instructions for guidance). **Attachment:** Click to enter text

e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility: Click to enter text

5. LABORATORY ACCREDITATION CERTIFICATION (Instructions, Page 92)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

a. The laboratory is an in-house laboratory and is:
   i. periodically inspected by the TCEQ; or
   ii. located in another state and is accredited or inspected by that state; or
   iii. performing work for another company with a unit located in the same site; or
   vi. performing pro bono work for a governmental agency or charitable organization.

b. The laboratory is accredited under federal law.

c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.

d. The laboratory supplies data for which the TCEQ does not offer accreditation.

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 32, for a list of approved signatories.

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

_____

(Signature)

6. POLLUTANT ANALYSIS (Instructions, Pages 92-93)

a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): Click to enter text

b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.

c. Complete Table 17 as directed on page 92 of the Instructions.

Table 16 Pollutant Analysis for Outfall No.: Click to enter text

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
pH (standard units)	(max)	—	(min)	—		—
Total suspended solids						—
Chemical oxygen demand						—
Total organic carbon						—
Oil and grease						—
Arsenic, total						0.0005
Barium, total						0.003
Cadmium, total						0.001
Chromium, total						0.003
Chromium, trivalent						—
Chromium, hexavalent						0.003
Copper, total						0.002
Lead, total						0.0005
Mercury, total						0.000005
Nickel, total						0.002
Selenium, total						0.005
Silver, total						0.0005
Zinc, total						0.005

* Taken during first 30 minutes of storm event
** Flow-weighted composite sample

d. Complete Table 18 as directed on pages 92-94 of the Instructions.

Table 17 Pollutant Analysis for Outfall No.: Click to enter text

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled

* Taken during first 30 minutes of storm event
** Flow-weighted composite sample

Attachment: Click to enter text

7. STORM EVENT DATA (Instructions, Page 94)

Provide the following data for the storm event(s) which resulted in the maximum values for the analytical data submitted:

Date of storm event: Click to enter text.

Duration of storm event (minutes): Click to enter text.

Total rainfall during storm event (inches): Click to enter text.

Number of hours the between beginning of the storm measured and the end of the previous measurable storm event (hours): Click to enter text.

Maximum flow rate during rain event (gallons/minute): Click to enter text.

Total stormwater flow from rain event (gallons): Click to enter text.

Provide a description of the method of flow measurement or estimate: Click to enter text.

WORKSHEET 8.0
AQUACULTURE

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges of aquaculture wastewater.

1. FACILITY/SITE INFORMATION (Instructions, Pages 95-96)

a. Complete the following table with information regarding production ponds, raceways, and fabricated tanks at the facility:

Production Pond Descriptions:

Number of Ponds	Dimensions (include units)	Area of Each Pond (include units)	Number of Ponds × Area of Ponds (include units)

Total surface area of all ponds: Click to enter text.

Raceway Descriptions:

Number of Raceways	Dimensions (include units)

Fabricated Tank Descriptions:

Number of Tanks	Dimensions (include units)

b. Does the facility have a TPWD-approved emergency plan?

☐ Yes ☐ No

If **yes**, attach a copy of the approved plan.

Attachment: Click to enter text.

c. Does the facility have an aquatic plant transplant authorization?

☐ Yes ☐ No

If **yes**, attach a copy of the authorization letter.

Attachment: Click to enter text.

d. Provide the number of aquaculture facilities located within 25-miles of this facility: Click to enter text.

2. SPECIES IDENTIFICATION (Instructions, Page 96)

Complete the following table regarding each species raised, source, origin, and disease status of the stock. Identify and attach copies of any current relevant authorizations or permits that authorize the species.

Stock Species Information

Species	Source of Stock	Origin of Stock	Disease Status	Authorizations

Attachment: Click to enter text.

3. STOCK MANAGEMENT PLAN (Instructions, Page 96)

Attach a detailed stock management plan.

Attachment: Click to enter text.

4. WATER TREATMENT AND DISCHARGE DESCRIPTION (Instructions, Page 97)

Attach a detailed description of the discharge practices and water treatment process(es).

Attachment: Click to enter text.

5. SOLID WASTE MANAGEMENT (Instructions, Page 97)

Attach a description of the solid waste-disposal practices.

Attachment: Click to enter text.

6. SITE ASSESSMENT REPORT (Instructions, Pages 97-98)

All new and expanding commercial shrimp facilities located/to be located within the coastal zone must attach a detailed site assessment report which identifies sensitive aquatic habitats within the coastal zone.

Attachment: Click to enter text.

WORKSHEET 9.0
CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

SUBMIT TO: TCEQ UIC Permits Team Radioactive Materials Division MC 233 PO Box 13087 Austin, Texas 78711-3087 512/239-6466	TEXAS COMMISSION ON ENVIRONMENTAL QUALITY CLASS V INJECTION WELL INVENTORY/ AUTHORIZATION FORM	For TCEQ Use Only Reg. No. Date Received: Date Authorized:

Reg. No. 5

Class V Well Designation Code: Click to enter text.

SECTION I GENERAL INFORMATION (Instructions, Page 101)

Provide the requested information for Items 1 through 8.

1. TCEQ Program (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: Click to enter text.
   Contact Name: Click to enter text. Phone Number: Click to enter text.
   Address (Street, City, State, and Zip Code): Click to enter text.
3. ☐ Owner ☐ Operator
   Owner/Operator: Click to enter text.
   Contact Name: Click to enter text. Phone Number: Click to enter text.
   Address (Street, City, State, and Zip Code): Click to enter text.
4. Facility Name: Click to enter text.
   Address (Street, City, County, State, and Zip Code) or location description (if no address is available): Click to enter text.
   Contact Name: Click to enter text. Phone Number: Click to enter text.
5. Latitude and Longitude (degrees-minutes-seconds): Click to enter text.
   Method of determination (GPS, TOPO, etc.): Click to enter text.
   Attach topographic quadrangle map as Attachment A.
6. Type of Well Construction (Vertical Injection, Subsurface Fluid Distribution System, Infiltration Gallery, Temporary Injection Points, etc.): Click to enter text.
   Number of Injection Wells: Click to enter text.
7. Detailed Description regarding purpose of Injection System: Click to enter text.
   Attach a Site Map as Attachment B (Include Approved Remediation Plan, if appropriate).
8. Water Well Driller/Installer: Click to enter text. License Number: Click to enter text.
   Address (Street, City, State, and Zip Code): Click to enter text.
   Phone Number: Click to enter text.

SECTION II PROPOSED DOWN HOLE DESIGN

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

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

SECTION III PROPOSED TRENCH SYSTEM, SUBSURFACE FLUID DISTRIBUTION SYSTEM, OR INFILTRATION GALLERY

Attach a diagram signed and sealed by a licensed engineer as Attachment D and provide the information requested in Items 12 through 13.

12. System(s) Dimensions: Click to enter text.
13. System(s) Construction: Click to enter text.

SECTION IV SITE HYDROGEOLOGICAL AND INJECTION ZONE DATA

Provide the information requested in Items 14 through 31.

14. Name of Contaminated Aquifer: Click to enter text.
15. Receiving Formation Name of Injection Zone: Click to enter text.
16. Well/Trench Total Depth: Click to enter text.
17. Surface Elevation: Click to enter text.
18. Depth to Ground Water: Click to enter text.
19. Injection Zone Depth: Click to enter text.
20. 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.

21. Provide a list of contaminants and the levels (ppm) in contaminated aquifer as Attachment E.
22. Provide the Horizontal and Vertical extent of contamination and injection plume as Attachment F.
23. Provide Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc. as Attachment G.
24. Provide the Injection Fluid Chemistry in PPM at point of injection as Attachment H.
25. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: Click to enter text.
26. Maximum injection Rate/Volume/Pressure: Click to enter text.
27. Water wells within 1/4-mile radius (attach map as Attachment I): Click to enter text.
28. Injection wells within 1/4-mile radius (attach map as Attachment I): Click to enter text.
29. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment I): Click to enter text.
30. Sampling frequency: Click to enter text.
31. Known hazardous components in injection fluid: Click to enter text.

SECTION V SITE HISTORY

Provide the information requested in Items 32 through 35

32. Type of Facility: Click to enter text.

33. Contamination Dates: Click to enter text.

34. Provide the original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations as attachment J

35. Provide the results of any previous remediation as attachment K.

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 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 Stormwater 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 groundwater 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, 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)

WORKSHEET 10.0
QUARRIES IN THE JOHN GRAVES SCENIC RIVERWAY

This worksheet **is required** for all applications for individual permits for a municipal solid waste facilities or mining facilities located within a Water Quality Protection Area in the John Graves Scenic Riverway.

Review 30 TAC §§ 311.71-311.82 thoroughly prior to completing any portion of this worksheet.

1. EXCLUSIONS (Instructions, Pages 101-102)

a. Is this a municipal solid waste facility?

☐ Yes ☐ No

b. Has this quarry been in operation since January 1, 1994 without cessation of operation for more than 30 consecutive days and under the same ownership?

☐ Yes ☐ No

c. Is this a coal mine?

☐ Yes ☐ No

d. Is this a facility mining clay and/or shale for use in manufacturing of structural clay products?

☐ Yes ☐ No

If **yes** to **any** of the above questions, **stop here**. The facility is required to maintain acceptable documentation, as outlined in *30 TAC § 311.72(c)*, at the facility to demonstrate the exclusion(s).

2. LOCATION OF THE QUARRY (Instructions, Page 102)

Check the box next to the distance between the quarry and the nearest navigable water body:

☐ < 200 feet ☐ 200 feet – 1,500 feet ☐ 1,500 feet – 1 mile ☐ > 1 mile

NOTE: The construction or operation of any new quarry or expansion of any existing quarry **is prohibited** within 200 feet of any water body located within a water quality protection area in the John Graves Scenic Riverway.

3. ADDITIONAL REQUIREMENTS (Instructions, Pages 102-104)

Use the table in the Instructions to determine if additional application requirements apply to the facility based on distance between the quarry and the nearest waterway. Attach as appropriate or enter N/A.

a. Attach a Restoration Plan: Click to enter text.

b. Amount of Financial Assurance for Restoration: $Click to enter text.

Mechanism: Click to enter text.

c. Attach a Technical Demonstration: Click to enter text.

d. Attach a Reclamation Plan: Click to enter text.

e. Amount of Financial Assurance for Reclamation: $Click to enter text.

Mechanism: Click to enter text.

WORKSHEET 11.0
COOLING WATER SYSTEM INFORMATION

This worksheet **is required** for all TPDES permit applications **that meet the conditions outlined in Technical Report 1.0, Item 12.**

1. COOLING WATER SYSTEM DATA (Instructions, Pages 105-106)

a. Complete the following table with information regarding the cooling water system.

Cooling Water System Data

Total DIF	
Total AIF	
Intake Flow Uses (%)	
Contact cooling	
Non-contact cooling	
Process uses	
Other	

b. Attach the following information:

i. A narrative description of the design and annual operation of the facility's cooling water system and its relationship to the CWIS(s).

ii. A scaled map depicting the location of each CWIS, impoundment, intake pipe, and canals, pipes, or waterways used to convey cooling water to, or within, the cooling water system. Provide the latitude and longitude for each CWIS and any intake pipe(s) on the map. Indicate the position of the intake pipe within the water column.

iii. A description of water reuse activities, if applicable, reductions in total water withdrawals, if applicable, and the proportion of the source waterbody withdrawn (on a monthly basis).

iv. Design and engineering calculations prepared by a qualified professional and data to support the information provided in above item a.

v. Previous year (a minimum of 12 months) of AIF data.

vi. A narrative description of existing or proposed impingement and entrainment technologies or operation measures and a summary of their performance, including, but not limited to, reductions in impingement mortality and entrainment due to intake location and reductions in total water withdrawals and usage.

Attachment: Click to enter text

2. COOLING WATER INTAKE STRUCTURE(S) DATA (Instructions, Page 106)

a. Complete the following table with information regarding each cooling water intake structure (this includes primary and make-up CWIS(s)).

Cooling Water Intake Structure(s) Data

CWIS ID				
DIF				
AIF				
Intake Flow Uses (%)				
Contact cooling				
Non-contact cooling				
Process uses				
Other				
Latitude				
Longitude				

b. Attach the following information regarding the CWIS(s):

i. A narrative description of the configuration of each CWIS, annual and daily operation, including any seasonal changes, and where it is located in the water body and in the water column.

ii. Engineering calculations for each CWIS.

Attachment: Click to enter text

3. SOURCE WATER PHYSICAL DATA (Instructions, Pages 106-107)

a. Complete the following table with information regarding the CWIS(s) source waterbody (this includes primary and make-up CWIS(s)).

Source Waterbody Data

CWIS ID				
Source waterbody				
Mean annual flow				
Source				

b. Attach the following information regarding the source waterbody.

i. A narrative description of the source water for each CWIS, including areal dimensions, depths, salinity and temperature regimes, and other documentation that supports this determination of the water body type where each cooling water intake structure is located.

ii. A narrative description of the source waterbody's hydrological and geomorphological features.

iii. Scaled drawings showing the physical configuration of all source water bodies used by the facility, including the source waterbody's hydrological and geomorphological features. **NOTE:** The source waterbody's hydrological and geomorphological features may be included on the map submitted for item 1.b.ii of this worksheet.

iv. A description of the methods used to conduct any physical studies to determine the intake's area of influence within the waterbody and the results of such studies.

Attachment: Click to enter text

4. OPERATIONAL STATUS (Instructions, Page 107)

a. Is this application for a power production or steam generation facility?

☐ Yes ☐ No

If **no**, proceed to Item 4.b. If **yes**, provide the following information as an attachment:

i. Describe the operating status of each individual unit, including age, capacity utilization rate (or equivalent) for the previous five years (a minimum of 60 months), and any seasonal changes in operation.

ii. Describe any extended or unusual outages or other factors which significantly affect current data for flow, impingement, entrainment.

iii. Identify any operating unit with a capacity utilization rate of less than 8 percent averaged over a contiguous period of two years (a minimum of 24 months).

iv. Describe any major upgrades completed within the last 15 years, including but not limited to boiler replacement, condenser replacement, turbine replacement, or changes of fuel type.

Attachment: Click to enter text

b. Process Units

i. Is this application for a facility which has process units that use cooling water (other than for power production or steam generation)?

☐ Yes ☐ No

If **no**, proceed to Item 4.c. If **yes**, continue.

ii. Does the facility use or intend to use reductions in flow or changes in operations to meet the requirements of *40 CFR § 125.94(c)*?

☐ Yes ☐ No

If **no**, proceed to Item 4.c. If **yes**, attach descriptions of the following information:

- Individual production processes and product lines
- The operating status, including age of each line and seasonal operation
- Any extended or unusual outages that significantly affect current data for flow, impingement, entrainment, or other factors
- Any major upgrades completed within the last 15 years and plans or schedules for decommissioning or replacement of process units or production processes and product lines.

Attachment: Click to enter text

c. Is this an application for a nuclear power production facility?

☐ Yes ☐ No

If **no**, proceed to Item 4.d. If **yes**, attach a description of completed, approved, or scheduled upgrades and the Nuclear Regulatory Commission relicensing status for each unit at the facility.

Attachment: Click to enter text

d. Is this an application for a manufacturing facility?

☐ Yes ☐ No

If **no**, proceed to Worksheet 11.1. If **yes**, attach descriptions of current and future production schedules and any plans or schedules for any new units planned within the next five years (a minimum of 60 mos)

Attachment: Click to enter text

WORKSHEET 11.1
IMPINGEMENT MORTALITY

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** individual CWIS the facility uses or proposes to use.

CWIS ID: Click to enter text.

1. IMPINGEMENT COMPLIANCE TECHNOLOGY SELECTION (Instructions, Page 108)

Check the box next to the method of compliance for the Impingement Mortality Standard selected by the facility.

☐ Closed-cycle recirculating system(CCRS) [*40 CFR § 125.94(c)(1)*]
☐ 0.5 ft/s Through-Screen Design Velocity [*40 CFR § 125.94(c)(2)*] – Proceed to Worksheet 11.2
☐ 0.5 ft/s Through Screen Actual Velocity [*40 CFR § 125.94(c)(3)*]
☐ Existing offshore velocity cap [*40 CFR § 125.94(c)(4)*] – Proceed to Worksheet 11.2
☐ Modified traveling screens [*40 CFR § 125.94(c)(5)*]
☐ System of technologies [*40 CFR § 125.94(c)(6)*]
☐ Impingement mortality performance standard [*40 CFR § 125.94(c)(7)*]
☐ De minimis rate of impingement [*40 CFR § 125.94(c)(11)*]
☐ Low capacity utilization power-generation facilities [*40 CFR § 125.94(c)(12)*]

If 0.5 ft/s Through-Screen Design Velocity [*40 CFR § 125.94(c)(2)*] or existing offshore velocity cap [*40 CFR § 125.94(c)(4)*] was selected, proceed to Worksheet 11.2. Otherwise, continue to Item 2.

2. IMPINGEMENT COMPLIANCE TECHNOLOGY INFORMATION (Instructions, Pages 108-109)

Complete the following sections based on the selection made for item 1 above.

a. CCRS [*40 CFR § 125.94(c)(1)*]

☐ Check this box to confirm the CWS meets the definition of CCRS located at *40 CFR § 125.91(c)* and provide a response to the following questions.

i. Does the facility use or propose to use a CWIS to replenish water losses to the CWS?

☐ Yes ☐ No

If **no**, proceed to item a.ii. If **yes**, provide the following information as an attachment and continue.

1. CWIS ID
2. 12 months of intake flow data for any CWIS used for make-up intake flows to replenish cooling water losses, excluding intakes for losses due to blowdown, drift, or evaporation.
3. A narrative description of any physical or operational measures taken to minimize make-up withdraws.

Attachment: Click to enter text.

NOTE: Do not complete a separate Worksheet 11.1 for a make-up CWIS.

ii. Does the facility use or propose to use cooling towers?

☐ Yes ☐ No

If **no**, proceed to Worksheet 11.2. If **yes**, provide the following information and proceed to Worksheet 11.2.

1. Average number of COCs prior to blowdown:

Average COCs prior to blowdown

Cooling Tower ID				
COCs				

2. Attach COC monitoring data for each cooling tower from the previous year (a minimum of 12 months)

Attachment: Click to enter text

3. Maximum number of COCs each cooling tower can accomplish based on design of the system.

Calculated COCs prior to blowdown

Cooling Tower ID				
COCs				

4. Describe conditions that may limit the number of COCs prior to blowdown, if any, including but not limited to permit conditions: Click to enter text

b. 0.5 ft/s Through Screen Actual Velocity [*40 CFR § 125.94(c)(3)*]

Provide daily intake flow measurement monitoring data from the previous year (a minimum of 12 months) as an attachment and proceed to Worksheet 11.2.

Attachment: Click to enter text

c. Modified traveling screens [*40 CFR § 125.94(c)(5)*]

Provide the following information as an attachment and proceed to Worksheet 11.2.

i. A description of the modified traveling screens and associated equipment.

ii. A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods

iii. Biological sampling data from the previous two years (a minimum of 24 months).

Attachment: Click to enter text

d. System of technologies [*40 CFR § 125.94(c)(6)*] or impingement mortality performance standard [*40 CFR § 125.94(c)(7)]*

Provide the following information as an attachment and proceed to Worksheet 11.2.

i. A description of the system of technologies used or proposed for use by the facility to achieve compliance with the impingement mortality standard.

ii. A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods.

iii. Biological sampling data from the previous two years (a minimum of 24 months).

Attachment: Click to enter text

e. De minimis rate of impingement [*40 CFR § 125.94(c)(11)*]

Provide the following information and proceed to Worksheet 11.2.

i. Attach monitoring data from the previous year (a minimum of 12 months) of intake flow measured at a frequency of 1/day on days of operation.

Attachment: Click to enter text.

ii. If the rate of impingement caused by the CWIS is extremely low (at an organism or age-one equivalent count), attach supplemental information to Worksheet 11.0, item 1.b.vi. to support this determination.

Attachment: Click to enter text.

f. Low capacity utilization power-generation facilities [*40 CFR § 125.94(c)(12)*]

Attach monthly utilization data from the previous 2 years (a minimum of 24 months) for each operating unit and proceed to Worksheet 11.2.

Attachment: Click to enter text.

WORKSHEET 11.2
SOURCE WATER BIOLOGICAL DATA

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** source waterbody of a CWIS for which a facility has selected an Impingement Mortality Technology Option described at *40 CFR §§ 125.94(c)(1)-(7)*.

Name of source waterbody: Click to enter text.

1. SPECIES MANAGEMENT (Instructions, Page 110)

a. The facility has obtained an incidental take permit for its cooling water intake structure(s) from the USFWS or the NMFS.

☐ Yes ☐ No

If yes, attach any information submitted in order to obtain that permit, which may be used to supplement the permit application information requirements of paragraph *40 CFR § 125.95(f)*.

Attachment: Click to enter text.

b. Is the facility requesting a waiver from application requirements at *40 CFR § 122.21(r)(4)* in accordance with *40 CFR § 125.95* for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent?

☐ Yes ☐ No

If **yes**, attach a copy of the most recent managed fisheries report to TPWD, or equivalent.

Attachment: Click to enter text.

c. There are no federally listed threatened or endangered species or critical habitat designations within the source water body.

☐ True ☐ False

2. SOURCE WATER BIOLOGICAL DATA (Instructions, Pages 110-111)

New Facilities (Phase I, Track I and II)

- Provide responses to all items in this section and stop.

Existing Facilities (Phase II)

- If the answer to **1.b.** above was **no**, provide responses to all items in this section and proceed to Worksheet 11.3.
- If the answer to **1.b.** was **yes** and **1.c.** was **true**, do not complete any items in this section and proceed to Worksheet 11.3.
- If the answer to **1.b.** was **yes** and **1.c.** was **false**, attach a response for any item in this section that is not contained within the most recent TPWD, or equivalent and proceed to Worksheet 11.3.

Attachment: Click to enter text

a. A list of the data requested at *40 CFR § 122.21(r)(4)(ii)* through *(vi)* that are not available, and efforts made to identify sources of the data.

b. Provide a list of species (or relevant taxa) in the vicinity of the CWIS and identify the following information regarding each species listed.

- all life stages and their relative abundance,
- identification of all species and life stages that would be most susceptible to impingement and entrainment,
- forage base,
- significance to commercial fisheries,
- significance to recreational fisheries,
- primary period of reproduction,
- larval recruitment, and
- period of peak abundance for relevant taxa.

c. Data representative of the seasonal and daily activities (e.g., feeding and water column migration) of biological organisms in the vicinity of the CWIS(s).

d. Identify all threatened, endangered, and other protected species that might be susceptible to impingement and entrainment at the CWIS(s).

e. Documentation of any public participation or consultation with federal or state agencies undertaken.

The following is required for existing facilities only. Include the following information with the above listed attachment.

f. Identify any protective measures and stabilization activities that have been implemented and provide a description of how these measures and activities affected the baseline water condition in the vicinity of the intake.

g. A list of fragile species, as defined at *40 CFR § 125.92(m)*, at the facility. The applicant need only identify those species not already identified as fragile at *40 CFR § 125.92(m)*.

NOTE: New units at an existing facility are not required to resubmit this information if the cooling water withdrawals for the operation of the new unit are from an existing intake.

WORKSHEET 11.3
ENTRAINMENT

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** individual CWIS the facility uses or proposes to use.

CWIS ID: Click to enter text.

1. APPLICABILITY (Instructions, Page 112)

Is the AIF of the CWIS identified above greater than, or equal to, 125 MGD?

☐ Yes ☐ No

- If **no** or the facility has selected **CCRS** [*40 CFR § 125.94(c)(1)*] for the impingement mortality compliance method, complete Item 2 and stop here.
- If **yes** and the facility is **seeking a waiver** from application requirements in accordance with *40 CFR § 125.95* for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent, complete item 2 and stop.
- If **yes** and the facility is **not seeking a waiver** from application requirements in accordance *with 40 CFR § 125.95*, complete item 2 and provide any required and completed studies listed in item 3. For any required studies in item 3 that are not complete, provide a detailed explanation for the delay and an anticipated schedule for completion and submittal.

2. EXISTING ENTRAINMENT PERFORMANCE STUDIES (Instructions, Page 112)

Attach any previously conducted studies or studies obtained from other facilities addressing technology efficacy, through-facility entrainment survival, and other entrainment studies.

Attachment: Click to enter text.

3. FACILITY ENTRAINMENT PERFORMANCE STUDIES (Instructions, Page 112)

a. Attach an entrainment characterization study, as described at *40 CFR § 122.21(r)(9)*.

Attachment: Click to enter text.

b. Attach a comprehensive feasibility study, as described as *40 CFR § 122.21(r)(10)*.

Attachment: Click to enter text.

c. Attach a benefits valuation study, as described as *40 CFR § 122.21(r)(11)*.

Attachment: Click to enter text.

d. Attach a non-water quality environmental and other impacts study, as described as *40 CFR § 122.21(r)(12)*.

Attachment: Click to enter text.

e. Attach a peer review analysis, as described as *40 CFR § 122.21(r)(13)*.

Attachment: Click to enter text.

WORKSHEET 12.0
OIL AND GAS EXPLORATION, DEVELOPMENT, AND PRODUCTION WASTEWATER DISCHARGES

This worksheet **is required** for all TPDES permit applications that are subject to Effluent Limitation Guidelines in 40 CFR Part 435.

1. OPERATIONAL INFORMATION (Instructions, Page 113)

a. Is the wastewater from an oil and gas exploration, development, or production facility located west of the 98th meridian?

☐ Yes ☐ No

If yes, continue to the next question. If no, skip to Item 2 relating to Production/Process Data.

b. Provide justification for how the wastewater is/will be used for agriculture or wildlife propagation.

Click to enter text.

2. PRODUCTION/PROCESS DATA (Instructions, Page 113)

a. Provide the applicable 40 CFR Part 435 Subpart(s).

Click to enter text.

b. Describe if the permit being sought is for discharges from exploration, development, production, or for a combination of more than one of those activities.

Click to enter text.

c. Provide information on all waste-streams generated and specify which waste-streams you are requesting to be authorized for discharge.

Wastestreams Generated

Wastestream	Requesting authorization to discharge? (Yes/No)	Volume (MGD)	% of Total Flow

Attachment: Click to enter text.

d. Describe how the facility will manage wastestreams for which discharge authorization is not being sought.

Click to enter text.

Attachment: Click to enter text.

e. Provide information on miscellaneous discharges.

Click to enter text.

Attachment: Click to enter text.

f. List of chemicals that are in use, or will be used, downhole. Provide the category, concentration used/to be used, and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

Chemicals List

Category	Chemical Name	Concentration (specify units)	Purpose

Attachment: Click to enter text

g. List of chemicals that are in use, or will be used, to treat the wastewater to be discharged under this authorization. Provide the concentration used/to be used and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

Wastewater Treatment Chemicals List

Chemical Name	Concentration (specify units)	Purpose

Attachment: Click to enter text

3. LABORATORY ACCREDITATION CERTIFICATION (Instructions, Page 114)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

a. The laboratory is an in-house laboratory and is:
   i. periodically inspected by the TCEQ; or
   ii. located in another state and is accredited or inspected by that state; or
   iii. performing work for another company with a unit located in the same site; or
   iv. performing pro bono work for a governmental agency or charitable organization.

b. The laboratory is accredited under federal law.

c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.

d. The laboratory supplies data for which the TCEQ does not offer accreditation.

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 32, for a list of approved signatories.

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

_____

(Signature)

4. POLLUTANT ANALYSIS (Instructions, Page 114)

Tables 1, 2, 6, and 7 located in Worksheet 2.0 are required. In addition, Table 19 below is required and must be completed for each outfall and submitted with this application. The remaining tables in Worksheet 2.0, are required as applicable.

Table 18 for Outfall No.: Click to enter text.

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	**Sample 1 (mg/L)***	**Sample 2 (mg/L)***	**Sample 3 (mg/L)***	**Sample 4 (mg/L)***
Calcium				
Potassium				
Sodium				

* Indicate units if different from mg/L.

Attachment A: Payment Submittal Form

Payment was submitted online – payment submittal form is not applicable.

Attachment B: Core Data Form

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

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 606205722		**RN 111863031**

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:*

Covia Solutions Inc.

7. TX SOS/CPA Filing Number	**8. TX State Tax ID** (11 digits)	**9. Federal Tax ID** (9 digits)	**10. DUNS Number** *(if applicable)*
8625806		13-2656671	

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

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

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

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

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

15. Mailing Address:	2700 Technology Forest Blvd						
	Suite 100						
	City	The Woodlands	**State**	TX	**ZIP**	77381	**ZIP + 4**

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

18. Telephone Number	**19. Extension or Code**	**20. Fax Number** *(if applicable)*

(507) 386-2111		( ) -

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.)*

Covia Solutions Inc.

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	1788 County Road 308							
	City	Cleburne	**State**	TX	**ZIP**	76033	**ZIP + 4**	
24. County	Somervell							

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

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

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

27. Latitude (N) In Decimal:			**28. Longitude (W) In Decimal:**		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
1446	NA	212322	NA

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

Silica Sand Mining and Processing

34. Mailing Address:	**1788 County Road 308**							
	City	**Cleburne**	**State**	**TX**	**ZIP**	**76033**	**ZIP + 4**	
35. E-Mail Address:	**michael.foster@coviacorp.com**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(432) 227-2727	**NA**	**(0) -**

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
	TXR050000			
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☒ Other: Air
	WQ0001401000			Permit Number 38808

SECTION IV: Preparer Information

40. Name:	Kathryn Nickel	**41. Title:**	Consulting Specialist

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(805 **)** 231-1281	NA	**(** NA **)** -	kathryn.nickel@bsigroup.com

SECTION V: Authorized Signature

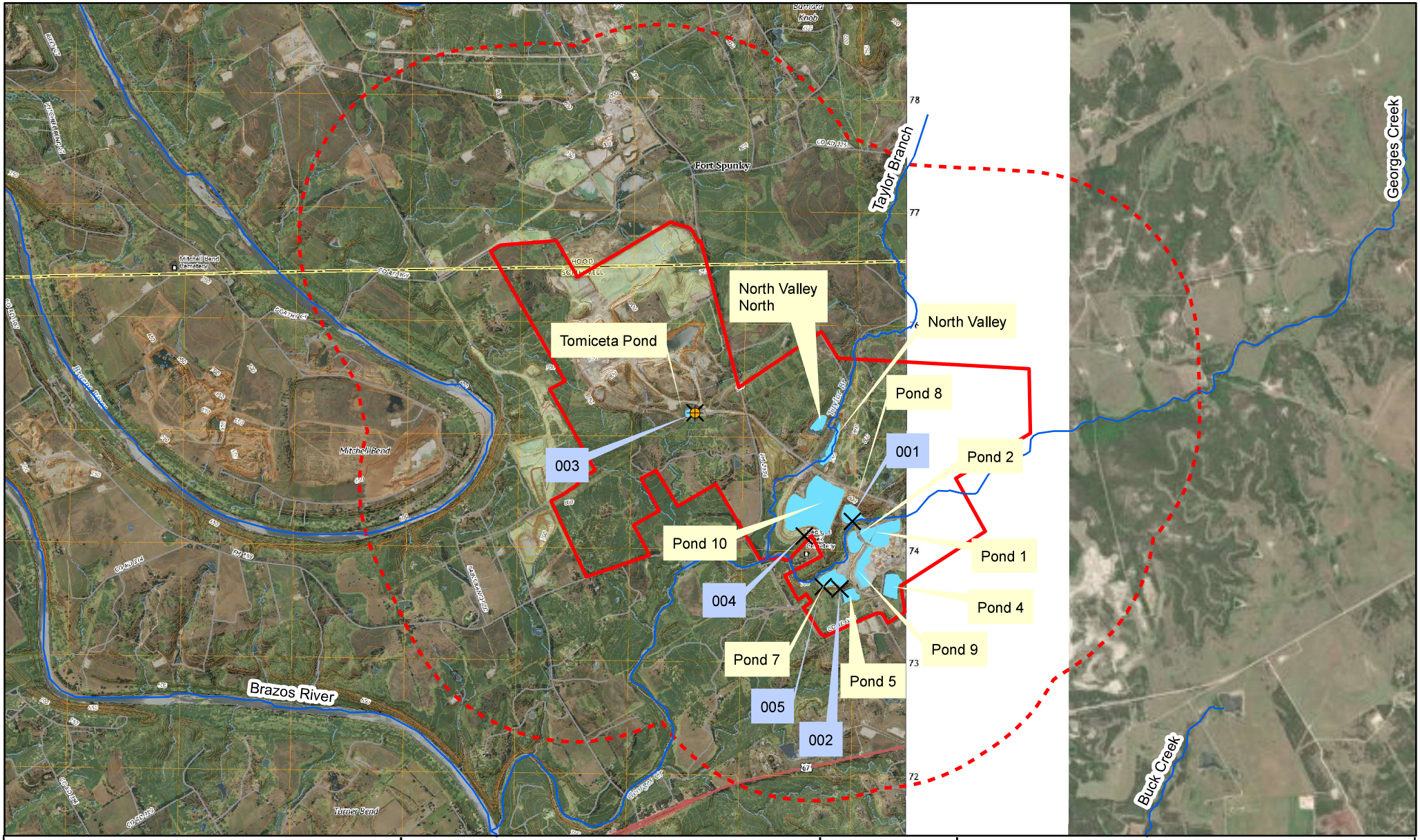
46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified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

Company:	Covia Solutions Inc.	**Job Title:**	V.P. Environmental
Name *(In Print):*	Douglas S. Losee	**Phone:**	**(** 507 **)** 386- **2111**
Signature:		**Date:**	

Attachment C: USGS Topographic Maps

USGS Nemo 2023

USGS Bono 2023



Legend

- Facility Boundary
- 1 Mile Buffer
- Process Water Outfall (TPDES)
- Pond
- Mine Dewatering
- Streams
- Discharge Route

Source: ESRI World Imagery

Datum: WGS 1984

N

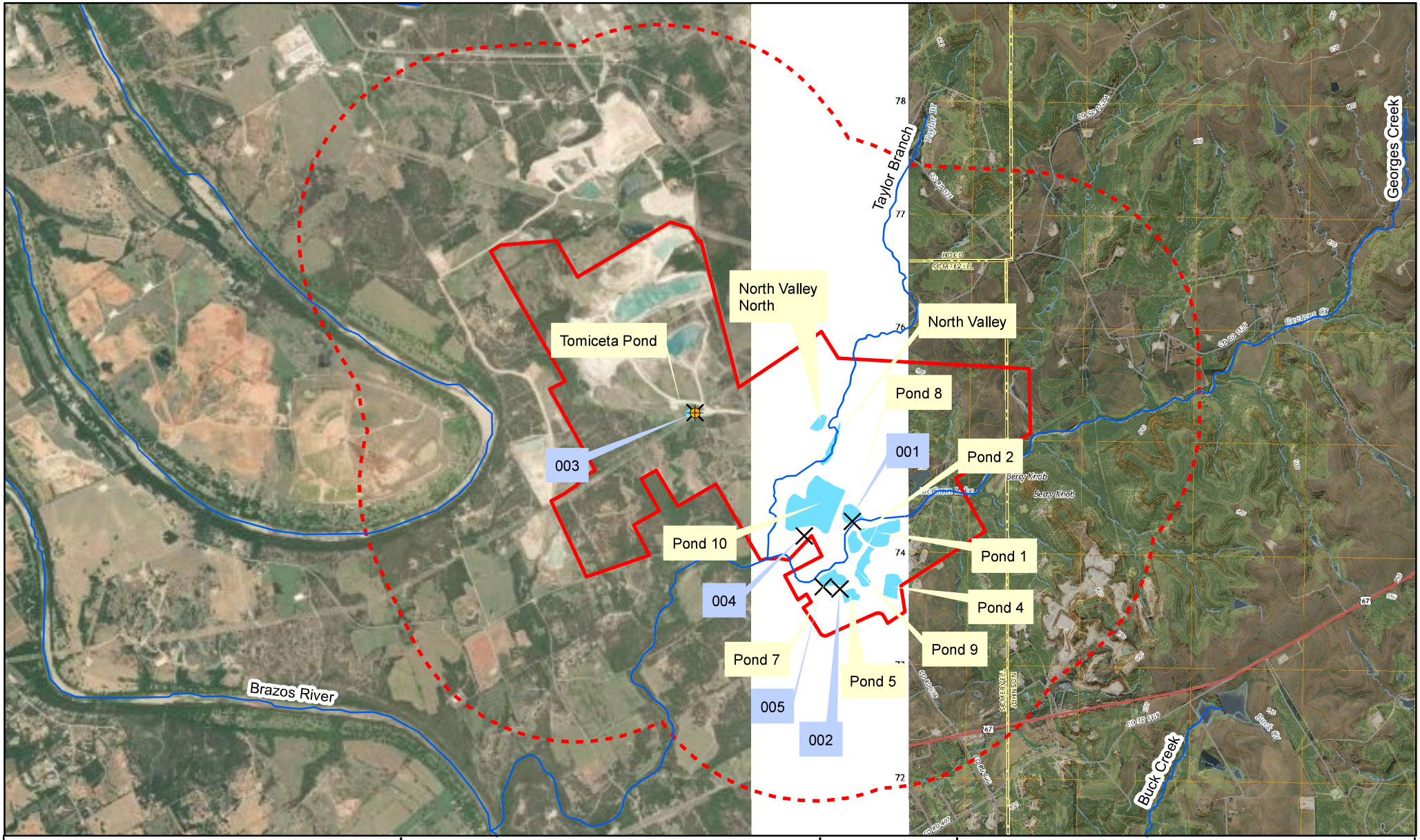
Covia Solutions Inc. - Cleburne
1788 County Road 308
Cleburne, Texas 76033
SPIF USGS Nemo - Reproduced Portion

bsi.
7800 N. Mopac Expwy, Suite 325
Austin, TX 78759

Location:
32.2930942°, -97.6257395°

0 2,100 4,200 8,400 Feet

December 2023



Legend

- Facility Boundary
- 1 Mile Buffer
- Process Water Outfall (TPDES)
- Pond
- Mine Dewatering
- Streams
- Discharge Route

Source: ESRI World Imagery

Datum: WGS 1984

N

Covia Solutions Inc. - Cleburne
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Cleburne, Texas 76033
SPIF USGS Bono - Reproduced Portion

bsi.
7800 N. Mopac Expwy, Suite 325
Austin, TX 78759

Location:
32.2930942°, -97.6257395°

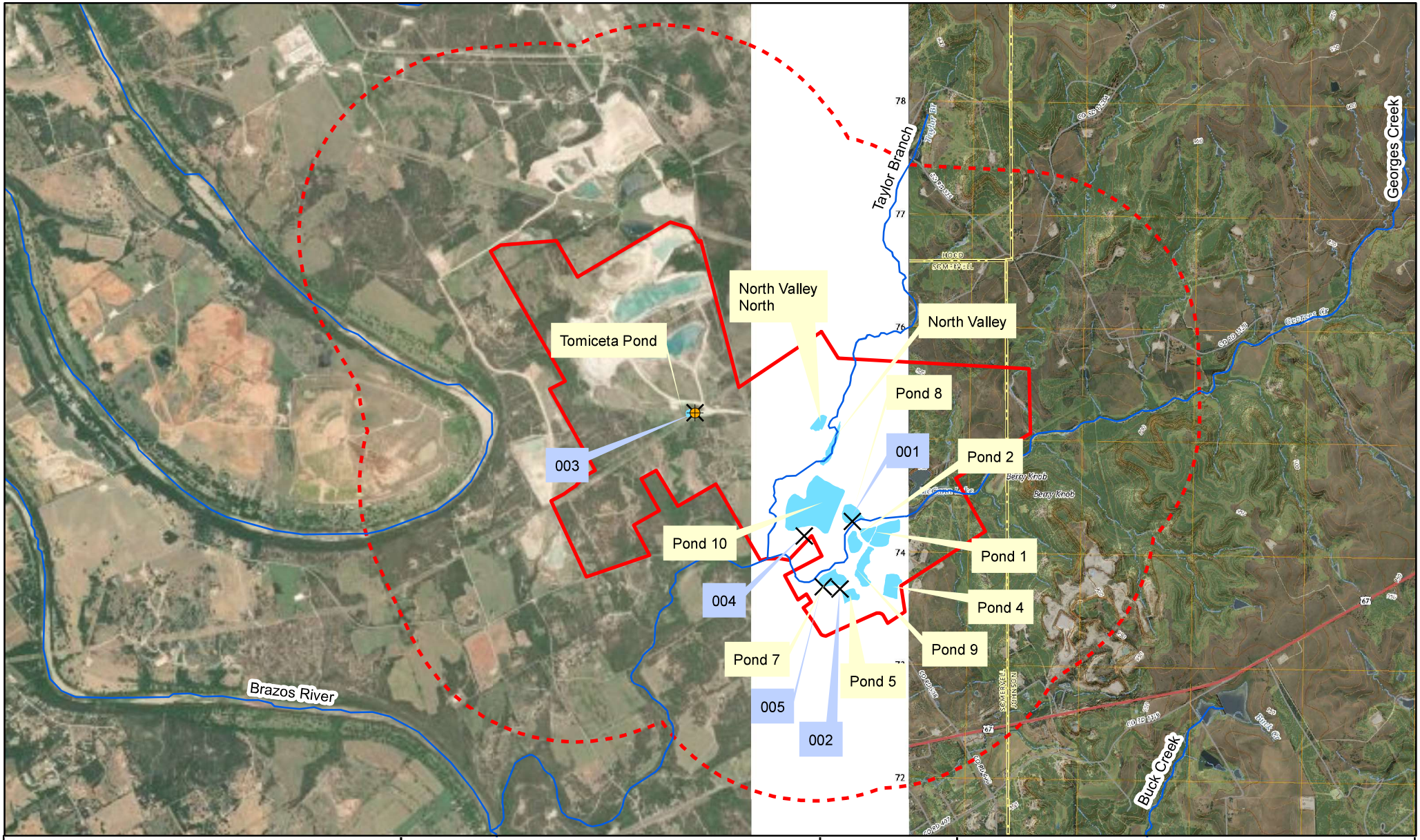
0 2,100 4,200 8,400 Feet

December 2023

Attachment D: Quadrangle Maps

SPIF Nemo 2023

SPIF Bono 2023



Legend

- Facility Boundary
- 1 Mile Buffer
- Process Water Outfall (TPDES)
- Pond
- Mine Dewatering
- Streams
- Discharge Route

Source: ESRI World Imagery

Datum: WGS 1984

N

Covia Solutions Inc. - Cleburne
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bsi.
7800 N. Mopac Expwy, Suite 325
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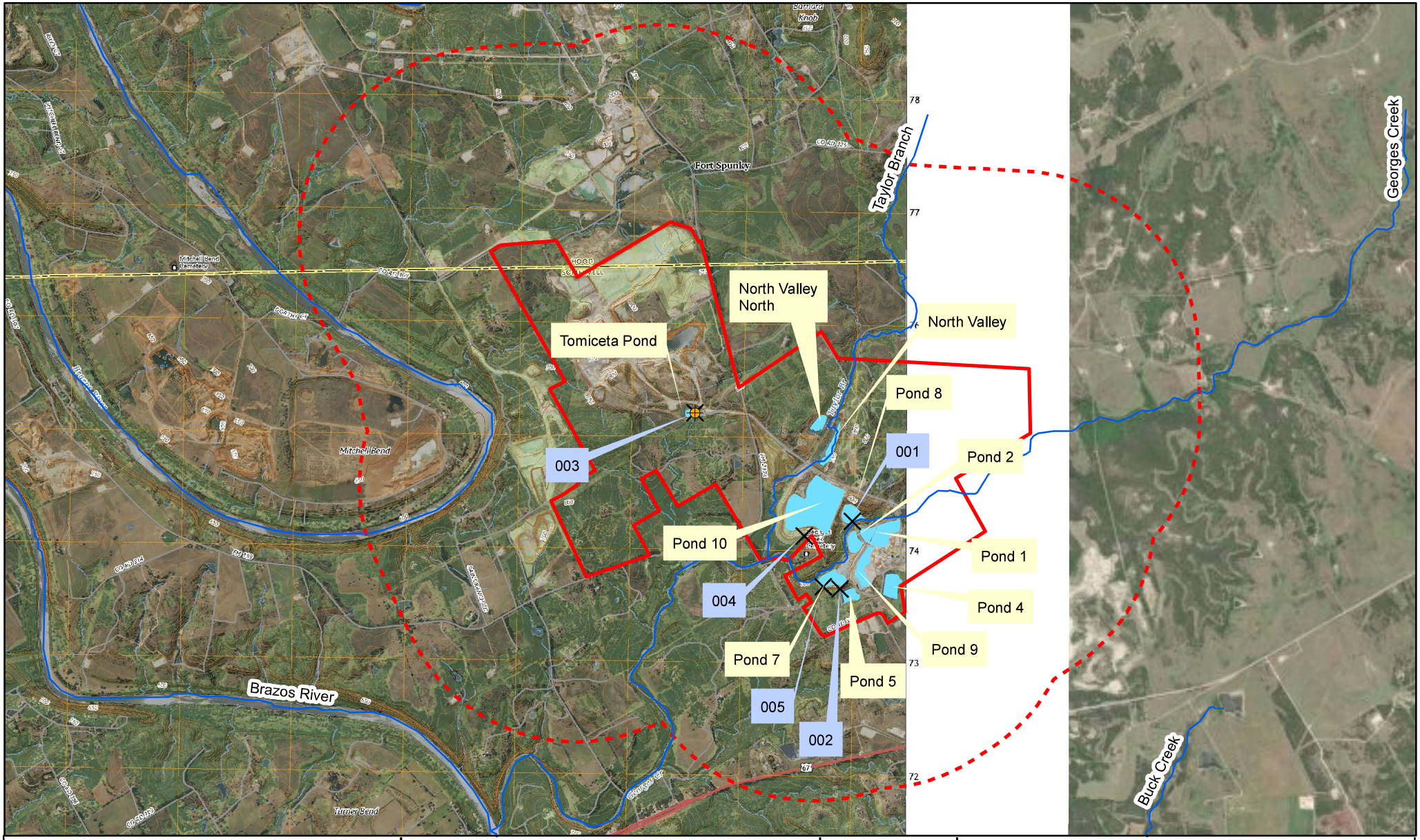
Location:
32.2930942°, -97.6257395°

0 2,100 4,200 8,400 Feet

December 2023



Legend

- Facility Boundary
- 1 Mile Buffer
- Process Water Outfall (TPDES)
- Pond
- Mine Dewatering
- Streams
- Discharge Route

Source: ESRI World Imagery

Datum: WGS 1984

N

Covia Solutions Inc. - Cleburne
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Cleburne, Texas 76033
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bsi.
7800 N. Mopac Expwy, Suite 325
Austin, TX 78759

Location:
32.2930942°, -97.6257395°

0 2,100 4,200 8,400 Feet

December 2023

Attachment E: Plain Language Summary

Plain Language Summary (English)

Plain Language Summary

Covia Solutions Inc. (CN606205722) operates Covia Cleburne Facility RN 111863031 mines, washes, dries, screens, and ships silica sand. The facility is located at 1788 County Road 308, in Cleburne, Johnson County, Texas 76033. The application request is to renew the existing permit to discharge wastewater to the Unnamed Tributary then to George's Creek.

Discharges from the facility via Outfall 001, 002, 003, 004, & are expected to contain flow and total suspended solids (TSS).Discharge types from Outfalls 001, 002, 004, & 005 include process-generated wastewater and stormwater. Discharge Types from Outfall 003 include mine dewatering and stormwater. Discharges are treated by onsite settling ponds.

Attachment F: Facility Map

Legend

- Facility Boundary
- Process Water Outfall (TPDES)
- Mine Dewatering
- Stormwater Outfalls
- Material Receiving Area
- Sand Loading Area
- Plant Gasoline Containment Area
- Plant Diesel Fuel Containment Area
- Truck Parking Area
- Maintenance Facility
- Raw Sand and Stockpiles
- Process Sand Piles
- Haul Road Areas
- Equipment Staging Area
- Contractor Mobile Equipment Parking and Maintenance Area
- Contractor Bulk Oil_Used Oil Fuel Containment Area
- Pond
- Rock Check Dam
- Vegetated Swale
- Streams
- Flow Direction

Source: ESRI World Imagery

Datum: WGS 1984

N

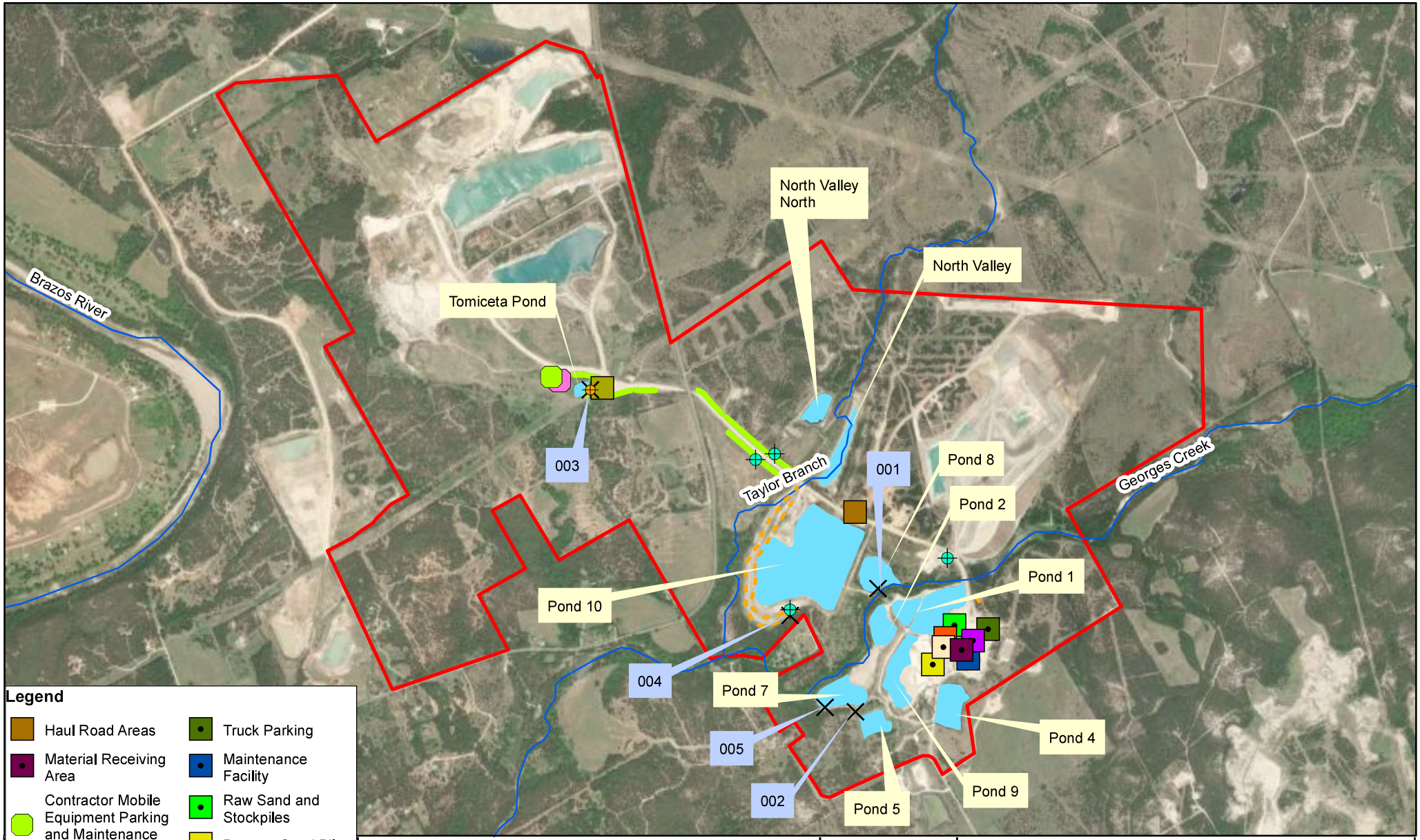
Covia Solutions Inc. - Cleburne
1788 County Road 308
Cleburne, Texas 76033
TPDES Facility Map

bsi.
7800 N. Mopac Expwy, Suite 325
Austin, TX 78759

Location:
32.2930942°, -97.6257395°

0 475 950 1,900 Feet

December 2023



Legend

- Haul Road Areas
- Material Receiving Area
- Contractor Mobile Equipment Parking and Maintenance Area
- Sand Loading
- Equipment Staging Area
- Contractor Bulk Oil_Used Oil Fuel Containment Area
- Plant Gasoline Containment Area
- Plant Diesel Fuel Containment Area
- Truck Parking
- Maintenance Facility
- Raw Sand and Stockpiles
- Process Sand Piles
- Facility Boundary
- Vegetated Swale
- Rock Check Dam
- Process Water Outfall (TPDES)
- Pond
- Mine Dewatering
- Streams
- Stormwater Outfalls

Source: ESRI World Imagery

Datum: WGS 1984

N

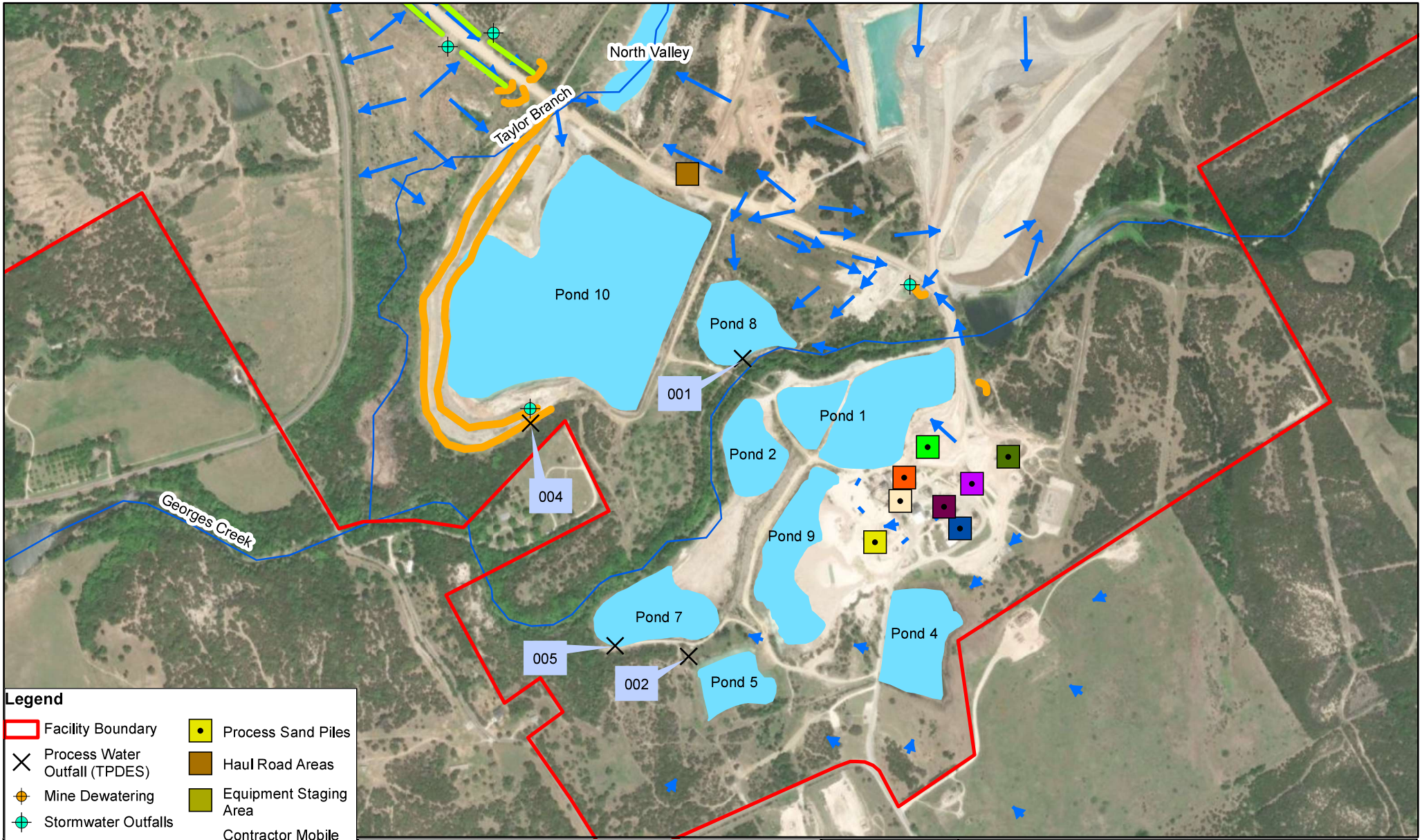
Covia Solutions Inc. - Cleburne
1788 County Road 308
Cleburne, Texas 76033
TPDES Facility Map

bsi.
7800 N. Mopac Expwy, Suite 325
Austin, TX 78759

Location:
32.2930942°, -97.6257395°

0 1,125 2,250 4,500 Feet

December 2023



Legend

- Facility Boundary
- Process Water Outfall (TPDES)
- Mine Dewatering
- Stormwater Outfalls
- Material Receiving Area
- Sand Loading Area
- Plant Gasoline Containment Area
- Plant Diesel Fuel Containment Area
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- Flow Direction

Source: ESRI World Imagery

Datum: WGS 1984

N

Covia Solutions Inc. - Cleburne
1788 County Road 308
Cleburne, Texas 76033
TPDES Facility Map

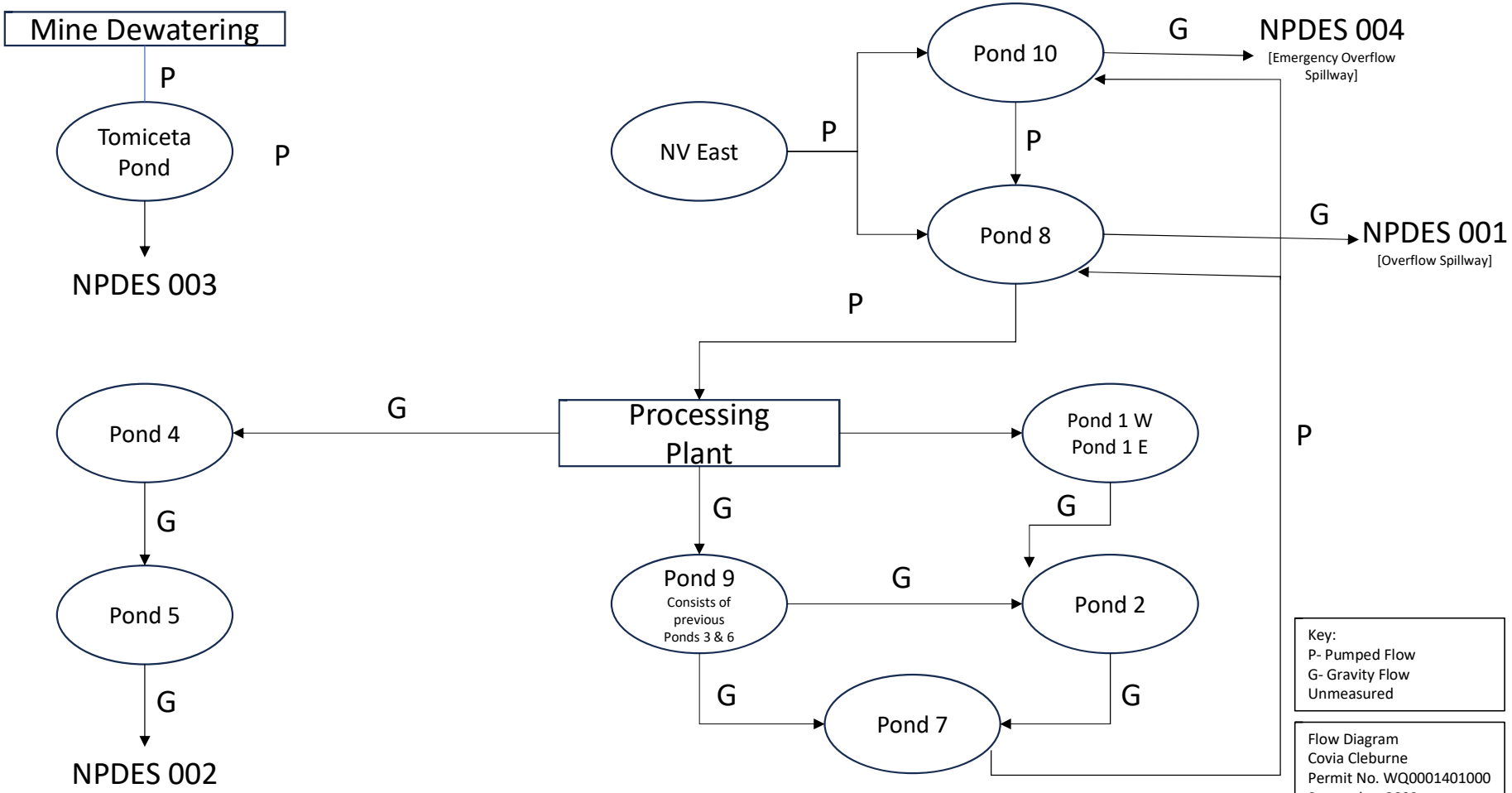
bsi.
7800 N. Mopac Expwy, Suite 325
Austin, TX 78759

Location:
32.2930942°, -97.6257395°

0 475 950 1,900 Feet

December 2023

Attachment G: Flow Schematics


Mine Dewatering
P
Tomiceta Pond
P
NPDES 003
NV East
P
Pond 10
G
NPDES 004
[Emergency Overflow Spillway]
P
Pond 8
G
NPDES 001
[Overflow Spillway]
P
Pond 4
G
Processing Plant
Pond 1 W
Pond 1 E
P
G
G
Pond 5
G
NPDES 002
Pond 9
Consists of previous Ponds 3 & 6
G
Pond 2
G
G
Pond 7
Key:
P- Pumped Flow
G- Gravity Flow
Unmeasured
Flow Diagram
Covia Cleburne
Permit No. WQ0001401000
September 2023

BSI

BSI provides environmental, health, safety, sustainability, and security (EH3S) services that enable companies to:

- Assess and manage risks.
- Protect employees.
- Preserve the environment.
- Be socially and globally responsible.
- Achieve sustainable environmental, social, and economic value.
- Harness organizational resilience in domains of Operations, Information and Supply Chain.

BSI Group, Inc, a Royal Charter Company, is governed by its Royal Charter and by-laws. This means that it has no share capital and is what is termed a "non-profit distributing company," because profits are reinvested back into the business.

For our clients, this means our organization's decisions are independent and cannot be influenced since we have no shareholders. As such, what sets us apart is the investment we place in our people. This drives our passion, expertise, integrity, inclusive nature, and commitment to continual improvement which inspires our clients to hire us again.

If you have any questions or would like further information regarding BSI's consulting service offerings, feel free to email us at **ehs@bsigroup.com** or call **1-800-790-6236**.

BSI America Professional Services Inc.
7800 North MoPac Expwy Ste 325
Austin TX 78759
800.790.6236
bsigroup.com

original

February 6, 2024

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

Re: Covia Solutions Inc. – Cleburne Facility
1788 Country Road 308
Cleburne, TX 76033
CN 606205722
RN 111863031
Texas TPDES Permit Renewal Application No. W0001401000

TPDES Permit Renewal Application – BSI Project No. 1173950

Hand Delivered

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Mail Mandoza

PS

Please find enclosed the application for the renewal of Texas Pollutant Discharge Elimination System (TPDES) Permit 01401, held by Covia Solutions Inc. – Cleburne Facility, located at 1788 Country Road 308 in Cleburne, Texas. The current permit expires on August 20, 2024.

A fee in the amount of $1,215 has been paid via the Texas Commission of Environmental Quality (TCEQ) online portal.

Please contact Makenzie Menchaca at 737.336.6170 or via email at makenzie.menchaca@bsigroup.com if there are any questions or if further assistance is required regarding this matter.

Regards,

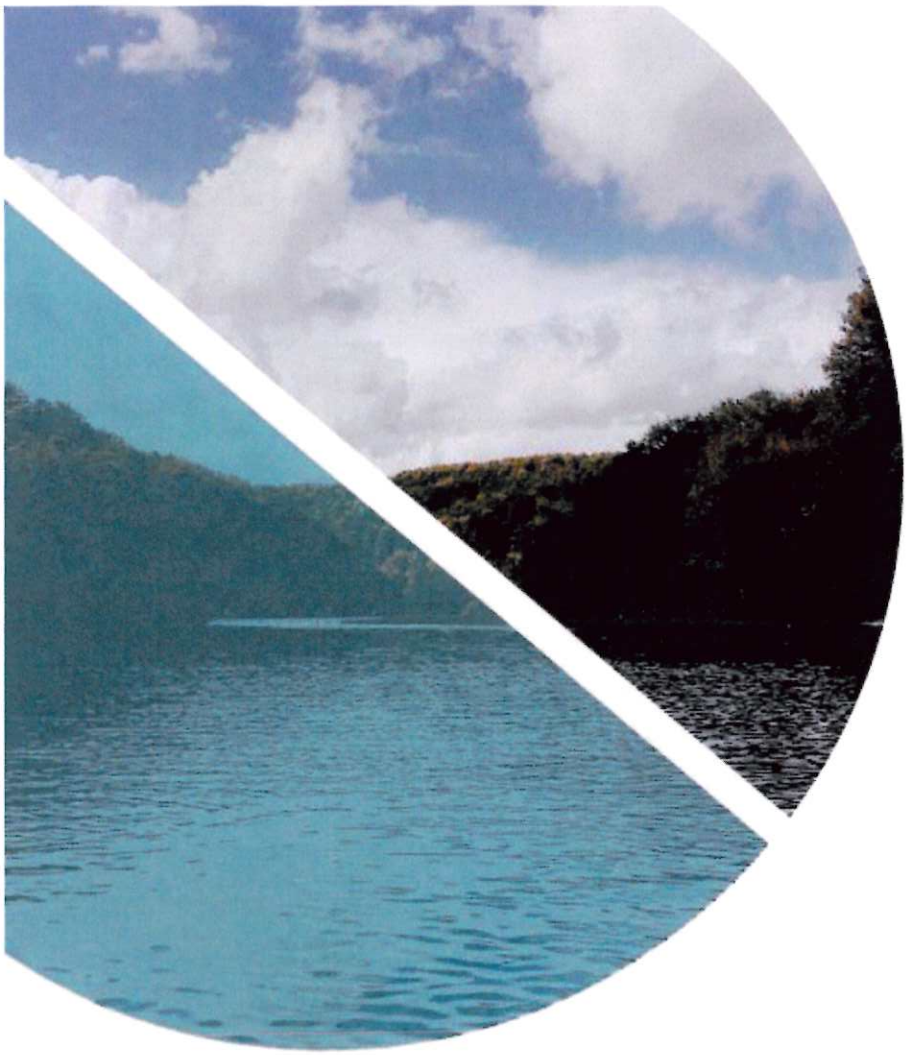
Makenzie Menchaca

Makenzie Menchaca
Associate Consultant

Reviewed by:

William R. McCurley

William R. McCurley, PE
Principal Consultant



Texas Wastewater Permit Application

Covia Solutions Inc. – Cleburne Facility

February 2024

Prepared for:

Covia Solutions Inc. – Cleburne Facility
1788 County Road 308
Cleburne TX 76033

Prepared by:

Kathryn Nickel
Consulting Specialist
kathryn.nickel@bsigroup.com

Reviewed by:

William McCurley
Principal Consultant
william.mccurley@bsigroup.com

bsi.

By Royal Charter

Table of Contents

1. Administrative Report 1
2. Technical Report 2

Attachments

Attachment A: Payment Submittal Form
Attachment B: Core Data Form
Attachment C: USGS Topographic Maps
Attachment D: Quadrangle Maps
Attachment E: Plain Language Summary
Attachment F: Facility Map
Attachment G: Flow Schematics

1. Administrative Report

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 606205722		RN 111863031

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:*

Covia Solutions Inc.

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
8625806		13-2656671	

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

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

13. Independently Owned and Operated?
☐ Yes ☒ No

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

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

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15. Mailing Address:							
	2700 Technology Forest Blvd						
	Suite 100						
	City	The Woodlands	State	TX	ZIP	77381	ZIP + 4

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

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*

(507) 386-2111		( ) -

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.)*

Covia Solutions Inc.

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	1788 County Road 308							
	City	Cleburne	**State**	TX	**ZIP**	76033	**ZIP + 4**	
24. County	Somervell							

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

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

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

27. Latitude (N) In Decimal:			**28. Longitude (W) In Decimal:**		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
1446	NA	212322	NA

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

Silica Sand Mining and Processing

34. Mailing Address:	**1788 County Road 308**							
	City	**Cleburne**	**State**	**TX**	**ZIP**	**76033**	**ZIP + 4**	

35. E-Mail Address:	**michael.foster@coviacorp.com**

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(432) 227-2727	**NA**	**(0) -**

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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
	TXR050000			
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☒ Other: Air
	WQ0001401000			Permit Number 38808

SECTION IV: Preparer Information

40. Name:	Kathryn Nickel	41. Title:	Consulting Specialist

42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(805) 231-1281	NA	(NA) -	kathryn.nickel@bsigroup.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:	Covia Solutions Inc.	Job Title:	V.P. Environmental
Name *(In Print)*:	Douglas S. Losee	Phone:	(507) 386- 2111
Signature:		Date:	2/13/2024

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Water Quality Applications Team

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

TCEQ INDUSTRIAL WASTEWATER PERMIT APPLICATION

INDUSTRIAL ADMINISTRATIVE REPORT 1.0

This report is required for all applications for TPDES permits and TLAPs. Contact the Applications Review and Processing Team at 512-239-4671 with any questions about completing this report

Item 1. Application Information and Fees (Instructions, Page 25)

a. Complete each field with the requested information, if applicable.

Applicant Name: Covia Solutions Inc. - Cleburne Facility EPA ID No.: TX0001830

Permit No.: WQ0001401000 Expiration Date: August 20, 2024

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

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

☒ Active ☐ Inactive

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

☒ TPDES Permit ☐ TLAP

e. Check the box next to the appropriate application type.

☐ New

☒ Renewal with changes ☐ Renewal without changes

☐ Major amendment with renewal ☐ Major amendment without renewal

☐ Minor amendment without renewal ☐ Minor modification without renewal

f. If applying for an amendment or modification, describe the request: Click to enter text.

g. Application Fee

EPA Classification	New	Major Amend. (with or without renewal)	Renewal (with or without changes)	Minor Amend. / Minor Mod. (without renewal)
Minor facility not subject to EPA categorical effluent guidelines (*40 CFR Parts 400-471*)	☐ $350	☐ $350	☐ $315	☐ $150
Minor facility subject to EPA categorical effluent guidelines (*40 CFR Parts 400-471*)	☐ $1,250	☐ $1,250	☒ $1,215	☐ $150
Major facility	N/A [1]	☐ $2,050	☐ $2,015	☐ $450

For TCEQ Use Only

Segment Number 1204 County SOMERVELL

Expiration Date 8/20/2024 Region 4

Permit Number WQ0001401000

[1] All facilities are designated as minors until formally classified as a major by EPA.

h. Payment Information

Mailed

Check or money order No.: Click to enter text. Check or money order amt.: Click to enter text.

Named printed on check or money order: Click to enter text.

Epay

Voucher number: Click to enter text. Copy of voucher attachment: Click to enter text.

Item 2. Applicant Information (Instructions, Pages 25)

a. Customer Number, if applicant is an existing customer: CN606205722

Note: Locate the customer number using the TCEQ's Central Registry Customer Search[2].

b. Legal name of the entity (applicant) applying for this permit: Covia Solutions Inc.

Note: The owner of the facility must apply for the permit. The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

☒ Mr. ☐ Ms. First/Last Name: Douglas S. Losee

Title: V.P. Environmental Credential: Vice President Environmental

d. Will the applicant have overall financial responsibility for the facility?

☒ Yes ☐ No

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

Item 3. Co-applicant Information (Instructions, Page 26)

☒ Check this box if there is no co-applicant.; otherwise, complete the below questions.

a. Legal name of the entity (co-applicant) applying for this permit: Click to enter text.

Note: The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

b. Customer Number (if applicant is an existing customer): CNClick to enter text.

Note: Locate the customer number using the TCEQ's Central Registry Customer Search.

c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

☐ Mr. ☐ Ms. First/Last Name: Click to enter text.

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

d. Will the co-applicant have overall financial responsibility for the facility?

☐ Yes ☐ No

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

[2] https://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch

Item 4. Core Data Form (Instructions, Pages 26)

a. Complete one Core Data Form (TCEQ Form 10400) for each customer (applicant and co-applicant(s)) and include as an attachment. If the customer type selected on the Core Data Form is Individual, complete Attachment 1 of the Administrative Report. Attachment: B

Item 5. Application Contact Information (Instructions, Page 26)

Provide names of two individuals who can be contact for additional information about this application. Indicate if the individual can be contact about administrative or technical information, or both.

a. ☐ Administrative Contact . ☒ Technical Contact

☐ Mr. ☒ Ms. Full Name (First and Last): Michele Oxlade

Title: Senior Environmental Specialist, WHC Coordinator Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Mailing Address: 2700 Technology Forest Blvd Ste 100

City: The Woodlands State: TX Zip Code: 77381

Phone No: 980-495-2572 Fax No: Click to enter text. Email: michele.oxlade@coviacorp.com

b. ☒ Administrative Contact . ☐ Technical Contact

☒ Mr. ☐ Ms. Full Name (First and Last): Mike Foster

Title: Sr. Plant Manager Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Mailing Address: 1788 County Road 308

City: Cleburne State: TX Zip Code: 76033

Phone No: 432-227-2727 Fax No: Click to enter text. Email: michael.foster@coviacorp.com

Attachment: Click to enter text.

Item 6. Permit Contact Information (Instructions, Pages 26)

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

a. ☒ Mr. ☐ Ms. Full Name (First and Last): Mike Foster

Title: Sr. Plant Manager Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Mailing Address: 1788 County Road 308

City: Cleburne State: TX Zip Code: 76033

Phone No: 432-227-2727 Fax No: Click to enter text. Email: michael.foster@coviacorp.com

b. ☐ Mr. ☒ Ms. Full Name (First and Last): Michele Oxlade

Title: Senior Environmental Specialist, WHC Coordinator Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Mailing Address: 2700 Technology Forest Blvd Ste 100

City: The Woodlands State: TX Zip Code: 77381

Phone No: 980-495-2572 Fax No: Click to enter text. Email: michele.oxlade@coviacorp.com

Attachment: Click to enter text.

Item 7. Billing Contact Information (Instructions, Page 27)

The permittee is responsible for paying the annual fee. The annual fee will be assessed for 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 (form TCEQ-20029).

Provide the complete mailing address where the annual fee invoice should be mailed and the name and phone number of the permittee's representative responsible for payment of the invoice.

☒ Mr. ☐ Ms. Full Name (First and Last): Mike Foster

Title: Sr. Plant Manager Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Mailing Address: 1788 County Road 308

City: Cleburne State: TX Zip Code: 76033

Phone No: 432-227-2727 Fax No: Click to enter text. Email: michael.foster@coviacorp.com

Item 8. DMR/MER Contact Information (Instructions, Page 27)

Provide the name and mailing address of the person delegated to receive and submit DMRs or MERs. **Note:** DMR data must be submitted through the NetDMR system. An electronic reporting account can be established once the facility has obtained the permit number.

☒ Mr. ☐ Ms. Full Name (First and Last): Mike Foster

Title: Sr. Plant Manager Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Mailing Address: 1788 County Road 308

City: Cleburne State: TX Zip Code: 76033

Phone No: 432-227-2727 Fax No: Click to enter text. Email: michael.foster@coviacorp.com

Item 9. NOTICE INFORMATION (Instructions, Pages 27

a. Individual Publishing the Notices

☒ Mr. ☐ Ms. Full Name (First and Last): Mike Foster

Title: Sr. Plant Manager Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Mailing Address: 1788 County Road 308

City: Cleburne State: TX Zip Code: 76033

Phone No: 432-227-2727 Fax No: Click to enter text. Email: michael.foster@coviacorp.com

b. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package (only for NORI, NAPD will be sent via regular mail)

☒ E-mail: @coviacorp.com

☐ Fax: Click to enter text.

☐ Regular Mail (USPS)

Mailing Address: Click to enter text.

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

c. Contact in the Notice

☒ Mr. ☐ Ms Full Name (First and Last): Mike Foster

Title: Sr. Plant Manager Credential: Click to enter text.

Organization Name: Covia Solutions Inc.

Phone No: 432-227-2727 Fax No: Click to enter text. Email: michael.foster@coviacorp.com

d. Public Viewing Location Information

Note: If the facility or outfall is located in more than one county, provide a public viewing place for each county.

Public building name: Somervell County Annex Building Location within the building: Click to enter text.

Physical Address of Building: 107 North East Vernon

City: Glen Rose County: Somervell

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 Item 8 (Regulated Entity and Permitted Site Information.)

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 ☐ N/A

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

f. Plain Language Summary Template - Complete the Plain Language Summary at the end of this application.

g. Complete one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment and include as an attachment. Attachment: Click to enter text.

Item 10. Regulated Entity and Permitted Site Information (Instructions Pages 28-30)

a. TCEQ issued Regulated Entity Number (RN), if available: RN111863031

Note: If your business site is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search the TCEQ's Central Registry to determine the RN or to see if the larger site may already be registered as a Regulated Entity. If the site is found, provide the assigned RN.

b. Name of project or site (the name known by the community where located): Covia - Cleburne Facility

c. Is the location address of the facility in the existing permit the same?

☒ Yes ☐ No ☐ N/A (new permit)

Note: If the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson County, additional information concerning protection of the Edwards Aquifer may be required.

d. Owner of treatment facility:

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Covia Solutions Inc.

Mailing Address: 3 Summit Park Dr #700

City: Independence State: OH Zip Code: 44131

Phone No: 440-214-3200 Fax No: Click to enter text. Email: Click to enter text.

e. Ownership of facility: ☐ Public ☒ Private ☐ Both ☐ Federal

f. Owner of land where treatment facility is or will be: Click to enter text.

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Covia Solutions Inc.

Mailing Address: 3 Summit Park Dr #700

City: Independence State: OH Zip Code: 44131

Phone No: 440-214-3200 Fax No: Click to enter text. Email: Click to enter text.

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years (In some cases, a lease may not suffice - see instructions). Attachment: Click to enter text.

g. Owner of effluent TLAP disposal site (if applicable): Click to enter text.

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Covia Solutions Inc.

Mailing Address: 3 Summit Park Dr #700

City: Independence State: OH Zip Code: 44131

Phone No: 440-214-3200 Fax No: Click to enter text. Email: Click to enter text.

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: Click to enter text.

h. Owner of sewage sludge disposal site (if applicable):

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No: Click to enter text. Fax No: Click to enter text. Email: Click to enter text.

Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: Click to enter text.

Item 11. TDPES Discharge/TLAP Disposal Information (Instructions, Pages 30-32)

a. Is the facility located on or does the treated effluent cross Native American Land?

☐ Yes ☒ No

b. Attach an original full size USGS Topographic Map (or an 8.5"×11" reproduced portion for renewal or amendment applications) with all required information. Check the box next to each item below to confirm it has been included on the map.

☒ One-mile radius

☒ Applicant's property boundaries

☒ Labeled point(s) of discharge

☒ Effluent disposal site boundaries

☐ Sewage sludge disposal site

☒ Three-miles downstream information

☒ Treatment facility boundaries

☒ Highlighted discharge route(s)

☒ All wastewater ponds

☐ New and future construction

Attachment: C

c. Is the location of the sewage sludge disposal site in the existing permit accurate?

☐ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: N/A

d. Are the point(s) of discharge in the existing permit correct?

☒ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: Click to enter text.

e. Are the discharge route(s) in the existing permit correct?

☒ Yes ☐ No or New Permit

If no, or a new permit, provide an accurate description of the discharge route: Click to enter text.

f. City nearest the outfall(s): Cleburne

g. County in which the outfalls(s) is/are located: Johnson

h. 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, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: Click to enter text.

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.

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

☐ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: Click to enter text.

j. City nearest the disposal site: Cleburne

k. County in which the disposal site is located: Johnson

l. Disposal Site Latitude: See Map Longitude: See Map

m. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site: Click to enter text.

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

Item 12. MISCELLANEOUS INFORMATION (Instructions, Page 32)

a. 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: Click to enter text.

b. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the account no.: Click to enter text. and total amount due: Click to enter text.

c. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, provide the enforcement order no.: Click to enter text. and amount due: Click to enter text.

Item 13. SIGNATURE PAGE (Instructions, Pages 32-33)

Permit No: WQ0001401000

Applicant Name: Covia Solutions Inc.

Certification: I, Click to enter text., 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): Douglas S. Losee

Signatory title: V.P. Environmental

Signature: _____ Date: 2/13/2024
(Use blue ink)

Subscribed and Sworn to before me by the said VP Environmental

on this 13th day of February, 20 24.

My commission expires on the 15th day of September, 20 25.

Bambi Lynn Cappelle
Notary Public

Montgomery
County, Texas

[SEAL]

BAMBI LYNN CAPPELLE
Notary Public, State of Texas
Comm. Expires 09-15-2025
Notary ID 133332856

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

INDUSTRIAL ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

Item 1. AFFECTED LANDOWNER INFORMATION (Instructions, Pages 34-35)

a. Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.

☐ 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 (e.g., irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property.

☐ The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located.

☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners within one-quarter mile of 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 (e.g., sludge surface disposal site or sludge monofil) is located.

Attachment: Click to enter text.

b. Check the box next to the format of the landowners list:

☐ Readable/Writeable CD ☐ Four sets of labels

Attachment: Click to enter text.

d. Provide the source of the landowners' names and mailing addresses: Click to enter text.

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.

Item 2. Public Involvement Plan Form (Instructions, Page 36)

Complete and attach one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment to a permit.

Item 3. ORIGINAL PHOTOGRAPHS (Instructions, Page 36)

Provide original ground level photographs. Check the box next to each of the following items to indicate it is included.

☐ 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.

Attachment: Click to enter text.

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING 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 36)

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

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

The following applies to all applications:

1. Permittee Name: Covia Solutions Inc.

2. Permit No.: WQ0001401000 EPA ID No.: TX00001830

3. Address of the project (location description that includes street/highway, city/vicinity, and county): 1788 County Road 308, Cleburne, TX 76033

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

   Full Name (First and Last): Mike Foster

   Organization Name: Covia Solutions Inc. Mailing Address: 1788 County Road 308

   City: Cleburne State: TX Zip Code: 76033

   Phone No: 432-227-2727 Fax No: Click to enter text. Email: michael.foster@coviacorp.com

5. List the county in which the facility is located: Johnson

6. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property: Click to enter text.

7. 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: 001 - George's Creek 002, 003, 004, 005 - Unnamed Tributary to George's Creek. Process water Outfalls 001, 002, and 005 have not discharged to Unnamed Tributary to George's Creek since 2019. The mine dewatering Outfall 003 has also not discharged since 2019. Outfall 005 has not discharged to Unnamed Tributary to George's Creek since November of 2023.

8. 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.) Attachment: D

9. Provide original photographs of any structures 50 years or older on the property. Attachment: Click to enter text.

10. 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

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

12. Describe existing disturbances, vegetation, and land use: All current disturbance is to pre-existing range land.

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

13. List construction dates of all buildings and structures on the property: Click to enter text.

14. Provide a brief history of the property, and name of the architect/builder, if known: Click to enter text.

ATTACHMENT 1

INDIVIDUAL INFORMATION

Item 1. Individual information (Instructions, Page 37)

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., or Miss): Click to enter text.

Full legal name (first, middle, and last): 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 No.: Click to enter text.

Fax No.: Click to enter text.

E-mail Address: Click to enter text.

CN: Click to enter text.

Checklist of Common Deficiencies

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

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

☐ Correct and Current Industrial Wastewater Permit Application Forms
(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)

☐ Water Quality Permit Payment Submittal Form (Page 14)
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)

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

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

☒ N/A ☐ Landowners Map
(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.

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

☒ N/A ☐ Landowners Labels or CD-RW attached
(See instructions for landowner requirements.)

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

☐ Plain Language Summary

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS INDUSTRIAL 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 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.

1. Enter applicant's name here. (2. Enter Customer Number here (i.e., CN6########).) 3. Choose from the drop-down menu. 4. Enter name of facility here. 5. Enter Regulated Entity Number here (i.e., RN1########). 6. Choose from the drop-down menu. 7. Enter facility description here.. The facility 8. Choose from the drop-down menu. located 9. Enter location here. , in 10. Enter city name here., 11. Enter county name here. County, Texas 12. Enter zip code here.. 13. Enter summary of application request here.*<<For TLAP applications include the following sentence, otherwise delete:>>* This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain14. List all expected pollutants here..15. Enter types of wastewater discharged here. 16. Choose from the drop-down menu. treated by 17. Enter a description of wastewater treatment used at the facility here..

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

AGUAS RESIDUALES INDUSTRIALES/AGUAS PLUVIALES

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

1. Introduzca el nombre del solicitante aquí. (2. Introduzca el número de cliente aquí (es decir, CN6 #########).) 3. Elija del menú desplegable. 4. Introduzca el nombre de la instalación aquí. 5. Introduzca el número de entidad regulada aquí (es decir, RN1 #########). 6. Elija del menú desplegable. 7. Introduzca la descripción de la instalación aquí. La instalación 8. Elija del menú desplegable. ubicado 9. Introduzca la ubicación aquí, en 10. Introduzca el nombre de la ciudad aquí., Condado de 11. Introduzca el nombre del condado aquí, Texas 12. Introduzca el código postal aquí.
13. Introduzca el resumen de la 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 contengan14. Liste todos los contaminantes esperados aquí. 15. Introduzca los tipos de aguas residuales descargadas aquí. 16. Elija del menú desplegable. tratado por 17. Introduzca una descripción del tratamiento de aguas residuales utilizado en la instalación aquí.

INSTRUCTIONS

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

15. Enter the discharge types from your facility in this section (e.g., stormwater, process wastewater, once through cooling water, etc.)
16. Choose the appropriate verb tense to complete the sentence.
17. Enter a description of the wastewater treatment used at your facility. Include a description of each process, starting with initial treatment and finishing with the outfall/point of disposal. Use additional lines for individual discharge types if necessary.

Example

Individual Industrial Wastewater Application

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

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

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

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

Cooling water and boiler make-up water are supplied by Lake Starr Reservoir. The City of Austin municipal water plant (CN600000000, PWS 00000) supplies the facility's potable water and serves as an alternate source of boiler make-up water. Water from the Lake Starr Reservoir is withdrawn at the intake structure and treated with sodium hypochlorite to prevent biofouling and sodium bromide as a chlorine enhancer to improve efficacy and then passed through condensers and auxiliary equipment on a once-through basis to cool equipment and condense exhaust steam. Low volume wastewater from blowdown of boiler Units 1 and 2 and metal cleaning wastes receive no treatment prior to discharge via Outfall 101. Plant floor and equipment drains and stormwater runoff from diked oil storage areas, yards, and storm drains are routed through an oil and water separator prior to discharge via Outfall 101. Domestic wastewater, blowdown, and backwash water from the service water filter, clarifier, and sand filter are routed to the Starr Creek Domestic Sewage Treatment Plant, TPDES Permit No. WQ0010000001, for treatment and disposal. Metal cleaning waste from equipment cleaning is generally disposed of off-site.

2. Technical Report

RECEIVED
FEB 15 2024
Water Quality Applications Team

TECHNICAL REPORT 1.0
INDUSTRIAL

The following information **is required** for all applications for a TLAP or an individual TPDES discharge permit.

For additional information or clarification on the requested information, refer to the Instructions for Completing the Industrial Wastewater Permit Application[1] available on the TCEQ website.

If more than one outfall is included in the application, provide applicable information for each individual outfall. **If an item does not apply to the facility, enter N/A** to indicate that the item has been considered. Include separate reports or additional sheets as **clearly cross-referenced attachments** and provide the attachment number in the space provided for the item the attachment addresses.

NOTE: This application is for an industrial wastewater permit only. Additional authorizations from the TCEQ Waste Permits Division or the TCEQ Air Permits Division may be needed.

1. FACILITY/SITE INFORMATION (Instructions, Pages 39-40)

a. Describe the general nature of the business and type(s) of industrial and commercial activities. Include all applicable SIC codes (up to 4).

The Covia Cleburne facility mines, washes, dries, screens, and ships silica sand.

b. Describe all wastewater-generating processes at the facility.

Water is used to wash clay and other particles from the silica sand. The water then passes through a series of ponds to allow suspended particles to settle out prior to being reused or discharged.

[1] https://www.tceq.texas.gov/permitting/wastewater/industrial/TPDES_industrial_wastewater_steps.html

c. Provide a list of raw materials, major intermediates, and final products handled at the facility.

Materials List

Raw Materials	Intermediate Products	Final Products
Silica Sand		Silica Sand
Clay		
Water		

Attachment:

d. Attach a facility map (drawn to scale) with the following information:

- Production areas, maintenance areas, materials-handling areas, waste-disposal areas, and water intake structures.
- The location of each unit of the WWTP including the location of wastewater collection sumps, impoundments, outfalls, and sampling points, if significantly different from outfall locations.

Attachment: F

e. Is this a new permit application for an existing facility?

☐ Yes ☒ No

If **yes**, provide background discussion:

f. Is/will the treatment facility/disposal site be located above the 100-year frequency flood level.

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: FEMA's National Flood Hazard Layer

If **no**, provide the elevation of the 100-year frequency flood plain and describe what protective measures are used/proposed to prevent flooding (including tail water and rainfall run-on controls) of the treatment facility and disposal area:

Attachment:

g. For **new** or **major amendment** permit applications, will any construction operations result in a discharge of fill material into a water in the state?

☐ Yes ☐ No ☒ N/A (renewal only)

h. If **yes** to Item 1.g, has the applicant applied for a USACE CWA Chapter 404 Dredge and Fill permit?

☐ Yes ☐ No

If **yes**, provide the permit number:

If **no**, provide an approximate date of application submittal to the USACE:

2. TREATMENT SYSTEM (Instructions, Page 40)

a. List any physical, chemical, or biological treatment process(es) used/proposed to treat wastewater at this facility. Include a description of each treatment process, starting with initial treatment and finishing with the outfall/point of disposal.

Settling Pond # 1W - 2.5 Acres Settling
Settling Pond # 1E - 6.1 Acres
Settling Pond # 2 - 4.8 Acres Settling
Settling Pond # 4 - 6.4 Acres Settling
Settling Pond # 5 - 3.3 Acres Settling - Outfall 002
Settling Pond # 7 - 9.3 Acres Settling – Proposed Outfall 005 (Emergency Spillway)
Settling Pond # 8 - 5.1 Acres Settling – Outfall 001
Settling Pond # 9 - 13.9 Acres Settling
Settling Pond NV East - 4.4 Acres Settling
Settling Pond NV West - 2.0 Acres Settling
Settling Pond Tomiceta - 1.1 Acres Settling - Outfall 003
Settling Pond #10 - 41.9 Acres Settling - Outfall 004 (Emergency Spillway)

b. Attach a flow schematic **with a water balance** showing all sources of water and wastewater flow into the facility, wastewater flow into and from each treatment unit, and wastewater flow to each outfall/point of disposal.

Attachment: G

3. IMPOUNDMENTS (Instructions, Pages 40-42)

Does the facility use or plan to use any wastewater impoundments (e.g., lagoons or ponds?)

☒ Yes ☐ No

If **no**, proceed to Item 4. If **yes**, complete **Item 3.a** for **existing** impoundments and **Items 3.a - 3.e** for **new or proposed** impoundments. **NOTE:** See instructions, Pages 40-42, for additional information on the attachments required by Items 3.a – 3.e.

a. Complete the table with the following information for each existing, new, or proposed impoundment:

Use Designation: Indicate the use designation for each impoundment as Treatment (**T**), Disposal (**D**), Containment (**C**), or Evaporation (**E**).

Associated Outfall Number: Provide an outfall number if a discharge occurs or will occur.

Liner Type: Indicate the liner type as Compacted clay liner (**C**), In-situ clay liner (**I**), Synthetic/plastic/rubber liner (**S**), or Alternate liner (**A**). **NOTE:** See instructions for further detail on liner specifications. If an alternate liner (A) is selected, include an attachment that provides a description of the alternate liner and any additional technical information necessary for an evaluation.

Leak Detection System: If any leak detection systems are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no.

Groundwater Monitoring Wells and Data: If groundwater monitoring wells are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no. Attach any existing groundwater monitoring data.

Dimensions: Provide the dimensions, freeboard, surface area, storage capacity of the impoundments, and the maximum depth (not including freeboard). For impoundments with irregular shapes, submit surface area instead of length and width.

Compliance with 40 CFR Part 257, Subpart D: If the impoundment is required to be in compliance with 40 CFR Part 257, Subpart D, enter **Y** for yes. Otherwise, enter **N** for no.

Date of Construction: Enter the date construction of the impoundment commenced (mm/dd/yy).

Impoundment Information

Parameter	Pond #	Pond #	Pond #	Pond #
Use Designation: (T) (D) (C) or (E)	T, D, C	T, D, C	T, D, C	T, D, C
Associated Outfall Number	N/A	N/A	N/A	N/A
Liner Type (C) (I) (S) or (A)	None	None	None	None
Alt. Liner Attachment Reference	Mined Out Quarry	Mined Out Quarry	Mined Out Quarry	
Leak Detection System, Y/N				
Groundwater Monitoring Wells, Y/N				
Groundwater Monitoring Data Attachment				
Pond Bottom Located Above The Seasonal High-Water Table, Y/N				
Length (ft)				
Width (ft)				
Max Depth From Water Surface (ft), Not Including Freeboard				
Freeboard (ft)	Min 3	Min 3	Min 3	Min 3
Surface Area (acres)	2.5	6.1	4.8	6.4
Storage Capacity (gallons)	1.62 MM	3.96 MM	7.82 MM	10.43 MM
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

Impoundment Information

Parameter	Pond #	Pond #	Pond #	Pond #
Use Designation: (T) (D) (C) or (E)	T, D, C	T, D, C	T, D, C	T, D, C
Associated Outfall Number	002	005 (proposed)	001	N/A
Liner Type (C) (I) (S) or (A)	None	None	None	None
Alt. Liner Attachment Reference		Mined Out Quarry	Mined Out Quarry	Mined Out Quarry
Leak Detection System, Y/N				
Groundwater Monitoring Wells, Y/N				
Groundwater Monitoring Data Attachment				
Pond Bottom Located Above The Seasonal High-Water Table, Y/N				
Length (ft)				
Width (ft)				
Max Depth From Water Surface (ft), not including freeboard				
Freeboard (ft)	Min 3	Min 3	Min 3	Min 3
Surface Area (acres)	3.3	9.3	5.1	13.9
Storage Capacity (gallons)	5.38 MM	45.45 MM	49.86 MM	73.15 MM
40 CFR Part 257, Subpart D, Y/N				

Parameter	Pond #	Pond #	Pond #	Pond #
Date of Construction				

Attachment:

The following information (**Items 3.b – 3.e**) is required only for **new or proposed** impoundments.

b. For new or proposed impoundments, attach any available information on the following items. If attached, check **yes** in the appropriate box. Otherwise, check **no** or **not yet designed**.

i. Liner data

☐ Yes ☐ No ☐ Not yet designed

ii. Leak detection system or groundwater monitoring data

☐ Yes ☐ No ☐ Not yet designed

iii. Groundwater impacts

☐ Yes ☐ No ☐ Not yet designed

NOTE: Item b.iii is required if the bottom of the pond is not above the seasonal high-water table in the shallowest water-bearing zone.

Attachment:

For TLAP applications: Items 3.c – 3.e are **not required**, continue to Item 4.

c. Attach a USGS map or a color copy of original quality and scale which accurately locates and identifies all known water supply wells and monitor wells within ½-mile of the impoundments.

Attachment:

d. Attach copies of State Water Well Reports (e.g., driller's logs, completion data, etc.), and data on depths to groundwater for all known water supply wells including a description of how the depths to groundwater were obtained.

Attachment:

e. Attach information pertaining to the groundwater, soils, geology, pond liner, etc. used to assess the potential for migration of wastes from the impoundments or the potential for contamination of groundwater or surface water.

Attachment:

4. OUTFALL/DISPOSAL METHOD INFORMATION (Instructions, Pages 42-43)

Complete the following tables to describe the location and wastewater discharge or disposal operations for each outfall for discharge operations, and for each point of disposal for TLAP operations.

If there are more outfalls/points of disposal at the facility than the spaces provided, copies of pages 6 and/or numbered accordingly (i.e., page 6a, 6b, etc.) may be used to provide information on the additional outfalls.

For TLAP applications: Indicate the disposal method and each individual irrigation area **I**, evaporation pond **E**, or subsurface drainage system **S** by providing the appropriate letter designation for the disposal method followed by a numerical designation for each disposal area in the space provided for **Outfall** number (e.g. **E1** for evaporation pond 1, **I2** for irrigation area No. 2, etc.).

Outfall Latitude and Longitude

Outfall Number	Latitude-degrees	Latitude-minutes	Latitude-seconds	Longitude-degrees	Longitude-minutes	Longitude-seconds
001	32	17	50	97	37	37
002	32	17	32	97	37	52
003	32	18	23	97	38	41
004	32	17	47	97	38	4
005	32	17	33	97	37	59

Outfall Location Description

Outfall Number	Location Description
001	From Pond 8 through 24" trough to George's Creek
002	From Pond 5 through 24" pipe to unnamed tributary to George's Creek
003	From Pond TO (Tomiceta) through 24" trough to unnamed tributary to George's Creek
004	From Pond 10 over emergency spillway to unnamed tributary to George's Creek
005	From Pond 7 over emergency spillway to unnamed tributary to George's Creek

Description of Sampling Points (if different from Outfall location)

Outfall Number	Description of Sampling Point

Outfall Flow Information – Permitted and Proposed

Outfall Number	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	0.5	Report			
002	0.5	Report			
003	0.5	Report			
004	Report	Report			
005	Report	Report			

Outfall Discharge – Method and Measurement

Outfall Number	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	N	N	Operator Est.
002	N	N	Operator Est.
003	N	N	Operator Est.
004	N	Y	Operator Est.

Outfall Number	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
005	N	Y	Operator Est.

Outfall Discharge – Flow Characteristics

Outfall Number	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
001	Y	N	N			
002	Y	N	N			
003	Y	N	N			
004	Y	N	N			
005	Y	N	N			

Wastestream Contributions

Outfall No.: 001

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Process Water. Outfall 001 has not discharged to Unnamed Tributary to George's Creek since 2019.	0.5	100

Outfall No.: 002

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Process Water. Outfall 002 has not discharged to Unnamed Tributary to George's Creek since 2019.	0.5	100

Outfall No.: 003

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Mine Dewatering. Outfall 003 has not discharged to Unnamed Tributary to George's Creek since 2019.	0.5	100

Outfall No.: 004

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Process Water		
Clean water from settling pond will be pumped to Pond 8. Spillway is for emergency use only in the event of a mechanical pumping failure or extreme rainfall event. Outfall 004 has not discharged to Unnamed Tributary to George's Creek since 2019.		

Outfall No.: 005

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Process Water	0.5	100

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Clean water from settling pond will be pumped to Pond 8 or 10. Spillway is for emergency use only in the event of a mechanical pumping failure or extreme rainfall event. Outfall 005 has not discharged to Unnamed Tributary to George's Creek since November of 2023.		

Attachment:

5. BLOWDOWN AND ONCE-THROUGH COOLING WATER DISCHARGES (Instructions, Page 44)

a. Does the facility use/propose to use any cooling towers which discharge blowdown or other wastestreams to the outfall(s)?

☐ Yes ☒ No

NOTE: If the facility uses or plans to use cooling towers, Item 12 **is required**.

b. Does the facility use or plan to use any boilers that discharge blowdown or other wastestreams to the outfall(s)?

☐ Yes ☒ No

c. Does or will the facility discharge once-through cooling water to the outfall(s)?

☐ Yes ☒ No

NOTE: If the facility uses or plans to use once-through cooling water, Item 12 **is required**.

d. If **yes** to Items 5.a, 5.b, **or** 5.c, attach the SDS with the following information for each chemical additive.

- Manufacturers Product Identification Number
- Product use (e.g., biocide, fungicide, corrosion inhibitor, etc.)
- Chemical composition including CASRN for each ingredient
- Classify product as non-persistent, persistent, or bioaccumulative
- Product or active ingredient half-life
- Frequency of product use (e.g., 2 hours/day once every two weeks)
- Product toxicity data specific to fish and aquatic invertebrate organisms
- Concentration of whole product or active ingredient, as appropriate, in wastestream.

Attach a summary of this information in addition to the submittal of the SDS for each specific wastestream and the associated chemical additives and specify which outfalls are affected.

Attachment:

e. Cooling Towers and Boilers

If **yes** to either Item 5.a **or** 5.b, complete the following table.

Cooling Towers and Boilers

Type of Unit	Number of Units	Dly Avg Blowdown (gallons/day)	Dly Max Blowdown (gallons/day)
Cooling Towers			
Boilers			

6. STORMWATER MANAGEMENT (Instructions, Page 44)

Are there any existing/proposed outfalls which discharge stormwater associated with industrial activities, as defined at *40 CFR § 122.26(b)(14)*, commingled with any other wastestream?

☒ Yes ☐ No

If **yes**, briefly describe the industrial processes and activities that occur outdoors or in some manner which may result in exposure of the activities or materials to stormwater: **The Cleburne facility mines,**

washes, dries, screens, and ships silica sand. Water is used to wash clay and other particles from the silica sand. The water then passes through a series of ponds to allow suspended particles to settle out prior to being reused or discharged.

7. DOMESTIC SEWAGE, SEWAGE SLUDGE, AND SEPTAGE MANAGEMENT AND DISPOSAL (Instructions, Page 45)

Domestic Sewage - Waste and wastewater from humans or household operations that is discharged to a wastewater collection system or otherwise enters a treatment works.

a. Check the box next to the appropriate method of domestic sewage and domestic sewage sludge treatment or disposal. Complete Worksheet 5.0 or Item 7.b if directed to do so.

- ☐ Domestic sewage is routed (i.e., connected to or transported to) to a WWTP permitted to receive domestic sewage for treatment, disposal, or both. **Complete Item 7.b.**
- ☒ Domestic sewage disposed of by an on-site septic tank and drainfield system. **Complete Item 7.b.**
- ☐ Domestic and industrial treatment sludge **ARE commingled** prior to use or disposal.
- ☐ Industrial wastewater and domestic sewage are treated separately, and the respective sludge **IS NOT commingled** prior to sludge use or disposal. **Complete Worksheet 5.0.**
- ☐ Facility is a POTW. **Complete Worksheet 5.0.**
- ☐ Domestic sewage is not generated on-site.
- ☐ Other (e.g., portable toilets), specify and **Complete Item 7.b:**

b. Provide the name and TCEQ, NPDES, or TPDES Permit No. of the waste-disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.
Jackey Lackey Septic Cleaning	23271

8. IMPROVEMENTS OR COMPLIANCE/ENFORCEMENT REQUIREMENTS (Instructions, Page 45)

a. Is the permittee currently required to meet any implementation schedule for compliance or enforcement?

☐ Yes ☒ No

b. Has the permittee completed or planned for any improvements or construction projects?

☐ Yes ☒ No

c. If **yes** to either 8.a **or** 8.b, provide a brief summary of the requirements and a status update:

9. TOXICITY TESTING (Instructions, Page 45)

Have any biological tests for acute or chronic toxicity been made on any of the discharges or on a receiving water in relation to the discharge within the last three years?

☐ Yes ☒ No

If **yes**, identify the tests and describe their purposes:

Additionally, attach a copy of all tests performed which **have not** been submitted to the TCEQ or EPA.

Attachment:

10. OFF-SITE/THIRD PARTY WASTES (Instructions, Page 45)

a. Does or will the facility receive wastes from off-site sources for treatment at the facility, disposal on-site via land application, or discharge via a permitted outfall?

☐ Yes ☒ No

If **yes**, provide responses to Items 10.b through 10.d below.

If **no**, proceed to Item 11.

b. Attach the following information to the application:

- List of wastes received (including volumes, characterization, and capability with on-site wastes).
- Identify the sources of wastes received (including the legal name and addresses of the generators).
- Description of the relationship of waste source(s) with the facility's activities.

Attachment:

c. Is or will wastewater from another TCEQ, NPDES, or TPDES permitted facility commingled with this facility's wastewater after final treatment and prior to discharge via the final outfall/point of disposal?

☐ Yes ☒ No

If **yes**, provide the name, address, and TCEQ, NPDES, or TPDES permit number of the contributing facility and a copy of any agreements or contracts relating to this activity.

Attachment:

d. Is this facility a POTW that accepts/will accept process wastewater from any SIU and has/is required to have an approved pretreatment program under the NPDES/TPDES program?

☐ Yes ☒ No

If **yes**, **Worksheet 6.0** of this application **is required**.

11. RADIOACTIVE MATERIALS (Instructions, Pages 46)

a. Are/will radioactive materials be mined, used, stored, or processed at this facility?

☐ Yes ☒ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L.

Radioactive Materials Mined, Used, Stored, or Processed

Radioactive Material	Concentration (pCi/L)

b. Does the applicant or anyone at the facility have any knowledge or reason to believe that radioactive materials may be present in the discharge, including naturally occurring radioactive materials in the source waters or on the facility property?

☐ Yes ☒ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L. Do not include information provided in response to Item 11.a.

Radioactive Materials Present in the Discharge

Radioactive Material	Concentration (pCi/L)

12. COOLING WATER (Instructions, Pages 46-47)

a. Does the facility use or propose to use water for cooling purposes?

☐ Yes ☒ No

If **no**, stop here. If **yes**, complete Items 12.b thru 12.f.

b. Cooling water is/will be obtained from a groundwater source (e.g., on-site well).

☐ Yes ☐ No

If **yes**, stop here. If **no**, continue.

c. Cooling Water Supplier

i. Provide the name of the owner(s) and operator(s) for the CWIS that supplies or will supply water for cooling purposes to the facility.

Cooling Water Intake Structure(s) Owner(s) and Operator(s)

CWIS ID				
Owner				
Operator				

ii. Cooling water is/will be obtained from a Public Water Supplier (PWS)

☐ Yes ☐ No

If **no**, continue. If **yes**, provide the PWS Registration No. and stop here: PWS No.

iii. Cooling water is/will be obtained from a reclaimed water source?

☐ Yes ☐ No

If **no**, continue. If **yes**, provide the Reuse Authorization No. and stop here:

iv. Cooling water is/will be obtained from an Independent Supplier

☐ Yes ☐ No

If **yes**, provide the actual intake flow of the Independent Supplier's CWIS that is/will be used to provide water for cooling purposes to the facility and proceed:

If **no**, proceed to Item 12.d.

d. 316(b) General Criteria

i. The CWIS(s) used to provide water for cooling purposes to the facility has or will have a cumulative design intake flow of 2 MGD or greater.

☐ Yes ☐ No

ii. At least 25% of the total water withdrawn by the CWIS is/will be used at the facility exclusively for cooling purposes on an annual average basis.

☐ Yes ☐ No

iii. The CWIS(s) withdraw(s)/propose(s) to withdraw water for cooling purposes from surface waters that meet the definition of Waters of the United States in *40 CFR § 122.2*.

☐ Yes ☐ No

If **no**, provide an explanation of how the waterbody does not meet the definition of Waters of the United States in *40 CFR § 122.2*:

If **yes** to all three questions in Item 12.d, the facility **meets** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA. Proceed to **Item 12.f**.

If **no** to any of the questions in Item 12.d, the facility **does not meet** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA; however, a determination is required based upon BPJ. Proceed to **Item 12.e**.

e. The facility does not meet the minimum requirements to be subject to the fill requirements of Section 316(b) **and uses/proposes to use cooling towers**.

☐ Yes ☐ No

If **yes**, stop here. If **no**, complete Worksheet 11.0, Items 1(a), 1(b)(i-iii) and (vi), 2(b)(i), and 3(a) to allow for a determination based upon BPJ.

f. Oil and Gas Exploration and Production

i. The facility is subject to requirements at 40 CFR Part 435, Subparts A or D.

☐ Yes ☐ No

If **yes**, continue. If **no**, skip to Item 12.g.

ii. The facility is an existing facility as defined at 40 CFR § 125.92(k) or a new unit at an existing facility as defined at 40 CFR § 125.92(u).

☐ Yes ☐ No

If **yes**, complete Worksheet 11.0, Items 1(a), 1(b)(i-iii) and (vi), 2(b)(i), and 3(a) to allow for a determination based upon BPJ. If **no**, skip to Item 12.g.iii.

g. Compliance Phase and Track Selection

i. Phase I – New facility subject to 40 CFR Part 125, Subpart I

☐ Yes ☐ No

If **yes**, check the box next to the facility's compliance track selection, attach the requested information, and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

☐ Track I – AIF greater than 2 MGD, but less than 10 MGD
- Attach information required by *40 CFR §§ 125.86(b)(2)-(4).*

☐ Track I – AIF greater than 10 MGD
- Attach information required by *40 CFR § 125.86(b).*

☐ Track II
- Attach information required by *40 CFR § 125.86(c).*

Attachment:

ii. Phase II – Existing facility subject to 40 CFR Part 125, Subpart J

☐ Yes ☐ No

If **yes**, complete Worksheets 11.0 through 11.3, as applicable.

iii. Phase III – New facility subject to 40 CFR Part 125, Subpart N

☐ Yes ☐ No

If **yes**, check the box next to the facility's compliance track selection and provide the requested information.

☐ Track I – Fixed facility
- Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

☐ Track I – Not a fixed facility
- Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Item 2 (except the CWIS latitude and longitude under Item 2.a).

☐ Track II – Fixed facility
- Attach information required by 40 CFR § 125.136(c) and complete Worksheet 11.0, Items 2 and 3.

Attachment:

NOTE: Item 13 is required only for existing permitted facilities.

13. PERMIT CHANGE REQUESTS (Instructions, Pages 49-50)

a. Is the facility requesting a **major amendment** of an existing permit?

☐ Yes ☒ No

If **yes**, list each request individually and provide the following information: 1) detailed information regarding the scope of each request and 2) a justification for each request. Attach any supplemental information or additional data to support each request.

b. Is the facility requesting any **minor amendments** to the permit?

☐ Yes ☒ No

If **yes**, list and discuss the requested changes.

c. Is the facility requesting any **minor modifications** to the permit?

☐ Yes ☒ No

If **yes**, list and discuss the requested changes.

WORKSHEET 1.0
EPA CATEGORICAL EFFLUENT GUIDELINES

This worksheet **is required** for all applications for TPDES permits for discharges of wastewaters subject to EPA categorical effluent limitation guidelines (ELGs).

1. CATEGORICAL INDUSTRIES (Instructions, Pages 50-52)

Is this facility subject to any of the 40 CFR categorical ELGs outlined on page 53 of the instructions?

☒ Yes ☐ No

If **no**, this worksheet is not required. If **yes**, provide the appropriate information in the table below.

40 CFR Effluent Guidelines

Industry	40 CFR Part
Mineral Mining and Processing	436

2. PRODUCTION/PROCESS DATA (Instructions, Page 54)

NOTE: For all TPDES permit applications requesting individual permit coverage for discharges of oil and gas exploration and production wastewater (discharges into or adjacent to water in the state, falling under the Oil and Gas Extraction Effluent Guidelines – 40 CFR Part 435), see Worksheet 12.0, Item 2 instead.

a. **Production Data**

Provide the appropriate data for effluent guidelines with production-based effluent limitations.

Production Data

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units
N/A			

b. **Organic Chemicals, Plastics, and Synthetic Fibers Manufacturing Data (40 CFR Part 414)**

Provide each applicable subpart and the percent of total production. Provide data for metal-bearing and cyanide-bearing wastestreams, as required by *40 CFR Part 414, Appendices A and B.*

Percentages of Total Production

Subcategory	Percent of Total Production	Appendix A and B - Metal	Appendix A – Cyanide
N/A			

c. **Refineries (40 CFR Part 419)**

Provide the applicable subcategory and a brief justification.

N/A

3. PROCESS/NON-PROCESS WASTEWATER FLOWS (Instructions, Page 54)

Provide a breakdown of wastewater flow(s) generated by the facility, including both process and non-process wastewater flow(s). Specify which wastewater flows are to be authorized for discharge under this permit and the disposal practices for wastewater flows, excluding domestic, which are not to be authorized for discharge under this permit.

Mine dewatering to Pond (Tomiceta Pond) – Approximately 300 gpm, maximum of 250,000 gpd.

4. NEW SOURCE DETERMINATION (Instructions, Page 54)

Provide a list of all wastewater-generating processes subject to EPA categorical ELGs, identify the appropriate guideline Part and Subpart, and provide the date the process/construction commenced.

Wastewater-generating Processes Subject to Effluent Guidelines

Process	EPA Guideline: Part	EPA Guideline: Subpart	Date Process/ Construction Commenced
Process Water	436	D	Pre-1973
Mine Dewatering	436	D	4/1995

WORKSHEET 2.0
POLLUTANT ANALYSES REQUIREMENTS

Worksheet 2.0 **is required** for all applications submitted for a TPDES permit. Worksheet 2.0 is not required for applications for a permit to dispose of all wastewater by land disposal or for discharges solely of stormwater associated with industrial activities.

1. LABORATORY ACCREDITATION (Instructions, Page 56)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

a. The laboratory is an in-house laboratory and is:
   i. periodically inspected by the TCEQ; or
   ii. located in another state and is accredited or inspected by that state; or
   iii. performing work for another company with a unit located in the same site; or
   iv. performing pro bono work for a governmental agency or charitable organization.

b. The laboratory is accredited under federal law.

c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.

d. The laboratory supplies data for which the TCEQ does not offer accreditation.

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 34, for a list of approved signatories.

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

_____

(Signature)

2. GENERAL TESTING REQUIREMENTS (Instructions, Pages 56-58)

a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018):

b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.

c. Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm. **Attachment:**

3. SPECIFIC TESTING REQUIREMENTS (Instructions, Pages 58-69)

Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment:**

TABLE 1 and TABLE 2 (Instructions, Page 58)

Completion of Tables 1 and 2 **is required** for **all external outfalls** for all TPDES permit applications.

Table 1 for Outfall No.: 001, 002, 003, and 004

Samples are (check one): ☐ Composite ☒ Grab

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)	N/A			
CBOD (5-day)	N/A			
Chemical oxygen demand	N/A			
Total organic carbon	N/A			
Dissolved oxygen	N/A			
Ammonia nitrogen	N/A			
Total suspended solids	N/A			
Nitrate nitrogen	N/A			
Total organic nitrogen	N/A			
Total phosphorus	N/A			
Oil and grease	N/A			
Total residual chlorine	N/A			
Total dissolved solids	N/A			
Sulfate	N/A			
Chloride	N/A			
Fluoride	N/A			
Total alkalinity (mg/L as $CaCO_3$)	N/A			
Temperature (°F)	N/A			
pH (standard units)	N/A			

Table 1 for Outfall No.: 005

Samples are (check one): ☐ Composite ☒ Grab

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)	1.5			
CBOD (5-day)	1.19			
Chemical oxygen demand	ND (Not Detected)			
Total organic carbon	1.70			
Dissolved oxygen	9.73			
Ammonia nitrogen	0.133			
Total suspended solids	30.8			
Nitrate nitrogen				
Total organic nitrogen	0.105			
Total phosphorus	0.0504			
Oil and grease	ND (Not Detected)			
Total residual chlorine	ND (Not Detected)			
Total dissolved solids	364			
Sulfate	180			
Chloride	14.8			
Fluoride	ND (Not Detected)			
Total alkalinity (mg/L as $CaCO_3$)	72.0			
Temperature (°F)	70.9			
pH (standard units)	8.56			

Table 2 for Outfall No.: 001, 002, 003, and 004

Samples are (check one): ☐ **Composites** ☒ **Grabs**

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total	N/A				2.5
Antimony, total	N/A				5
Arsenic, total	N/A				0.5
Barium, total	N/A				3
Beryllium, total	N/A				0.5
Cadmium, total	N/A				1
Chromium, total	N/A				3
Chromium, hexavalent	N/A				3
Chromium, trivalent	N/A				N/A
Copper, total	N/A				2
Cyanide, available	N/A				2/10
Lead, total	N/A				0.5
Mercury, total	N/A				0.005/0.0005
Nickel, total	N/A				2
Selenium, total	N/A				5
Silver, total	N/A				0.5
Thallium, total	N/A				0.5
Zinc, total	N/A				5.0

Table 2 for Outfall No.: 005

Samples are (check one): ☐ **Composite** ☒ **Grab**

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)
BOD (5-day)	1.5				2.5
CBOD (5-day)	1.19				5
Chemical oxygen demand	ND (Not Detected)				0.5
Total organic carbon	1.70				3
Dissolved oxygen	9.73				0.5
Ammonia nitrogen	0.133				1
Total suspended solids	30.8				3
Nitrate nitrogen					3
Total organic nitrogen	0.105				N/A
Total phosphorus	0.0504				2
Oil and grease	ND (Not Detected)				2/10
Total residual chlorine	ND (Not Detected)				0.5
Total dissolved solids	364				0.005/0.0005
Sulfate	180				2
Chloride	14.8				5
Fluoride	ND (Not Detected)				0.5
Total alkalinity (mg/L as $CaCO_3$)	72.0				0.5
Temperature (°F)	70.9				5.0
pH (standard units)	8.56				2.5

TABLE 3 (Instructions, Page 58)

Completion of Table 3 **is required** for all **external outfalls** which discharge process wastewater.

Partial completion of Table 3 **is required** for all **external outfalls** which discharge non-process wastewater and stormwater associated with industrial activities commingled with other wastestreams (see instructions for additional guidance).

Table 3 for Outfall No.: 001, 002, and 004

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Acrylonitrile	N/A				50
Anthracene	N/A				10
Benzene	N/A				10
Benzidine	N/A				50
Benzo(a)anthracene	N/A				5
Benzo(a)pyrene	N/A				5
Bis(2-chloroethyl)ether	N/A				10
Bis(2-ethylhexyl)phthalate	N/A				10
Bromodichloromethane [Dichlorobromomethane]	N/A				10
Bromoform	N/A				10
Carbon tetrachloride	N/A				2
Chlorobenzene	N/A				10
Chlorodibromomethane [Dibromochloromethane]	N/A				10
Chloroform	N/A				10
Chrysene	N/A				5
m-Cresol [3-Methylphenol]	N/A				10
o-Cresol [2-Methylphenol]	N/A				10
p-Cresol [4-Methylphenol]	N/A				10
1,2-Dibromoethane	N/A				10
m-Dichlorobenzene [1,3-Dichlorobenzene]	N/A				10
o-Dichlorobenzene [1,2-Dichlorobenzene]	N/A				10
p-Dichlorobenzene [1,4-Dichlorobenzene]	N/A				10
3,3'-Dichlorobenzidine	N/A				5
1,2-Dichloroethane	N/A				10
1,1-Dichloroethene [1,1-Dichloroethylene]	N/A				10
Dichloromethane [Methylene chloride]	N/A				20
1,2-Dichloropropane	N/A				10
1,3-Dichloropropene [1,3-Dichloropropylene]	N/A				10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
2,4-Dimethylphenol	N/A				10
Di-n-Butyl phthalate	N/A				10
Ethylbenzene	N/A				10
Fluoride	N/A				500
Hexachlorobenzene	N/A				5
Hexachlorobutadiene	N/A				10
Hexachlorocyclopentadiene	N/A				10
Hexachloroethane	N/A				20
Methyl ethyl ketone	N/A				50
Nitrobenzene	N/A				10
N-Nitrosodiethylamine	N/A				20
N-Nitroso-di-n-butylamine	N/A				20
Nonylphenol	N/A				333
Pentachlorobenzene	N/A				20
Pentachlorophenol	N/A				5
Phenanthrene	N/A				10
Polychlorinated biphenyls (PCBs) (**)	N/A				0.2
Pyridine	N/A				20
1,2,4,5-Tetrachlorobenzene	N/A				20
1,1,2,2-Tetrachloroethane	N/A				10
Tetrachloroethene [Tetrachloroethylene]	N/A				10
Toluene	N/A				10
1,1,1-Trichloroethane	N/A				10
1,1,2-Trichloroethane	N/A				10
Trichloroethene [Trichloroethylene]	N/A				10
2,4,5-Trichlorophenol	N/A				50
TTHM (Total trihalomethanes)	N/A				10
Vinyl chloride	N/A				10

(*) Indicate units if different from µg/L.
(**) Total of detects for PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, and PCB-1016. If all non-detects, enter the highest non-detect preceded by a "<".

Table 3 for Outfall No.: 005

Samples are (check one): ☐ **Composite** ☒ **Grab**

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)
Acrylonitrile	ND (Not Detected)				50
Anthracene	ND (Not Detected)				10
Benzene	ND (Not Detected)				10
Benzidine	ND (Not Detected)				50
Benzo(a)anthracene	ND (Not Detected)				5

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)
Benzo(a)pyrene	ND (Not Detected)				5
Bis(2-chloroethyl)ether	ND (Not Detected)				10
Bis(2-ethylhexyl)phthalate	ND (Not Detected)				10
Bromodichloromethane [Dichlorobromomethane]	ND (Not Detected)				10
Bromoform	ND (Not Detected)				10
Carbon tetrachloride	ND (Not Detected)				2
Chlorobenzene	ND (Not Detected)				10
Chlorodibromomethane [Dibromochloromethane]	ND (Not Detected)				10
Chloroform	ND (Not Detected)				10
Chrysene	ND (Not Detected)				5
m-Cresol [3-Methylphenol]					10
o-Cresol [2-Methylphenol]	ND (Not Detected)				10
p-Cresol [4-Methylphenol]					10
1,2-Dibromoethane					10
m-Dichlorobenzene [1,3-Dichlorobenzene]	ND (Not Detected)				10
o-Dichlorobenzene [1,2-Dichlorobenzene]	ND (Not Detected)				10
p-Dichlorobenzene [1,4-Dichlorobenzene]	ND (Not Detected)				10
3,3'-Dichlorobenzidine	ND (Not Detected)				5
1,2-Dichloroethane	ND (Not Detected)				10
1,1-Dichloroethene [1,1-Dichloroethylene]	ND (Not Detected)				10
Dichloromethane [Methylene chloride]	ND (Not Detected)				20
1,2-Dichloropropane	ND (Not Detected)				10
1,3-Dichloropropene [1,3-Dichloropropylene]	ND (Not Detected)				10
2,4-Dimethylphenol	ND (Not Detected)				10
Di-n-Butyl phthalate	ND (Not Detected)				10
Ethylbenzene	ND (Not Detected)				10
Fluoride	ND (Not Detect				500
Hexachlorobenzene	ND (Not Detected)				5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene	ND (Not Detected)				10
Hexachloroethane	ND (Not Detected)				20
Methyl ethyl ketone					50
Nitrobenzene	ND (Not Detected)				10
N-Nitrosodiethylamine	ND (Not Detected)				20
N-Nitroso-di-n-butylamine	ND (Not Detected)				20
Nonylphenol	ND (Not Detected)				333
Pentachlorobenzene	ND (Not Detected)				20
Pentachlorophenol	ND (Not Detected)				5

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)
Phenanthrene	ND (Not Detected)				10
Polychlorinated biphenyls (PCBs) (**)	ND (Not Detected)				0.2
Pyridine	ND (Not Detected)				20
1,2,4,5-Tetrachlorobenzene	ND (Not Detected)				20
1,1,2,2-Tetrachloroethane	ND (Not Detected)				10
Tetrachloroethene [Tetrachloroethylene]	ND (Not Detected)				10
Toluene	ND (Not Detected)				10
1,1,1-Trichloroethane	ND (Not Detected)				10
1,1,2-Trichloroethane	ND (Not Detected)				10
Trichloroethene [Trichloroethylene]	ND (Not Detected)				10
2,4,5-Trichlorophenol	ND (Not Detected)				50
TTHM (Total trihalomethanes)					10
Vinyl chloride	ND (Not Detected)				10

(*) Indicate units if different from µg/L.

(**) Total of detects for PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, and PCB-1016. If all non-detects, enter the highest non-detect preceded by a"<".

TABLE 4 (Instructions, Pages 58-59)

Partial completion of Table 4 **is required** for each **external outfall** based on the conditions below.

a. Tributyltin

Is this facility an industrial/commercial facility which currently or proposes to directly dispose of wastewater from the types of operations listed below or a domestic facility which currently or proposes to receive wastewater from the types of industrial/commercial operations listed below?

☐ Yes ☒ No

If **yes**, check the box next to each of the following criteria which apply and provide the appropriate testing results in Table 4 below (check all that apply).

☐ Manufacturers and formulators of tributyltin or related compounds.
☐ Painting of ships, boats and marine structures.
☐ Ship and boat building and repairing.
☐ Ship and boat cleaning, salvage, wrecking and scaling.
☐ Operation and maintenance of marine cargo handling facilities and marinas.
☐ Facilities engaged in wood preserving.
☐ Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent.

b. Enterococci (discharge to saltwater)

i. This facility discharges/proposes to discharge directly into saltwater receiving waters **and** Enterococci bacteria are expected to be present in the discharge based on facility processes.

☐ Yes ☒ No

ii. Domestic wastewater is/will be discharged.

☐ Yes ☒ No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

c. E. coli (discharge to freshwater)

i. This facility discharges/proposes to discharge directly into freshwater receiving waters **and** *E. coli* bacteria are expected to be present in the discharge based on facility processes.

☐ Yes ☒ No

ii. Domestic wastewater is/will be discharged.

☐ Yes ☒ No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

Table 2 for Outfall No.: N/A

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1	Sample 2	Sample 3	Sample 4	MAL
Tributyltin (µg/L)					0.010
Enterococci (cfu or MPN/100 mL)					N/A
E. coli (cfu or MPN/100 mL)					N/A

TABLE 5 (Instructions, Page 59)

Completion of Table 5 **is required** for all **external outfalls** which discharge process wastewater from a facility which manufactures or formulates pesticides or herbicides or other wastewaters which may contain pesticides or herbicides.

If this facility does not/will not manufacture or formulate pesticides or herbicides and does not/will not discharge other wastewaters which may contain pesticides or herbicides, check N/A.

☐ N/A

Table 3 for Outfall No.: N/A

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Aldrin					0.01
Carbaryl					5
Chlordane					0.2
Chlorpyrifos					0.05
4,4'-DDD					0.1
4,4'-DDE					0.1
4,4'-DDT					0.02
2,4-D					0.7
Danitol [Fenpropathrin]					–
Demeton					0.20
Diazinon					0.5/0.1
Dicofol [Kelthane]					1
Dieldrin					0.02
Diuron					0.090
Endosulfan I (*alpha*)					0.01
Endosulfan II (*beta*)					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Guthion [Azinphos methyl]					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
Hexachlorocyclohexane (*alpha*)					0.05
Hexachlorocyclohexane (*beta*)					0.05
Hexachlorocyclohexane (*gamma*) [Lindane]					0.05
Hexachlorophene					10
Malathion					0.1
Methoxychlor					2.0
Mirex					0.02
Parathion (ethyl)					0.1
Toxaphene					0.3
2,4,5-TP [Silvex]					0.3

* Indicate units if different from µg/L.

TABLE 6 (Instructions, Page 59)

Completion of Table 6 **is required** for all **external outfalls**.

Table 4 for Outfall No.: 001, 002, 003, and 004
Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	☐	☒					400
Color (PCU)	☐	☒					–
Nitrate-Nitrite (as N)	☒	☐					–
Sulfide (as S)	☐	☒					–
Sulfite (as SO3)	☐	☒					–
Surfactants	☒	☐					–
Boron, total	☐	☒					20
Cobalt, total	☐	☒					0.3
Iron, total	☐	☒					7
Magnesium, total	☐	☒					20
Manganese, total	☒	☐					0.5
Molybdenum, total	☐	☒					1
Tin, total	☐	☒					5
Titanium, total	☐	☒					30

* Indicate units if different from µg/L.

Table 5 for Outfall No.: 005
Samples are (check one): ☐ **Composites** ☒ **Grabs**

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	☐	☒					400
Color (PCU)	☐	☒					–
Nitrate-Nitrite (as N)	☒	☐	.861				–
Sulfide (as S)	☐	☒					–
Sulfite (as SO3)	☐	☒					–
Surfactants	☒	☐					–
Boron, total	☐	☒					20
Cobalt, total	☐	☒					0.3
Iron, total	☐	☒					7
Magnesium, total	☐	☒					20
Manganese, total	☒	☐	0.00491				0.5
Molybdenum, total	☐	☒					1
Tin, total	☐	☒					5
Titanium, total	☐	☒					30

* Indicate units if different from µg/L.

TABLE 7 (Instructions, Page 60)

Check the box next to any of the industrial categories applicable to this facility. If no categories are applicable, check N/A. If GC/MS testing is required, check the box provided to confirm the testing results for the appropriate parameters are provided with the application.

☒ N/A

Table 6 for Applicable Industrial Categories

Industrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/Neutrals Table 10	Pesticides Table 11
☐ Adhesives and Sealants		☐ Yes	☐ Yes	☐ Yes	No
☐ Aluminum Forming	467	☐ Yes	☐ Yes	☐ Yes	No
☐ Auto and Other Laundries		☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Battery Manufacturing	461	☐ Yes	No	☐ Yes	No
☐ Coal Mining	434	No	No	No	No
☐ Coil Coating	465	☐ Yes	☐ Yes	☐ Yes	No
☐ Copper Forming	468	☐ Yes	☐ Yes	☐ Yes	No
☐ Electric and Electronic Components	469	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Electroplating	413	☐ Yes	☐ Yes	☐ Yes	No
☐ Explosives Manufacturing	457	No	☐ Yes	☐ Yes	No
☐ Foundries		☐ Yes	☐ Yes	☐ Yes	No
☐ Gum and Wood Chemicals - Subparts A,B,C,E	454	☐ Yes	☐ Yes	No	No
☐ Gum and Wood Chemicals - Subparts D,F	454	☐ Yes	☐ Yes	☐ Yes	No
☐ Inorganic Chemicals Manufacturing	415	☐ Yes	☐ Yes	☐ Yes	No
☐ Iron and Steel Manufacturing	420	☐ Yes	☐ Yes	☐ Yes	No
☐ Leather Tanning and Finishing	425	☐ Yes	☐ Yes	☐ Yes	No
☐ Mechanical Products Manufacturing		☐ Yes	☐ Yes	☐ Yes	No
☐ Nonferrous Metals Manufacturing	421,471	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Oil and Gas Extraction - Subparts A, D, E, F, G, H	435	☐ Yes	☐ Yes	☐ Yes	No
☐ Ore Mining - Subpart B	440	No	☐ Yes	No	No
☐ Organic Chemicals Manufacturing	414	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Paint and Ink Formulation	446,447	☐ Yes	☐ Yes	☐ Yes	No
☐ Pesticides	455	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Petroleum Refining	419	☐ Yes	No	No	No
☐ Pharmaceutical Preparations	439	☐ Yes	☐ Yes	☐ Yes	No
☐ Photographic Equipment and Supplies	459	☐ Yes	☐ Yes	☐ Yes	No
☐ Plastic and Synthetic Materials Manufacturing	414	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Plastic Processing	463	☐ Yes	No	No	No
☐ Porcelain Enameling	466	No	No	No	No
☐ Printing and Publishing		☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Pulp and Paperboard Mills - Subpart C	430	☐ *	☐ Yes	☐ *	☐ Yes
☐ Pulp and Paperboard Mills - Subparts F, K	430	☐ *	☐ Yes	☐ *	☐ *
☐ Pulp and Paperboard Mills - Subparts A, B, D, G, H	430	☐ Yes	☐ Yes	☐ *	☐ *
☐ Pulp and Paperboard Mills - Subparts I, J, L	430	☐ Yes	☐ Yes	☐ *	☐ Yes
☐ Pulp and Paperboard Mills - Subpart E	430	☐ Yes	☐ Yes	☐ Yes	☐ *
☐ Rubber Processing	428	☐ Yes	☐ Yes	☐ Yes	No
☐ Soap and Detergent Manufacturing	417	☐ Yes	☐ Yes	☐ Yes	No
☐ Steam Electric Power Plants	423	☐ Yes	☐ Yes	No	No
☐ Textile Mills (Not Subpart C)	410	☐ Yes	☐ Yes	☐ Yes	No
☐ Timber Products Processing	429	☐ Yes	☐ Yes	☐ Yes	☐ Yes

* Test if believed present.

TABLES 8, 9, 10, and 11 (Instructions, Page 60)

Completion of Tables 8, 9, 10, and 11 **is required** as specified in Table 7 for all **external outfalls** that contain process wastewater.

Completion of Tables 8, 9, 10, and 11 **may be required** for types of industry not specified in Table 7 for specific parameters that are believed to be present in the wastewater.

Table 7 for Outfall No.: N/A : Volatile Compounds

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	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 [1,1-Dichloroethene]					10
1,2-Dichloropropane					10
1,3-Dichloropropylene [1,3-Dichloropropene]					10
Ethylbenzene					10
Methyl bromide [Bromomethane]					50
Methyl chloride [Chloromethane]					50
Methylene chloride [Dichloromethane]					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethylene [Tetrachloroethene]					10
Toluene					10
1,2-Trans-dichloroethylene [1,2-Trans-dichloroethene]					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethylene [Trichloroethene]					10
Vinyl chloride					10

* Indicate units if different from µg/L.

Table 8 for Outfall No.: N/A : Acid Compounds

Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	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
Pentachlorophenol					5
Phenol					10
2,4,6-Trichlorophenol					10

* Indicate units if different from µg/L.

Table 9 for Outfall No.: N/A : Base/Neutral Compounds

Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acenaphthene					10
Acenaphthylene					10
Anthracene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
3,4-Benzofluoranthene [Benzo(b)fluoranthene]					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
Butylbenzyl phthalate					10
2-Chloronaphthalene					10
4-Chlorophenyl phenyl ether					10
Chrysene					5
Dibenzo(a,h)anthracene					5
1,2-Dichlorobenzene [o-Dichlorobenzene]					10
1,3-Dichlorobenzene [m-Dichlorobenzene]					10
1,4-Dichlorobenzene [p-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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 Azobenzene)					20
Fluoranthene					10
Fluorene					10
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					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

* Indicate units if different from µg/L.

Table 10 for Outfall No.: N/A : Pesticides

Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Aldrin					0.01
alpha-BHC [alpha-Hexachlorocyclohexane]					0.05
beta-BHC [beta-Hexachlorocyclohexane]					0.05
gamma-BHC [gamma-Hexachlorocyclohexane]					0.05
delta-BHC [delta-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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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

* Indicate units if different from µg/L.

Attachment:

TABLE 12 (DIOXINS/FURAN COMPOUNDS)

Complete of Table 12 **is required** for **external outfalls**, as directed below. (Instructions, Pages 60-61)

a. Indicate which compound(s) are manufactured or used at the facility and provide a brief description of the conditions of its/their presence at the facility (check all that apply).

- ☐ 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP) CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel) CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol (TCP) CASRN 95-95-4
- ☐ hexachlorophene (HCP) CASRN 70-30-4
- ☐ None of the above

Description:

b. Does the applicant or anyone at the facility 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 the effluent proposed for discharge?

☐ Yes ☒ No

Description:

If **yes** to either Items a **or** b, complete Table 12 as instructed.

Table 11 for Outfall No.: N/A

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDD	1					10
1,2,3,7,8-PeCDD	1.0					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	0.03					50
2,3,4,7,8-PeCDF	0.3					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					500
PCB 81	0.0003					500
PCB 126	0.1					500
PCB 169	0.03					500
Total						

TABLE 13 (HAZARDOUS SUBSTANCES)

Complete Table 13 **is required** for all **external outfalls** as directed below. (Instructions, Page 61)

a. Are there any pollutants listed in the instructions (pages 55-62) believed present in the discharge?

☐ Yes ☒ No

b. Are there pollutants listed in Item 1.c. of Technical Report 1.0 which are believed present in the discharge and have not been analytically quantified elsewhere in this application?

☐ Yes ☒ No

If **yes** to either Items a **or** b, complete Table 13 as instructed.

Table 12 for Outfall No.: N/A

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	CASRN	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	Analytical Method

WORKSHEET 3.0
LAND APPLICATION OF EFFLUENT

This worksheet is required for all applications for a permit to dispose of wastewater by land application.

1. TYPE OF DISPOSAL SYSTEM (Instructions, Page 70)

Check the box next to the type of land disposal requested by this application:

- ☐ Irrigation
- ☐ Evaporation
- ☐ Evapotranspiration beds
- ☐ Drip irrigation system
- ☐ Subsurface application
- ☐ Subsurface soils absorption
- ☐ Surface application
- ☐ Other, specify:

2. LAND APPLICATION AREA (Instructions, Page 70)

Land Application Area Information

Effluent Application (gallons/day)	Irrigation Acreage (acres)	Describe land use & indicate type(s) of crop(s)	Public Access? (Y/N)

3. ANNUAL CROPPING PLAN (Instructions, Page 70)

Attach the required cropping plan that includes each of the following:

- Cool and warm season plant species
- Breakdown of acreage and percent of total acreage for each crop
- Crop growing season
- Harvesting method/number of harvests
- Minimum/maximum harvest height
- Crop yield goals
- Soils map
- Nitrogen requirements per crop
- Additional fertilizer requirements
- Supplemental watering requirements
- Crop salt tolerances
- Justification for not removing existing vegetation to be irrigated

Attachment:

4. WELL AND MAP INFORMATION (Instructions, Page 71)

a. Check each box to confirm the required information is shown and labeled on the attached USGS map:

- ☐ The exact boundaries of the land application area
- ☐ On-site buildings
- ☐ Waste-disposal or treatment facilities
- ☐ Effluent storage and tailwater control facilities
- ☐ Buffer zones
- ☐ All surface waters in the state onsite and within 500 feet of the property boundaries
- ☐ All water wells within ½-mile of the disposal site, wastewater ponds, or property boundaries
- ☐ All springs and seeps onsite and within 500 feet of the property boundaries

Attachment:

b. List and cross reference all water wells located on or within 500 feet of the disposal site, wastewater ponds, or property boundaries in the following table. Attach additional pages as necessary to include all of the wells.

Well and Map Information Table

Well ID	Well Use	Producing? Y/N/U	Open, cased, capped, or plugged?	Proposed Best Management Practice

Attachment:

c. Groundwater monitoring wells or lysimeters are/will be installed around the land application site or wastewater ponds.

☐ Yes ☐ No

If **yes**, provide the existing/proposed location of the monitoring wells or lysimeters on the site map attached for Item 4.a. Additionally, attach information on the depth of the wells or lysimeters, sampling schedule, and monitoring parameters for TCEQ review, possible modification, and approval.

Attachment:

d. Attach a short groundwater technical report using *30 TAC § 309.20(a)(4)* as guidance.

Attachment:

5. SOIL MAP AND SOIL INFORMATION (Instructions, Page 72)

Check each box to confirm that the following information is attached:

a. ☐ USDA NRCS Soil Survey Map depicting the area to be used for land application with the locations identified by fields and crops

b. ☐ Breakdown of acreage and percent of total acreage for each soil type

c. ☐ Copies of laboratory soil analyses

Attachment:

6. LABORATORY ACCREDITATION CERTIFICATION (Instructions, Page 73)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

a. The laboratory is an in-house laboratory and is:
   i. periodically inspected by the TCEQ; or
   ii. located in another state and is accredited or inspected by that state; or
   iii. performing work for another company with a unit located in the same site; or
   iv. performing pro bono work for a governmental agency or charitable organization.

b. The laboratory is accredited under federal law.

c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.

d. The laboratory supplies data for which the TCEQ does not offer accreditation.

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 32, for a list of approved signatories.

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

_____

(Signature)

7. EFFLUENT MONITORING DATA (Instructions, Page 73)

Completion of Table 14 **is required** for all **renewal** and **major amendment** applications. Complete the table with monitoring data for the previous two years for all parameters regulated in the current permit. An additional table has been provided with blank headers for parameters regulated in the current permit which are not listed in Table 14.

Table 13 for Site No.:

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Date (mo/yr)	Daily Avg Flow (gpd)	BOD_5 (mg/L)	TSS (mg/L)	Nitrogen (mg/L)	Conductivity (mmhos/cm)	Total acres irrigated	Hydraulic Application rate (acre-feet/month)

Attach an explanation of all persistent excursions to permitted parameters and corrective actions taken.

Attachment:

Use this table to provide effluent analysis for parameters regulated in the current permit which are not listed in Table 14.

Additional Parameter Effluent Analysis

Date (mo/yr)							

Attach an explanation of all persistent excursions to permitted parameters and corrective actions taken.

Attachment:

8. POLLUTANT ANALYSIS (Instructions, Page 73)

a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018):

b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.

c. Completion of Tables 15 and 16 **is required** for all applications for the authorization of land application.

Table 14 for Site No.: ; Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand				
Total organic carbon				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Fecal Coliform (cfu/100 mL)				
Specific conductance (mmhos/cm)				
pH (standard units; min/max)				
Soluble sodium				
Soluble calcium				
Soluble magnesium				
SAR (unitless)				

Table 15: for Site No.: ; Samples are (check one): ☐ Composites ☐ Grabs

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3
Beryllium, total					0.5
Boron, total					20
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5
Zinc, total					5.0

WORKSHEET 3.1
SURFACE LAND APPLICATION AND EVAPORATION

This worksheet **is required** for all applications for a permit to dispose of wastewater by surface land application or evaporation.

1. EDWARDS AQUIFER (Instructions, Page 74)

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

☐ Yes ☒ No

If **no**, proceed to Item 2. If **yes**, complete Items 1.b **and** 1.c.

b. Check the box next to the subchapter applicable to the facility.

☐ *30 TAC Chapter 213, Subchapter A*

☐ *30 TAC Chapter 213, Subchapter B*

c. If *30 TAC Chapter 213, Subchapter A* applies, attach **either**: 1) a Geologic Assessment (if conducted in accordance with *30 TAC § 213.5*) **or** 2) a report that contains the following information:

- A description of the surface geological units within the proposed land application site and wastewater pond area.
- The location and extent of any sensitive recharge features in the land application site and wastewater pond area
- A list of any proposed BMPs to protect the recharge features.

Attachment:

2. SURFACE SPRAY/IRRIGATION (Instructions, Pages 74-75)

a. Provide the following information on the irrigation operations:

Area under irrigation (acres):

Design application rate (acre-ft/acre/yr):

Design application frequency (hours/day):

Design application frequency (days/week):

Design total nitrogen loading rate (lbs nitrogen/acre/year):

Average slope of the application area (percent):

Maximum slope of the application area (percent):

Irrigation efficiency (percent):

Effluent conductivity (mmhos/cm):

Soil conductivity (mmhos/cm):

Curve number:

Describe the application method and equipment:

b. Attach a detailed engineering report which includes a water balance, storage volume calculations, and a nitrogen balance.

Attachment:

3. EVAPORATION PONDS (Instructions, Page 75)

a. Daily average effluent flow into ponds: gallons per day

b. Attach a separate engineering report of evaporation calculations for average long-term and worst-case critical conditions.

Attachment:

4. EVAPOTRANSPIRATION BEDS (Instructions, Page 75)

a. Provide the following information on the evapotranspiration beds:

Number of beds:

Area of bed(s) (acres):

Depth of bed(s) (feet):

Void ratio of soil in the beds:

Storage volume within the beds (include units):

Description of any lining to protect groundwater:

b. Attach a certification by a licensed Texas professional engineer that the liner meets TCEQ requirements.

Attachment:

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

Attachment:

5. OVERLAND FLOW (Instructions, Page 75)

a. Provide the following information on the overland flow:

Area used for application (acres):

Slopes for application area (percent):

Design application rate (gpm/foot of slope width):

Slope length (feet):

Design BOD_5 loading rate (lbs BOD_5/acre/day):

Design application frequency (hours/day):

Design application frequency (days/week):

b. Attach a separate engineering report with the method of application and design requirements according to *30 TAC § 217.212*.

Attachment:

WORKSHEET 3.2
SUBSURFACE IRRIGATION SYSTEMS (NON-DRIP)

This worksheet **is required** for all applications for a permit to dispose of wastewater by subsurface land application.

☐ Check the box to confirm the Class V Injection Well Inventory/Authorization Form (Worksheet 9.0) has been submitted to the TCEQ UIC Permits Team as directed.

1. EDWARDS AQUIFER (Instructions, Page 76)

a. The subsurface system is/will be located on the Edwards Aquifer Recharge Zone, as mapped by the TCEQ?

☐ Yes ☒ No

b. The subsurface system is/will be located on the Edwards Aquifer Transition Zone, as mapped by the TCEQ?

☐ Yes ☒ No

If **yes** to Item 1.a **or** 1.b, the subsurface system may be prohibited by *30 TAC § 213.8*. Contact the Water Quality Assessment Section at (512) 239-4671 to determine if the proposed activity is affected by this rule.

2. SUBSURFACE APPLICATION (Instructions, Page 76)

a. Check the box next to the type of subsurface land disposal system requested by this application:

☐ Conventional drainfield, beds, or trenches
☐ Low pressure dosing
☐ Other:

b. Provide the following information on the irrigation operations:

Application area (acres):
Area of drainfield (square feet):
Application rate (gal/square ft/day):
Depth to groundwater (feet):
Area of trench (square feet):
Dosing duration per area (hours):
Number of beds:
Dosing amount per area (inches/day):
Soil infiltration rate (inches/hour):
Storage volume (gallons):
Area of bed(s) (square feet):
Soil classification:

c. Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation.

Attachment:

WORKSHEET 3.3
SUBSURFACE AREA DRIP DISPERSAL SYSTEMS

This worksheet **is required** for all applications for a permit to dispose of wastewater using a SADDS.

☐ Check the box to confirm the Class V Injection Well Inventory/Authorization Form (Worksheet 9.0) for this type of disposal system has been submitted to the TCEQ UIC Permits Team as directed.

1. EDWARDS AQUIFER (Instructions, Page 76)

a. The SADDS is/will be located on the Edwards Aquifer Recharge Zone, as mapped by the TCEQ?

☐ Yes ☐ No

b. The SADDS is/will be located on the Edwards Aquifer Transition Zone, as mapped by the TCEQ?

☐ Yes ☐ No

If **yes** to Item 1.a **or** 1.b, the SADDS may be prohibited by *30 TAC § 213.8*. Contact the Water Quality Assessment Section at (512) 239-4671 to determine if the proposed activity is affected by this rule.

2. ADMINISTRATIVE INFORMATION (Instructions, Page 77)

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. The owner of the land where the WWTF is/will be located is the same as the owner of the WWTF.

☐ 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 WWTF is/will be located:

c. Provide the legal name of the owner of the SADDS:

d. The owner of the SADDS is the same as the owner of the WWTF or the site where the WWTF is/will be located.

☐ Yes ☐ No

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

e. Provide the legal name of the owner of the land where the SADDS is located:

f. The owner of the land where the SADDS is/will be located is the same as owner of the WWTF, the site where the WWTF is located, or the owner of the SADDS.

☐ Yes ☐ No

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

3. SADDS (Instructions, Pages 78-79)

a. Check the box next to the type SADDS requested by this application:

- ☐ Subsurface drip/trickle irrigation
- ☐ Surface drip irrigation
- ☐ Other:

b. Attach a description of the SADDS proposed/used by the facility (see instructions for guidance).

Attachment:

c. Provide the following information on the SADDS:

Application area (acres):

Soil infiltration rate (inches/hour):

Average slope of the application area:

Maximum slope of the application area:

Storage volume (gallons):

Major soil series:

Depth to groundwater (feet):

Effluent conductivity (mmhos/cm):

d. The facility is/will be located west of the boundary shown in *30 TAC § 222.83* **and** using a vegetative cover of non-native grasses over seeded with cool-season grasses.

☐ Yes ☐ No

If **yes**, the facility may propose a hydraulic application rate up to, but not to exceed, 0.1 gal/ft²/day.

e. The facility is/will be located east of the boundary shown in *30 TAC § 222.83* **or** is the facility proposing 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.

f. The facility has or plans to submit an alternative method to calculate the hydraulic application rate for approval by the ED.

☐ Yes ☐ No

If **yes**, provide the following information on the hydraulic application rates:

- Hydraulic application rate (gal/square foot/day):
- Nitrogen application rate (gal/square foot/day):

g. Provide the following dosing information:

Number of doses per day:

Dosing duration per area (hours):

Rest period between doses (hours):

Dosing amount per area (inches/day):

Number of zones:

h. The system is/will be a surface drip irrigation system using existing native vegetation as a crop?

☐ Yes ☐ No

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

- A vegetation survey by a certified arborist describing the percent canopy cover and relative percentage of major overstory and understory plant species.

  Attachment:

- Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation.

  Attachment:

4. REQUIRED PLANS (Instructions, Pages 79-80)

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

Attachment:

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

Attachment:

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

Attachment:

d. Provide soil sampling and testing with all information required in *30 TAC § 222.157*.

Attachment:

5. FLOOD AND RUN-ON PROTECTION (Instructions, Page 80)

a. Is the existing/proposed SADDS located within the 100-year frequency flood level?

☐ Yes ☐ No

Source:

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

b. Is the existing/proposed SADDS within a designated floodway?

☐ Yes ☐ No

If **yes**, attach either the FEMA flood map or alternate information used to make this determination.

Attachment:

6. SURFACE WATERS IN THE STATE (Instructions, Page 80)

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

Attachment:

b. The facility has or plans to request a buffer variance from water wells or waters in the state?

☐ Yes ☐ No

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

Attachment:

WORKSHEET 4.0
RECEIVING WATERS

This worksheet **is required** for all TPDES permit applications.

1. DOMESTIC DRINKING WATER SUPPLY (Instructions, Page 81)

a. There is a surface water intake for domestic drinking water supply located within 5 (five) miles downstream from the point/proposed point of discharge.

☐ Yes ☒ No

If **no**, stop here and proceed to Item 2. If **yes**, provide the following information:

i. The legal name of the owner of the drinking water supply intake:

v. The distance and direction from the outfall to the drinking water supply intake:

b. Locate and identify the intake on the USGS 7.5-minute topographic map provided for Administrative Report 1.0.

☐ Check this box to confirm the above requested information is provided.

2. DISCHARGE INTO TIDALLY INFLUENCED WATERS (Instructions, Page 81)

If the discharge is to tidally influenced waters, complete this section. Otherwise, proceed to Item 3.

a. Width of the receiving water at the outfall: feet

b. Are there oyster reefs in the vicinity of the discharge?

☐ Yes ☐ No

If **yes**, provide the distance and direction from the outfall(s) to the oyster reefs:

c. Are there sea grasses within the vicinity of the point of discharge?

☐ Yes ☐ No

If **yes**, provide the distance and direction from the outfall(s) to the grasses:

3. CLASSIFIED SEGMENT (Instructions, Page 81)

The discharge is/will be directly into (or within 300 feet of) a classified segment.

☐ Yes ☒ No

If **yes**, stop here. It is not necessary to complete Items 4 and 5 of this worksheet or Worksheet 4.1.

If **no**, complete Items 4 and 5 and Worksheet 4.1 may be required.

4. DESCRIPTION OF IMMEDIATE RECEIVING WATERS (Instructions, Page 82)

a. Name of the immediate receiving waters: Georges Creek

b. Check the appropriate description of the immediate receiving waters:

- ☐ Lake or Pond
  - Surface area (acres):
  - Average depth of the entire water body (feet):
  - Average depth of water body within a 500-foot radius of the discharge point (feet):
- ☐ Man-Made Channel or Ditch
- ☒ Stream or Creek
- ☐ Freshwater Swamp or Marsh
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Open Bay
- ☐ Other, specify:

If **Man-Made Channel or Ditch** or **Stream or Creek** were selected above, provide responses to Items 4.c – 4.g below:

c. For **existing discharges**, check the description below that best characterizes the area **upstream** of the discharge.

For **new discharges**, check the description below that best characterizes the area **downstream** of the discharge.

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

Check the source(s) of the information used to characterize the area upstream (existing discharge) or downstream (new discharge):

- ☒ USGS flow records
- ☐ personal observation
- ☐ historical observation by adjacent landowner(s)
- ☐ other, specify:

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

e. 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**, describe how:

f. General observations of the water body during normal dry weather conditions:

Date and time of observation: Tuesday 11/7/2023 at 1:15 PM

g. The water body was influenced by stormwater runoff during observations.

☐ Yes ☒ No

If **yes**, describe how:

5. GENERAL CHARACTERISTICS OF WATER BODY (Instructions, Page 82)

a. Is the receiving water upstream of the existing discharge or proposed discharge site influenced by any of the following (check all that apply):

- ☐ oil field activities
- ☐ agricultural runoff
- ☐ upstream discharges
- ☐ urban runoff
- ☐ septic tanks
- ☐ other, specify:

b. Uses of water body observed or evidence of such uses (check all that apply):

- ☐ livestock watering
- ☐ non-contact recreation
- ☐ domestic water supply
- ☐ contact recreation
- ☒ fishing
- ☐ industrial water supply
- ☐ irrigation withdrawal
- ☐ navigation
- ☐ picnic/park activities
- ☐ other, specify:

c. Description which best describes the aesthetics of the receiving water and the surrounding area (check only one):

- ☐ **Wilderness:** outstanding natural beauty; usually wooded or un-pastured area: water clarity exceptional
- ☐ **Natural Area:** trees or native vegetation common; 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

WORKSHEET 4.1
WATERBODY PHYSICAL CHARACTERISTICS

The following information **is required** for new applications, EPA-designated Major facilities, and major amendment applications requesting to add an outfall if the receiving waters are perennial or intermittent with perennial pools (including impoundments) for a TDPES permit.

Complete the transects downstream of the existing or proposed discharges.

1. DATA COLLECTION (Instructions, Pages 83-84)

a. Date of study: Time of study:

Waterbody name:

General location:

b. Type of stream upstream of an existing discharge or downstream of a proposed discharge (check only one):

☐ perennial ☐ intermittent with perennial pools ☐ impoundment

c. No. of defined stream bends:

Well: Moderately: Poorly:

d. No. of riffles:

e. Evidence of flow fluctuations (check one):

☐ Minor ☐ Moderate ☐ Severe

f. Provide the observed stream uses and where there is evidence of channel obstructions/modifications:

g. Complete the following table with information regarding the transect measurements.

Stream Transect Data

Transect Location	Habitat Type*	Water Surface Width (ft)	Stream Depths (ft)**								

* riffle, run, glide, or pool

** channel bed to water surface

2. SUMMARIZE MEASUREMENTS (Instructions, Page 84)

Provide the following information regarding the transect measurements:

Streambed slope of entire reach (from USGS map in ft. /ft.):

Approximate drainage area above the most downstream transect from USGS map or county highway map (square miles):

Length of stream evaluated (ft):

Number of lateral transects made:

Average stream width (ft):

Average stream depth (ft):

Average stream velocity (ft/sec):

Instantaneous stream flow (ft^3/sec):

Indicate flow measurement method (VERY IMPORTANT – type of meter, floating chip timed over a fixed distance, etc.):

Flow fluctuations (i.e., minor, moderate, or severe):

Size of pools (i.e., large, small, moderate, or none):

Maximum pool depth (ft):

Total number of stream bends:

- Number well defined:
- Number moderately defined:
- Number poorly defined:

Total number of riffles:

WORKSHEET 5.0
SEWAGE SLUDGE MANAGEMENT AND DISPOSAL

The following information **is required** for all TPDES permit applications that meet the conditions as outlined in Technical Report 1.0, Item 7.

1. SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN (Instructions, Page 85)

a. Is this a new permit application or an amendment permit application?

☐ Yes ☐ No

b. Does or will the facility discharge in the Lake Houston watershed?

☐ Yes ☐ No

If **yes** to either Item 1.a **or** 1.b, attach a solids management plan.

Attachment:

2. SEWAGE SLUDGE MANAGEMENT AND DISPOSAL (Instructions, Pages 85-86)

a. Check the box next to the sludge disposal method(s) authorized under the facility's existing permit (check all that apply).

☐ Permitted landfill
☐ Marketing and distribution by the permittee, attach Form TCEQ-00551
☐ Registered land application site, attach Form TCEQ-00565
☐ Processed by the permittee, attach Form TCEQ-00744
☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744
☐ Transported to another WWTP
☐ Beneficial land application, attach Form TCEQ-10451
☐ Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach the required TCEQ forms as directed. Failure to submit the required TCEQ form will result in delays in processing the application

Attachment:

b. Provide the following information for each disposal site:

Disposal site name:

TCEQ Permit/Registration Number:

County where disposal site is located:

c. Method of sewage sludge transportation: ☐ truck ☐ train ☐ pipe ☐ other:

TCEQ Hauler Registration Number:

Sludge is transported as a: ☐ liquid ☐ semi-liquid ☐ semi-solid ☐ solid

d. Purpose of land application: ☐ reclamation ☐ soil conditioning ☐ N/A

e. If sewage sludge is transported to another WWTP for treatment, attach a written statement or copy of contractual agreements confirming that the WWTP identified above will accept and be responsible for the sludge from this facility for the life of the permit (at least 5 years).

Attachment:

3. AUTHORIZATION FOR SEWAGE SLUDGE DISPOSAL (Instructions, Page 86)

a. If this is a new or major amendment application which requests authorization of a new sewage sludge disposal method, check the new sewage disposal method(s) requested for authorization (check all that apply):

- ☐ Marketing and distribution by the permittee, attach Form TCEQ-00551
- ☐ Processed by the permittee, attach Form TCEQ-00744
- ☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744
- ☐ Beneficial land application, attach Form TCEQ-10451
- ☐ Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach any required TCEQ forms, as directed. Failure to submit the required TCEQ form will result in delays in processing the application

Attachment:

NOTE: New authorization for beneficial land application, incineration, processing, or disposal in the TPDES permit or TLAP **requires a major amendment to the permit**. New authorization for composting may require a major amendment to the permit. See the instructions to determine if a major amendment is required or if authorization for composting can be added through the renewal process.

WORKSHEET 6.0
INDUSTRIAL WASTE CONTRIBUTION

This worksheet **is required** for all applications for publicly-owned treatment works (POTWs).

For an explanation of the terms used in this worksheet, refer to the General Definitions on pages 4-12 and the Definitions Relating to Pretreatment on pages 13-14 of the Instructions.

1. ALL POTWS (Instructions, Page 87)

a. Complete the following table with the number of each type of industrial users (IUs) that discharge to the POTW and the daily average flows from each.

Industrial User Information

Type of Industrial User	Number of Industrial Users	Daily Average Flow (gallons per day)
CIU		
SIU - Non-categorical		
Other IU		

b. In the past three years, has the POTW experienced treatment plant interference?

☐ Yes ☐ No

If **yes**, identify the date(s), duration, nature of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IU(s) that may have caused the interference:

c. In the past three years, has the POTW experienced pass-through?

☐ Yes ☐ No

If **yes**, identify the date(s), duration, pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass-through event. Include the names of the IU(s) that may have caused the pass-through:

d. Does the POTW have, or is it required to develop, an approved pretreatment program?

☐ Yes ☐ No

If **yes**, answer all questions in Item 2 and skip Item 3.

If **no**, skip Item 2 and answer all questions in Item 3 for each significant industrial user and categorical industrial user.

2. POTWS WITH APPROVED PRETREATMENT PROGRAMS OR THOSE REQUIRED TO DEVELOP A PRETREATMENT PROGRAM (Instructions, Pages 87-88)

a. Have there been any substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ) for approval according to *40 CFR § 403.18*?

☐ Yes ☐ No

If **yes**, include an attachment which identifies all substantial modifications that have not been submitted to the TCEQ and the purpose of the modifications.

Attachment:

b. Have there been any non-substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ)?

☐ Yes ☐ No

If **yes**, include an attachment which identifies all non-substantial modifications that have not been submitted to the TCEQ and the purpose of the modification.

Attachment:

c. List all parameters measured above the MAL in the POTW's effluent monitoring during the last three years:

Effluent Parameters Measured Above the MAL

Pollutant	Concentration	MAL	Units	Date

Attachment:

d. Has any SIU, CIU, or other IU caused or contributed to any other problems (excluding interference or pass-through) at the POTW in the past three years?

☐ Yes ☐ No

If **yes**, provide a description of each episode, including date(s), duration, description of problems, and probable pollutants. Include the name(s) of the SIU(s)/CIU(s)/other IU(s) that may have caused or contributed to any of the problems:

3. SIGNIFICANT INDUSTRIAL USER AND CATEGORICAL INDUSTRIAL USER INFORMATION (Instructions, Pages 88-89)

POTWs that **do not** have an approved pretreatment program **are required** to provide the following information for each SIU and CIU:

a. Mr. or Ms.: First/Last Name:

Organization Name: SIC Code:

Phone number: Email address:

Physical Address: City/State/ZIP Code:

Attachment:

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

Attachment:

c. Provide a description of the principal products(s) or service(s) performed:

d. Flow rate information

Flow rate information

Effluent Type	Discharge (gallons per day)	Discharge Frequency (continuous, batch, or intermittent)
Process wastewater		
Non-process wastewater		

e. Pretreatment Standards

i. Is the SIU or CIU subject to technology-based local limits as defined in the application instructions?

☐ Yes ☐ No

ii. Is the SIU subject to categorical pretreatment standards?

☐ Yes ☐ No

If **yes**, provide the category and subcategory or subcategories in the SIUs Subject To Categorical Pretreatment Standards table.

SIUs Subject To Categorical Pretreatment Standards

Category in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR

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

☐ Yes ☐ No

If **yes**, provide a description of each episode, including dates, duration, description of problems, and probable pollutants, and include the name(s) of the SIU(s)/CIU(s) that may have caused or contributed to the problem(s):

WORKSHEET 7.0
STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges consisting of **either**: 1) solely of stormwater discharges associated with industrial activities, as defined in *40 CFR § 122.26(b)(14)(i-xi)*, **or** 2) stormwater discharges associated with industrial activities and any of the listed allowable non-stormwater discharges, as defined in the MSGP (TXR05000), Part II, Section A, Item 6.

Discharges of stormwater as defined in *40 CFR § 122.26 (b)(13)* are not required to obtain authorization under a TPDES permit (see exceptions at *40 CFR §§ 122.26(a)(1)* and *(9)*). Authorization for discharge may be required from a local municipal separate storm sewer system.

1. APPLICABILITY (Instructions, Page 90)

Do discharges from any of the existing/proposed outfalls consist either 1) solely of stormwater discharges associated with industrial activities **or** 2) stormwater discharges associated with industrial activities and any of the allowable non-stormwater discharges?

☒ Yes ☐ No

If **no**, stop here. If **yes**, proceed as directed.

2. STORMWATER OUTFALL COVERAGE (Instructions, Page 91)

List each existing/proposed stormwater outfall at the facility and indicate which type of authorization covers or is proposed to cover discharges.

Authorization coverage

Outfall	Authorized Under MSGP	Authorized Under Individual Permit
SW 001	☒	☐
SW 002	☒	☐
SW 003	☒	☐
SW 004	☒	☐
SW 005	☒	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

If **all** existing/proposed outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) are **authorized under the MSGP**, **stop** here.

If **seeking authorization** for any outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) **under an individual permit**, **proceed**.

NOTE: The following information is required for each existing/proposed stormwater outfall for which the facility is seeking individual permit authorization under this application.

3. SITE MAP (Instructions, Page 91)

Attach a site map or maps (drawn to scale) of the entire facility with the following information.

- the location of each stormwater outfall to be covered by the permit
- an outline of the drainage area that is within the facility's boundary and that contributes stormwater to each outfall to be covered by the permit
- connections or discharge points to municipal separate storm sewer systems
- locations of all structures (e.g. buildings, garages, storage tanks)
- structural control devices that are designed to reduce pollution in discharges of stormwater associated with industrial activities
- process wastewater treatment units (including ponds)
- bag house and other air treatment units exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)
- landfills; scrapyards; surface water bodies (including wetlands)
- vehicle and equipment maintenance areas
- physical features of the site that may influence discharges of stormwater associated with industrial activities or contribute a dry weather flow
- locations where spills or leaks of reportable quality (as defined in *30 TAC § 327.4*) have occurred during the three years before this application was submitted to obtain coverage under an individual permit
- processing areas, storage areas, material loading/unloading areas, and other locations where significant materials are exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)

☐ Check the box to confirm all the above information was provided on the facility site map(s).

Attachment:

4. FACILITY/SITE INFORMATION (Instructions, Pages 91-92)

a. Provide the area of impervious surface and the total area drained by each stormwater outfall requested for authorization by this permit application.

Impervious Surfaces

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)

b. Provide the following local area rainfall information and the source of the information.

Wettest month:

Average rainfall for wettest month (total inches):

25-year, 24-hour rainfall (inches):

Source:

c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:**

d. Attach narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff (see instructions for guidance). **Attachment:**

e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility:

5. LABORATORY ACCREDITATION CERTIFICATION (Instructions, Page 92)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

a. The laboratory is an in-house laboratory and is:
   i. periodically inspected by the TCEQ; or
   ii. located in another state and is accredited or inspected by that state; or
   iii. performing work for another company with a unit located in the same site; or
   vi. performing pro bono work for a governmental agency or charitable organization.

b. The laboratory is accredited under federal law.

c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.

d. The laboratory supplies data for which the TCEQ does not offer accreditation.

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 32, for a list of approved signatories.

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

_____

(Signature)

6. POLLUTANT ANALYSIS (Instructions, Pages 92-93)

a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018):

b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.

c. Complete Table 17 as directed on page 92 of the Instructions.

Table 16 Pollutant Analysis for Outfall No.:

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
pH (standard units)	(max)	—	(min)	—		—
Total suspended solids						—
Chemical oxygen demand						—
Total organic carbon						—
Oil and grease						—
Arsenic, total						0.0005
Barium, total						0.003
Cadmium, total						0.001
Chromium, total						0.003
Chromium, trivalent						—
Chromium, hexavalent						0.003
Copper, total						0.002
Lead, total						0.0005
Mercury, total						0.000005
Nickel, total						0.002
Selenium, total						0.005
Silver, total						0.0005
Zinc, total						0.005

* Taken during first 30 minutes of storm event
** Flow-weighted composite sample

d. Complete Table 18 as directed on pages 92-94 of the Instructions.

Table 17 Pollutant Analysis for Outfall No.:

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled

* Taken during first 30 minutes of storm event
** Flow-weighted composite sample

Attachment:

7. STORM EVENT DATA (Instructions, Page 94)

Provide the following data for the storm event(s) which resulted in the maximum values for the analytical data submitted:

Date of storm event:

Duration of storm event (minutes):

Total rainfall during storm event (inches):

Number of hours the between beginning of the storm measured and the end of the previous measurable storm event (hours):

Maximum flow rate during rain event (gallons/minute):

Total stormwater flow from rain event (gallons):

Provide a description of the method of flow measurement or estimate:

WORKSHEET 8.0
AQUACULTURE

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges of aquaculture wastewater.

1. FACILITY/SITE INFORMATION (Instructions, Pages 95-96)

a. Complete the following table with information regarding production ponds, raceways, and fabricated tanks at the facility:

Production Pond Descriptions:

Number of Ponds	Dimensions (include units)	Area of Each Pond (include units)	Number of Ponds × Area of Ponds (include units)

Total surface area of all ponds:

Raceway Descriptions:

Number of Raceways	Dimensions (include units)

Fabricated Tank Descriptions:

Number of Tanks	Dimensions (include units)

b. Does the facility have a TPWD-approved emergency plan?

☐ Yes ☐ No

If **yes**, attach a copy of the approved plan.

Attachment:

c. Does the facility have an aquatic plant transplant authorization?

☐ Yes ☐ No

If **yes**, attach a copy of the authorization letter.

Attachment:

d. Provide the number of aquaculture facilities located within 25-miles of this facility:

2. SPECIES IDENTIFICATION (Instructions, Page 96)

Complete the following table regarding each species raised, source, origin, and disease status of the stock. Identify and attach copies of any current relevant authorizations or permits that authorize the species.

Stock Species Information

Species	Source of Stock	Origin of Stock	Disease Status	Authorizations

Attachment:

3. STOCK MANAGEMENT PLAN (Instructions, Page 96)

Attach a detailed stock management plan.

Attachment:

4. WATER TREATMENT AND DISCHARGE DESCRIPTION (Instructions, Page 97)

Attach a detailed description of the discharge practices and water treatment process(es).

Attachment:

5. SOLID WASTE MANAGEMENT (Instructions, Page 97)

Attach a description of the solid waste-disposal practices.

Attachment:

6. SITE ASSESSMENT REPORT (Instructions, Pages 97-98)

All new and expanding commercial shrimp facilities located/to be located within the coastal zone must attach a detailed site assessment report which identifies sensitive aquatic habitats within the coastal zone.

Attachment:

WORKSHEET 9.0
CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

SUBMIT TO: TCEQ UIC Permits Team Radioactive Materials Division MC 233 PO Box 13087 Austin, Texas 78711-3087 512/239-6466	TEXAS COMMISSION ON ENVIRONMENTAL QUALITY CLASS V INJECTION WELL INVENTORY/ AUTHORIZATION FORM	For TCEQ Use Only Reg. No. Date Received: Date Authorized:

Reg. No. 5

Class V Well Designation Code:

SECTION I GENERAL INFORMATION (Instructions, Page 101)

Provide the requested information for Items 1 through 8.

1. TCEQ Program (PST, VCP, IHW, etc.): Program ID:
   Contact Name: Phone Number:
2. Agent/Consultant:
   Contact Name: Phone Number:
   Address (Street, City, State, and Zip Code):
3. ☐ Owner ☐ Operator
   Owner/Operator:
   Contact Name: Phone Number:
   Address (Street, City, State, and Zip Code):
4. Facility Name:
   Address (Street, City, County, State, and Zip Code) or location description (if no address is available):
   Contact Name: Phone Number:
5. Latitude and Longitude (degrees-minutes-seconds):
   Method of determination (GPS, TOPO, etc.):
   Attach topographic quadrangle map as Attachment A.
6. Type of Well Construction (Vertical Injection, Subsurface Fluid Distribution System, Infiltration Gallery, Temporary Injection Points, etc.):
   Number of Injection Wells:
7. Detailed Description regarding purpose of Injection System:
   Attach a Site Map as Attachment B (Include Approved Remediation Plan, if appropriate).
8. Water Well Driller/Installer: License Number:
   Address (Street, City, State, and Zip Code):
   Phone Number:

SECTION II PROPOSED DOWN HOLE DESIGN

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

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

SECTION III PROPOSED TRENCH SYSTEM, SUBSURFACE FLUID DISTRIBUTION SYSTEM, OR INFILTRATION GALLERY

Attach a diagram signed and sealed by a licensed engineer as Attachment D and provide the information requested in Items 12 through 13.

12. System(s) Dimensions:
13. System(s) Construction:

SECTION IV SITE HYDROGEOLOGICAL AND INJECTION ZONE DATA

Provide the information requested in Items 14 through 31.

14. Name of Contaminated Aquifer:
15. Receiving Formation Name of Injection Zone:
16. Well/Trench Total Depth:
17. Surface Elevation:
18. Depth to Ground Water:
19. Injection Zone Depth:
20. Injection Zone vertically isolated geologically? ☐ Yes ☐ No

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

    - Name:
    - Thickness:

21. Provide a list of contaminants and the levels (ppm) in contaminated aquifer as Attachment E.
22. Provide the Horizontal and Vertical extent of contamination and injection plume as Attachment F.
23. Provide Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc. as Attachment G.
24. Provide the Injection Fluid Chemistry in PPM at point of injection as Attachment H.
25. Lowest Known Depth of Ground Water with < 10,000 PPM TDS:
26. Maximum injection Rate/Volume/Pressure:
27. Water wells within 1/4-mile radius (attach map as Attachment I):
28. Injection wells within 1/4-mile radius (attach map as Attachment I):
29. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment I):
30. Sampling frequency:
31. Known hazardous components in injection fluid:

SECTION V SITE HISTORY

Provide the information requested in Items 32 through 35

32. Type of Facility:

33. Contamination Dates:

34. Provide the original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations as attachment J

35. Provide the results of any previous remediation as attachment K.

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 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 Stormwater 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 groundwater 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, 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)

WORKSHEET 10.0
QUARRIES IN THE JOHN GRAVES SCENIC RIVERWAY

This worksheet **is required** for all applications for individual permits for a municipal solid waste facilities or mining facilities located within a Water Quality Protection Area in the John Graves Scenic Riverway.

Review 30 TAC §§ 311.71-311.82 thoroughly prior to completing any portion of this worksheet.

1. EXCLUSIONS (Instructions, Pages 101-102)

a. Is this a municipal solid waste facility?

☐ Yes ☐ No

b. Has this quarry been in operation since January 1, 1994 without cessation of operation for more than 30 consecutive days and under the same ownership?

☐ Yes ☐ No

c. Is this a coal mine?

☐ Yes ☐ No

d. Is this a facility mining clay and/or shale for use in manufacturing of structural clay products?

☐ Yes ☐ No

If **yes** to **any** of the above questions, **stop here**. The facility is required to maintain acceptable documentation, as outlined in *30 TAC § 311.72(c)*, at the facility to demonstrate the exclusion(s).

2. LOCATION OF THE QUARRY (Instructions, Page 102)

Check the box next to the distance between the quarry and the nearest navigable water body:

☐ < 200 feet ☐ 200 feet – 1,500 feet ☐ 1,500 feet – 1 mile ☐ > 1 mile

NOTE: The construction or operation of any new quarry or expansion of any existing quarry **is prohibited** within 200 feet of any water body located within a water quality protection area in the John Graves Scenic Riverway.

3. ADDITIONAL REQUIREMENTS (Instructions, Pages 102-104)

Use the table in the Instructions to determine if additional application requirements apply to the facility based on distance between the quarry and the nearest waterway. Attach as appropriate or enter N/A.

a. Attach a Restoration Plan:

b. Amount of Financial Assurance for Restoration: $

Mechanism:

c. Attach a Technical Demonstration:

d. Attach a Reclamation Plan:

e. Amount of Financial Assurance for Reclamation: $

Mechanism:

WORKSHEET 11.0
COOLING WATER SYSTEM INFORMATION

This worksheet **is required** for all TPDES permit applications **that meet the conditions outlined in Technical Report 1.0, Item 12.**

1. COOLING WATER SYSTEM DATA (Instructions, Pages 105-106)

a. Complete the following table with information regarding the cooling water system.

Cooling Water System Data

Total DIF	
Total AIF	
Intake Flow Uses (%)	
Contact cooling	
Non-contact cooling	
Process uses	
Other	

b. Attach the following information:

i. A narrative description of the design and annual operation of the facility's cooling water system and its relationship to the CWIS(s).

ii. A scaled map depicting the location of each CWIS, impoundment, intake pipe, and canals, pipes, or waterways used to convey cooling water to, or within, the cooling water system. Provide the latitude and longitude for each CWIS and any intake pipe(s) on the map. Indicate the position of the intake pipe within the water column.

iii. A description of water reuse activities, if applicable, reductions in total water withdrawals, if applicable, and the proportion of the source waterbody withdrawn (on a monthly basis).

iv. Design and engineering calculations prepared by a qualified professional and data to support the information provided in above item a.

v. Previous year (a minimum of 12 months) of AIF data.

vi. A narrative description of existing or proposed impingement and entrainment technologies or operation measures and a summary of their performance, including, but not limited to, reductions in impingement mortality and entrainment due to intake location and reductions in total water withdrawals and usage.

Attachment:

2. COOLING WATER INTAKE STRUCTURE(S) DATA (Instructions, Page 106)

a. Complete the following table with information regarding each cooling water intake structure (this includes primary and make-up CWIS(s)).

Cooling Water Intake Structure(s) Data

CWIS ID				
DIF				
AIF				
Intake Flow Uses (%)				
Contact cooling				
Non-contact cooling				
Process uses				
Other				
Latitude				
Longitude				

b. Attach the following information regarding the CWIS(s):

i. A narrative description of the configuration of each CWIS, annual and daily operation, including any seasonal changes, and where it is located in the water body and in the water column.

ii. Engineering calculations for each CWIS.

Attachment:

3. SOURCE WATER PHYSICAL DATA (Instructions, Pages 106-107)

a. Complete the following table with information regarding the CWIS(s) source waterbody (this includes primary and make-up CWIS(s)).

Source Waterbody Data

CWIS ID				
Source waterbody				
Mean annual flow				
Source				

b. Attach the following information regarding the source waterbody.

i. A narrative description of the source water for each CWIS, including areal dimensions, depths, salinity and temperature regimes, and other documentation that supports this determination of the water body type where each cooling water intake structure is located.

ii. A narrative description of the source waterbody's hydrological and geomorphological features.

iii. Scaled drawings showing the physical configuration of all source water bodies used by the facility, including the source waterbody's hydrological and geomorphological features. **NOTE:** The source waterbody's hydrological and geomorphological features may be included on the map submitted for item 1.b.ii of this worksheet.

iv. A description of the methods used to conduct any physical studies to determine the intake's area of influence within the waterbody and the results of such studies.

Attachment:

4. OPERATIONAL STATUS (Instructions, Page 107)

a. Is this application for a power production or steam generation facility?

☐ Yes ☐ No

If **no**, proceed to Item 4.b. If **yes**, provide the following information as an attachment:

i. Describe the operating status of each individual unit, including age, capacity utilization rate (or equivalent) for the previous five years (a minimum of 60 months), and any seasonal changes in operation.

ii. Describe any extended or unusual outages or other factors which significantly affect current data for flow, impingement, entrainment.

iii. Identify any operating unit with a capacity utilization rate of less than 8 percent averaged over a contiguous period of two years (a minimum of 24 months).

iv. Describe any major upgrades completed within the last 15 years, including but not limited to boiler replacement, condenser replacement, turbine replacement, or changes of fuel type.

Attachment:

b. Process Units

i. Is this application for a facility which has process units that use cooling water (other than for power production or steam generation)?

☐ Yes ☐ No

If **no**, proceed to Item 4.c. If **yes**, continue.

ii. Does the facility use or intend to use reductions in flow or changes in operations to meet the requirements of *40 CFR § 125.94(c)*?

☐ Yes ☐ No

If **no**, proceed to Item 4.c. If **yes**, attach descriptions of the following information:

- Individual production processes and product lines
- The operating status, including age of each line and seasonal operation
- Any extended or unusual outages that significantly affect current data for flow, impingement, entrainment, or other factors
- Any major upgrades completed within the last 15 years and plans or schedules for decommissioning or replacement of process units or production processes and product lines.

Attachment:

c. Is this an application for a nuclear power production facility?

☐ Yes ☐ No

If **no**, proceed to Item 4.d. If **yes**, attach a description of completed, approved, or scheduled upgrades and the Nuclear Regulatory Commission relicensing status for each unit at the facility.

Attachment:

d. Is this an application for a manufacturing facility?

☐ Yes ☐ No

If **no**, proceed to Worksheet 11.1. If **yes**, attach descriptions of current and future production schedules and any plans or schedules for any new units planned within the next five years (a minimum of 60 mos)

Attachment:

WORKSHEET 11.1
IMPINGEMENT MORTALITY

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** individual CWIS the facility uses or proposes to use.

CWIS ID:

1. IMPINGEMENT COMPLIANCE TECHNOLOGY SELECTION (Instructions, Page 108)

Check the box next to the method of compliance for the Impingement Mortality Standard selected by the facility.

- ☐ Closed-cycle recirculating system(CCRS) [*40 CFR § 125.94(c)(1)*]
- ☐ 0.5 ft/s Through-Screen Design Velocity [*40 CFR § 125.94(c)(2)*] – Proceed to Worksheet 11.2
- ☐ 0.5 ft/s Through Screen Actual Velocity [*40 CFR § 125.94(c)(3)*]
- ☐ Existing offshore velocity cap [*40 CFR § 125.94(c)(4)*] – Proceed to Worksheet 11.2
- ☐ Modified traveling screens [*40 CFR § 125.94(c)(5)*]
- ☐ System of technologies [*40 CFR § 125.94(c)(6)*]
- ☐ Impingement mortality performance standard [*40 CFR § 125.94(c)(7)*]
- ☐ De minimis rate of impingement [*40 CFR § 125.94(c)(11)*]
- ☐ Low capacity utilization power-generation facilities [*40 CFR § 125.94(c)(12)*]

If 0.5 ft/s Through-Screen Design Velocity [*40 CFR § 125.94(c)(2)*] or existing offshore velocity cap [*40 CFR § 125.94(c)(4)*] was selected, proceed to Worksheet 11.2. Otherwise, continue to Item 2.

2. IMPINGEMENT COMPLIANCE TECHNOLOGY INFORMATION (Instructions, Pages 108-109)

Complete the following sections based on the selection made for item 1 above.

a. CCRS [*40 CFR § 125.94(c)(1)*]

☐ Check this box to confirm the CWS meets the definition of CCRS located at *40 CFR § 125.91(c)* and provide a response to the following questions.

i. Does the facility use or propose to use a CWIS to replenish water losses to the CWS?

☐ Yes ☐ No

If **no**, proceed to item a.ii. If **yes**, provide the following information as an attachment and continue.

1. CWIS ID
2. 12 months of intake flow data for any CWIS used for make-up intake flows to replenish cooling water losses, excluding intakes for losses due to blowdown, drift, or evaporation.
3. A narrative description of any physical or operational measures taken to minimize make-up withdraws.

Attachment:

NOTE: Do not complete a separate Worksheet 11.1 for a make-up CWIS.

ii. Does the facility use or propose to use cooling towers?

☐ Yes ☐ No

If **no**, proceed to Worksheet 11.2. If **yes**, provide the following information and proceed to Worksheet 11.2.

1. Average number of COCs prior to blowdown:

Average COCs prior to blowdown

Cooling Tower ID				
COCs				

2. Attach COC monitoring data for each cooling tower from the previous year (a minimum of 12 months)

Attachment:

3. Maximum number of COCs each cooling tower can accomplish based on design of the system.

Calculated COCs prior to blowdown

Cooling Tower ID				
COCs				

4. Describe conditions that may limit the number of COCs prior to blowdown, if any, including but not limited to permit conditions:

b. 0.5 ft/s Through Screen Actual Velocity [*40 CFR § 125.94(c)(3)*]

Provide daily intake flow measurement monitoring data from the previous year (a minimum of 12 months) as an attachment and proceed to Worksheet 11.2.

Attachment:

c. Modified traveling screens [*40 CFR § 125.94(c)(5)*]

Provide the following information as an attachment and proceed to Worksheet 11.2.

i. A description of the modified traveling screens and associated equipment.

ii. A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods

iii. Biological sampling data from the previous two years (a minimum of 24 months).

Attachment:

d. System of technologies [*40 CFR § 125.94(c)(6)*] or impingement mortality performance standard [*40 CFR § 125.94(c)(7)]*

Provide the following information as an attachment and proceed to Worksheet 11.2.

i. A description of the system of technologies used or proposed for use by the facility to achieve compliance with the impingement mortality standard.

ii. A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods.

iii. Biological sampling data from the previous two years (a minimum of 24 months).

Attachment:

e. De minimis rate of impingement [*40 CFR § 125.94(c)(11)*]

Provide the following information and proceed to Worksheet 11.2.

i. Attach monitoring data from the previous year (a minimum of 12 months) of intake flow measured at a frequency of 1/day on days of operation.

Attachment:

ii. If the rate of impingement caused by the CWIS is extremely low (at an organism or age-one equivalent count), attach supplemental information to Worksheet 11.0, item 1.b.vi. to support this determination.

Attachment:

f. Low capacity utilization power-generation facilities [*40 CFR § 125.94(c)(12)*]

Attach monthly utilization data from the previous 2 years (a minimum of 24 months) for each operating unit and proceed to Worksheet 11.2.

Attachment:

WORKSHEET 11.2
SOURCE WATER BIOLOGICAL DATA

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** source waterbody of a CWIS for which a facility has selected an Impingement Mortality Technology Option described at *40 CFR §§ 125.94(c)(1)-(7)*.

Name of source waterbody:

1. SPECIES MANAGEMENT (Instructions, Page 110)

a. The facility has obtained an incidental take permit for its cooling water intake structure(s) from the USFWS or the NMFS.

☐ Yes ☐ No

If yes, attach any information submitted in order to obtain that permit, which may be used to supplement the permit application information requirements of paragraph *40 CFR § 125.95(f)*.

Attachment:

b. Is the facility requesting a waiver from application requirements at *40 CFR § 122.21(r)(4)* in accordance with *40 CFR § 125.95* for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent?

☐ Yes ☐ No

If **yes**, attach a copy of the most recent managed fisheries report to TPWD, or equivalent.

Attachment:

c. There are no federally listed threatened or endangered species or critical habitat designations within the source water body.

☐ True ☐ False

2. SOURCE WATER BIOLOGICAL DATA (Instructions, Pages 110-111)

New Facilities (Phase I, Track I and II)

- Provide responses to all items in this section and stop.

Existing Facilities (Phase II)

- If the answer to **1.b.** above was **no**, provide responses to all items in this section and proceed to Worksheet 11.3.
- If the answer to **1.b.** was **yes** and **1.c.** was **true**, do not complete any items in this section and proceed to Worksheet 11.3.
- If the answer to **1.b.** was **yes** and **1.c.** was **false**, attach a response for any item in this section that is not contained within the most recent TPWD, or equivalent and proceed to Worksheet 11.3.

Attachment:

a. A list of the data requested at *40 CFR § 122.21(r)(4)(ii)* through *(vi)* that are not available, and efforts made to identify sources of the data.

b. Provide a list of species (or relevant taxa) in the vicinity of the CWIS and identify the following information regarding each species listed.

- all life stages and their relative abundance,
- identification of all species and life stages that would be most susceptible to impingement and entrainment,
- forage base,
- significance to commercial fisheries,
- significance to recreational fisheries,
- primary period of reproduction,
- larval recruitment, and
- period of peak abundance for relevant taxa.

c. Data representative of the seasonal and daily activities (e.g., feeding and water column migration) of biological organisms in the vicinity of the CWIS(s).

d. Identify all threatened, endangered, and other protected species that might be susceptible to impingement and entrainment at the CWIS(s).

e. Documentation of any public participation or consultation with federal or state agencies undertaken.

The following is required for existing facilities only. Include the following information with the above listed attachment.

f. Identify any protective measures and stabilization activities that have been implemented and provide a description of how these measures and activities affected the baseline water condition in the vicinity of the intake.

g. A list of fragile species, as defined at *40 CFR § 125.92(m)*, at the facility. The applicant need only identify those species not already identified as fragile at *40 CFR § 125.92(m)*.

NOTE: New units at an existing facility are not required to resubmit this information if the cooling water withdrawals for the operation of the new unit are from an existing intake.

WORKSHEET 11.3
ENTRAINMENT

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** individual CWIS the facility uses or proposes to use.

CWIS ID:

1. APPLICABILITY (Instructions, Page 112)

Is the AIF of the CWIS identified above greater than, or equal to, 125 MGD?

☐ Yes ☐ No

- If **no** or the facility has selected **CCRS** [*40 CFR § 125.94(c)(1)*] for the impingement mortality compliance method, complete Item 2 and stop here.
- If **yes** and the facility is **seeking a waiver** from application requirements in accordance with *40 CFR § 125.95* for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent, complete item 2 and stop.
- If **yes** and the facility is **not seeking a waiver** from application requirements in accordance *with 40 CFR § 125.95*, complete item 2 and provide any required and completed studies listed in item 3. For any required studies in item 3 that are not complete, provide a detailed explanation for the delay and an anticipated schedule for completion and submittal.

2. EXISTING ENTRAINMENT PERFORMANCE STUDIES (Instructions, Page 112)

Attach any previously conducted studies or studies obtained from other facilities addressing technology efficacy, through-facility entrainment survival, and other entrainment studies.

Attachment:

3. FACILITY ENTRAINMENT PERFORMANCE STUDIES (Instructions, Page 112)

a. Attach an entrainment characterization study, as described at *40 CFR § 122.21(r)(9)*.

Attachment:

b. Attach a comprehensive feasibility study, as described as *40 CFR § 122.21(r)(10)*.

Attachment:

c. Attach a benefits valuation study, as described as *40 CFR § 122.21(r)(11)*.

Attachment:

d. Attach a non-water quality environmental and other impacts study, as described as *40 CFR § 122.21(r)(12)*.

Attachment:

e. Attach a peer review analysis, as described as *40 CFR § 122.21(r)(13)*.

Attachment:

WORKSHEET 12.0
OIL AND GAS EXPLORATION, DEVELOPMENT, AND PRODUCTION WASTEWATER DISCHARGES

This worksheet **is required** for all TPDES permit applications that are subject to Effluent Limitation Guidelines in 40 CFR Part 435.

1. OPERATIONAL INFORMATION (Instructions, Page 113)

a. Is the wastewater from an oil and gas exploration, development, or production facility located west of the 98th meridian?

☐ Yes ☐ No

If yes, continue to the next question. If no, skip to Item 2 relating to Production/Process Data.

b. Provide justification for how the wastewater is/will be used for agriculture or wildlife propagation.

2. PRODUCTION/PROCESS DATA (Instructions, Page 113)

a. Provide the applicable 40 CFR Part 435 Subpart(s).

b. Describe if the permit being sought is for discharges from exploration, development, production, or for a combination of more than one of those activities.

c. Provide information on all waste-streams generated and specify which waste-streams you are requesting to be authorized for discharge.

Wastestreams Generated

Wastestream	Requesting authorization to discharge? (Yes/No)	Volume (MGD)	% of Total Flow

Attachment:

d. Describe how the facility will manage wastestreams for which discharge authorization is not being sought.

Attachment:

e. Provide information on miscellaneous discharges.

Attachment:

f. List of chemicals that are in use, or will be used, downhole. Provide the category, concentration used/to be used, and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

Chemicals List

Category	Chemical Name	Concentration (specify units)	Purpose

Attachment:

g. List of chemicals that are in use, or will be used, to treat the wastewater to be discharged under this authorization. Provide the concentration used/to be used and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

Wastewater Treatment Chemicals List

Chemical Name	Concentration (specify units)	Purpose

Attachment:

3. LABORATORY ACCREDITATION CERTIFICATION (Instructions, Page 114)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

a. The laboratory is an in-house laboratory and is:
   i. periodically inspected by the TCEQ; or
   ii. located in another state and is accredited or inspected by that state; or
   iii. performing work for another company with a unit located in the same site; or
   iv. performing pro bono work for a governmental agency or charitable organization.

b. The laboratory is accredited under federal law.

c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.

d. The laboratory supplies data for which the TCEQ does not offer accreditation.

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 32, for a list of approved signatories.

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

_____

(Signature)

4. POLLUTANT ANALYSIS (Instructions, Page 114)

Tables 1, 2, 6, and 7 located in Worksheet 2.0 are required. In addition, Table 19 below is required and must be completed for each outfall and submitted with this application. The remaining tables in Worksheet 2.0, are required as applicable.

Table 18 for Outfall No.: _____

Samples are (check one): ☐ **Composites** ☐ **Grabs**

Pollutant	Sample 1 (mg/L)*	Sample 2 (mg/L)*	Sample 3 (mg/L)*	Sample 4 (mg/L)*
Calcium				
Potassium				
Sodium				

* Indicate units if different from mg/L.

Attachment A: Payment Submittal Form

Payment was submitted online – payment submittal form is not applicable.

TCEQ ePay Voucher Receipt

Transaction Information

Voucher Number:	687867
Trace Number:	582EA000593374
Date:	02/12/2024 09:55 AM
Payment Method:	CC - Authorization 000005131C
Voucher Amount:	$1,200.00
Fee Type:	WW PERMIT - MINOR FACILITY SUBJECT TO 40 CFR 400-471 - RENEWAL
ePay Actor:	KATHRYN NICKEL

Payment Contact Information

Name:	KATHRYN NICKEL
Company:	BSI AMERICA PROFESSIONAL SERVICES
Address:	1517 NORTHSHORE DRIVE, BELLIGHAM, WA 98226
Phone:	805-231-1281

Site Information

Site Name:	COVIA SOLUTIONS INC -CLEBURNE FACILITY
Site Address:	1788 COUNTY ROAD 308, CLEBURNE, TX 76033
Site Location:	1788 COUNTY ROAD 308 CLEBURNE TX 76033

Customer Information

Customer Name:	COVIA SOLUTIONS INC
Customer Address:	2700 TECHNOLOGY FOREST BLVD, THE WOODLANDS, TX 77381

Other Information

Program Area ID:	0001401000

Your transaction is complete. Thank you for using TCEQ ePay.

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt and the vouchers for your records. An email receipt has also been sent.

Transaction Information

Trace Number:	582EA000593374
Date:	02/12/2024 09:55 AM
Payment Method:	CC - Authorization 000005131C
ePay Actor:	KATHRYN NICKEL
Actor Email:	kathryn.nickel@bsigroup.com
IP:	73.254.47.12
TCEQ Amount:	$1,215.00
Texas.gov Price:	$1,242.59*

* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Contact Information

Name:	KATHRYN NICKEL
Company:	BSI AMERICA PROFESSIONAL SERVICES
Address:	1517 NORTHSHORE DRIVE, BELLIGHAM, WA 98226
Phone:	805-231-1281

Cart Items

Click on the voucher number to see the voucher details.

Voucher	Fee Description	AR Number	Amount
687867	WW PERMIT - MINOR FACILITY SUBJECT TO 40 CFR 400-471 - RENEWAL		$1,200.00
687868	30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE		$15.00
		TCEQ Amount:	$1,215.00

ePay Again Exit ePay

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt for your records.

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WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if mailing the payment. (Instructions, Page 36-37)

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP **Permit No:** WQ0001401000

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

   Name of Project or Site: Covia Cleburne Facility

   Physical Address of Project or Site: 1788 County Road 308, Cleburne TX

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

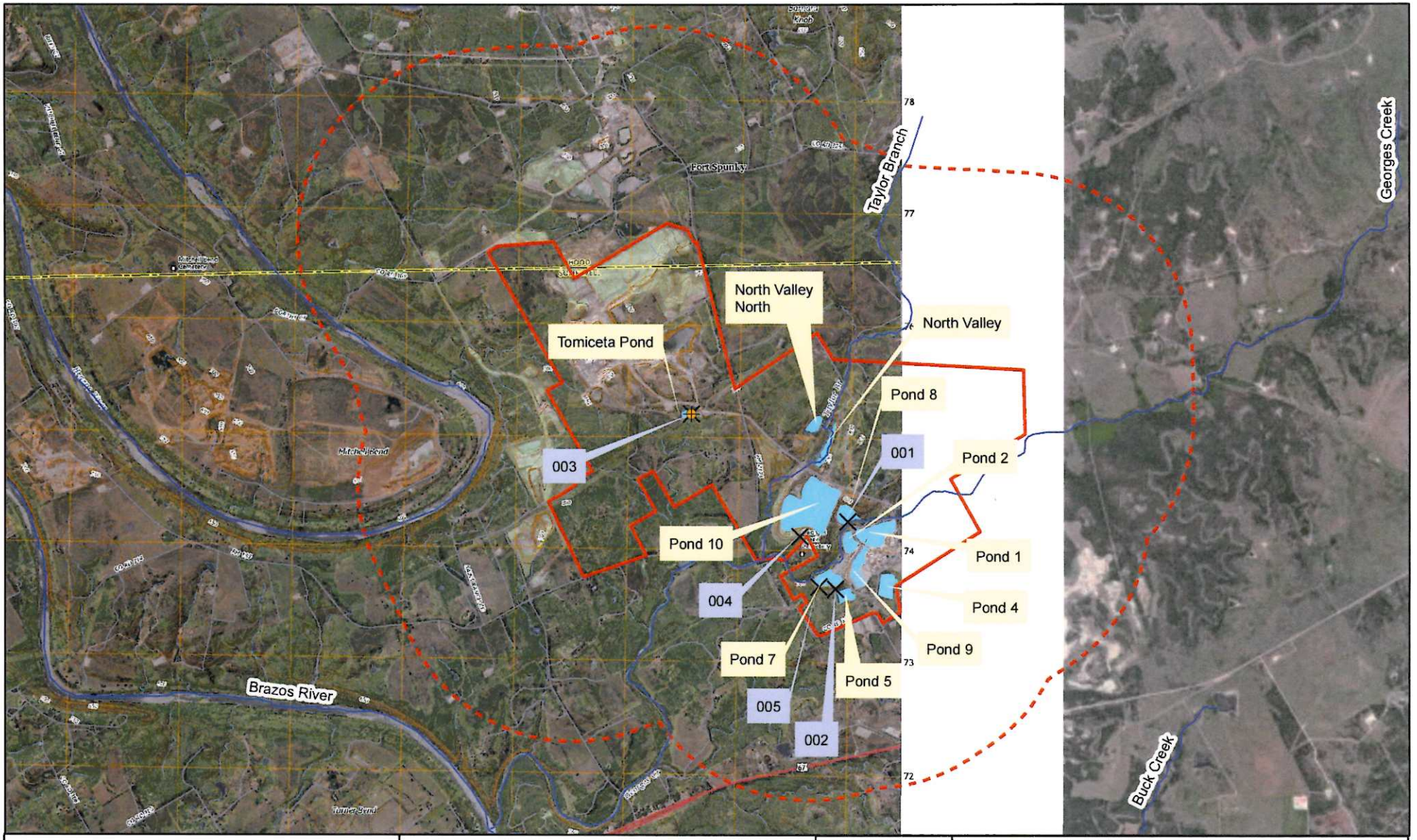
Staple Check or Money Order in This Space

Attachment B: Core Data Form

Attachment C: USGS Topographic Maps

USGS Nemo 2023

USGS Bono 2023



Legend

- Facility Boundary
- 1 Mile Buffer
- Process Water Outfall (TPDES)
- Pond
- Mine Dewatering
- Streams
- Discharge Route

Source: ESRI World Imagery

Datum: WGS 1984

N

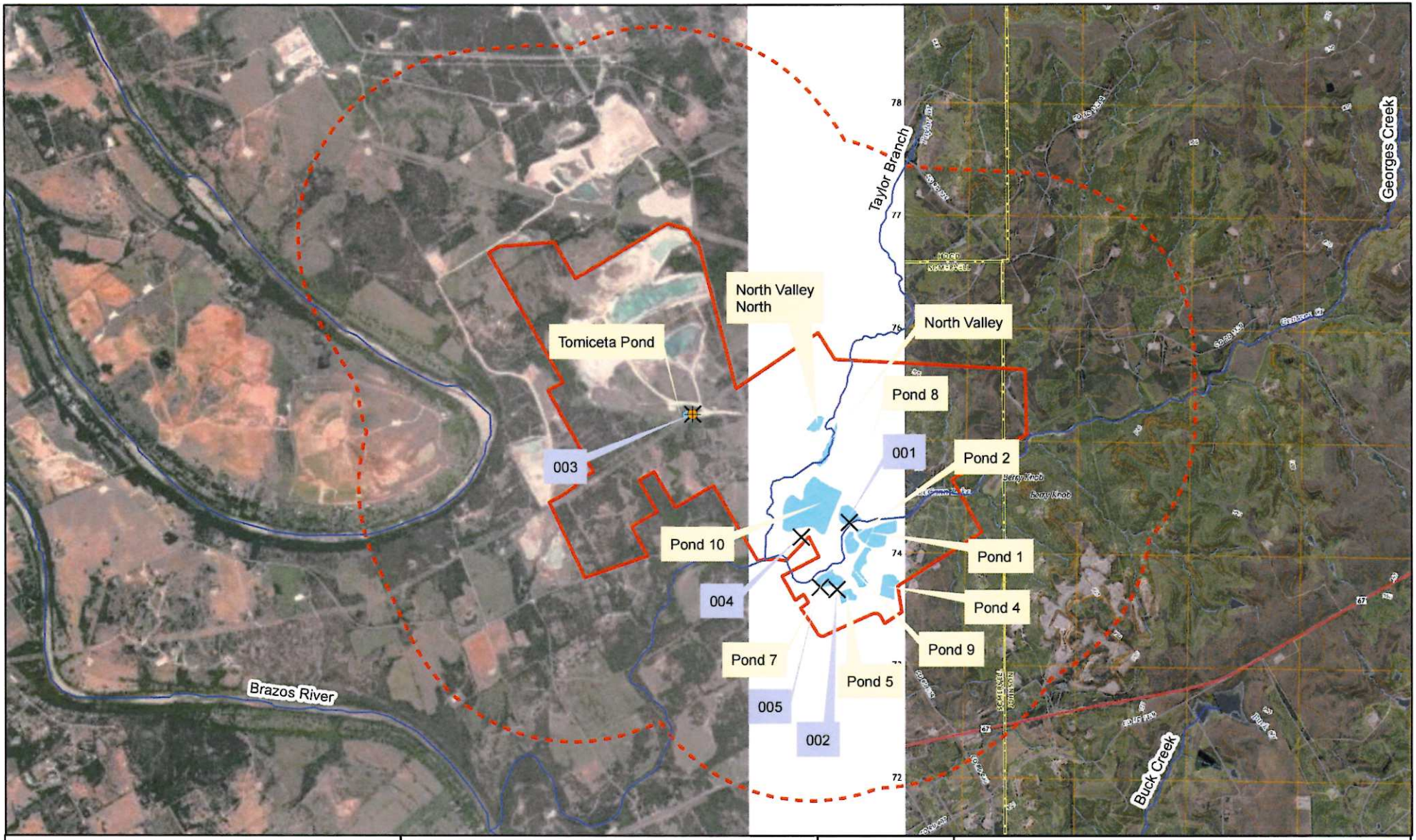
Covia Solutions Inc. - Cleburne
1788 County Road 308
Cleburne, Texas 76033
SPIF USGS Nemo - Reproduced Portion

bsi.
7800 N. Mopac Expwy, Suite 325
Austin, TX 78759

Location:
32.2930942°, -97.6257395°

0 2,100 4,200 8,400 Feet

December 2023



Legend

- Facility Boundary
- 1 Mile Buffer
- Process Water Outfall (TPDES)
- Pond
- Mine Dewatering
- Streams
- Discharge Route

Source: ESRI World Imagery

Datum: WGS 1984

N

Covia Solutions Inc. - Cleburne
1788 County Road 308
Cleburne, Texas 76033
SPIF USGS Bono - Reproduced Portion

bsi.
7800 N. Mopac Expwy, Suite 325
Austin, TX 78759

Location:
32.2930942°, -97.6257395°

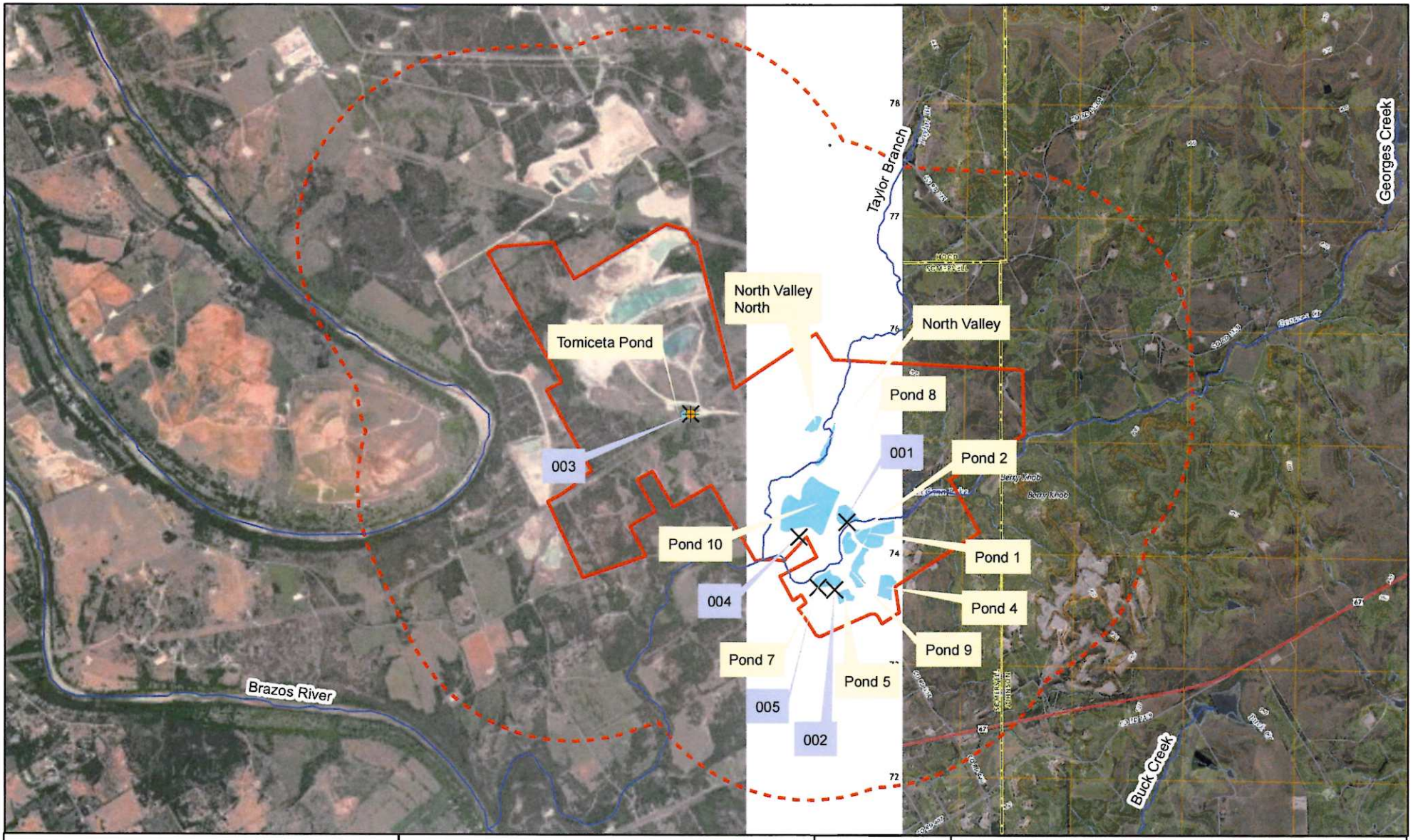
0 2,100 4,200 8,400 Feet

December 2023

Attachment D: Quadrangle Maps

SPIF Nemo 2023

SPIF Bono 2023



Legend

- Facility Boundary
- 1 Mile Buffer
- Process Water Outfall (TPDES)
- Pond
- Mine Dewatering
- Streams
- Discharge Route

Source: ESRI World Imagery

Datum: WGS 1984

N

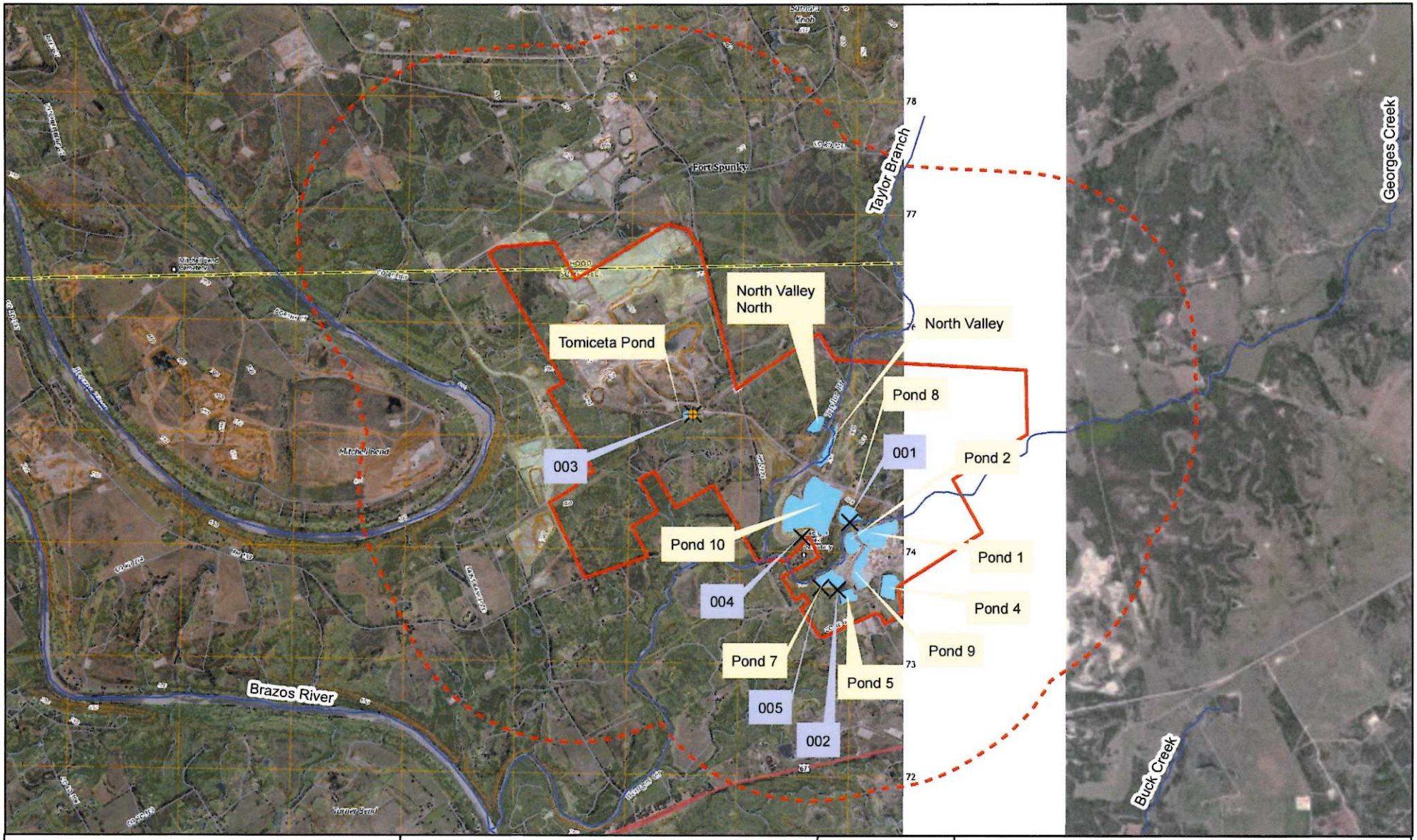
Covia Solutions Inc. - Cleburne
1788 County Road 308
Cleburne, Texas 76033
SPIF USGS Bono - Reproduced Portion

bsi.
7800 N. Mopac Expwy, Suite 325
Austin, TX 78759

Location:
32.2930942°, -97.6257395°

0 2,100 4,200 8,400 Feet

December 2023



Legend

- Facility Boundary
- 1 Mile Buffer
- Process Water Outfall (TPDES)
- Pond
- Mine Dewatering
- Streams
- Discharge Route

Source: ESRI World Imagery

Datum: WGS 1984

N

Covia Solutions Inc. - Cleburne
1788 County Road 308
Cleburne, Texas 76033
SPIF USGS Nemo - Reproduced Portion

bsi.

7800 N. Mopac Expwy, Suite 325
Austin, TX 78759

Location:
32.2930942°, -97.6257395°

0 2,100 4,200 8,400 Feet

December 2023

Attachment E: Plain Language Summary

Plain Language Summary (English)

Plain Language Summary

Covia Solutions Inc. (CN606205722) operates Covia Cleburne Facility RN 111863031 mines, washes, dries, screens, and ships silica sand. The facility is located at 1788 County Road 308, in Cleburne, Johnson County, Texas 76033. The application request is to renew the existing permit to discharge wastewater to the Unnamed Tributary then to George's Creek.

Discharges from the facility via Outfall 001, 002, 003, 004, & are expected to contain flow and total suspended solids (TSS).Discharge types from Outfalls 001, 002, 004, & 005 include process-generated wastewater and stormwater. Discharge Types from Outfall 003 include mine dewatering and stormwater. Discharges are treated by onsite settling ponds.

Attachment F: Facility Map

Legend

- Facility Boundary
- Process Water Outfall (TPDES)
- Mine Dewatering
- Stormwater Outfalls
- Material Receiving Area
- Sand Loading Area
- Plant Gasoline Containment Area
- Plant Diesel Fuel Containment Area
- Truck Parking Area
- Maintenance Facility
- Raw Sand and Stockpiles
- Process Sand Piles
- Haul Road Areas
- Equipment Staging Area
- Contractor Mobile Equipment Parking and Maintenance Area
- Contractor Bulk Oil_Used Oil Fuel Containment Area
- Pond
- Rock Check Dam
- Vegetated Swale
- Streams
- Flow Direction

Source: ESRI World Imagery

Datum: WGS 1984

N

Covia Solutions Inc. - Cleburne
1788 County Road 308
Cleburne, Texas 76033
TPDES Facility Map

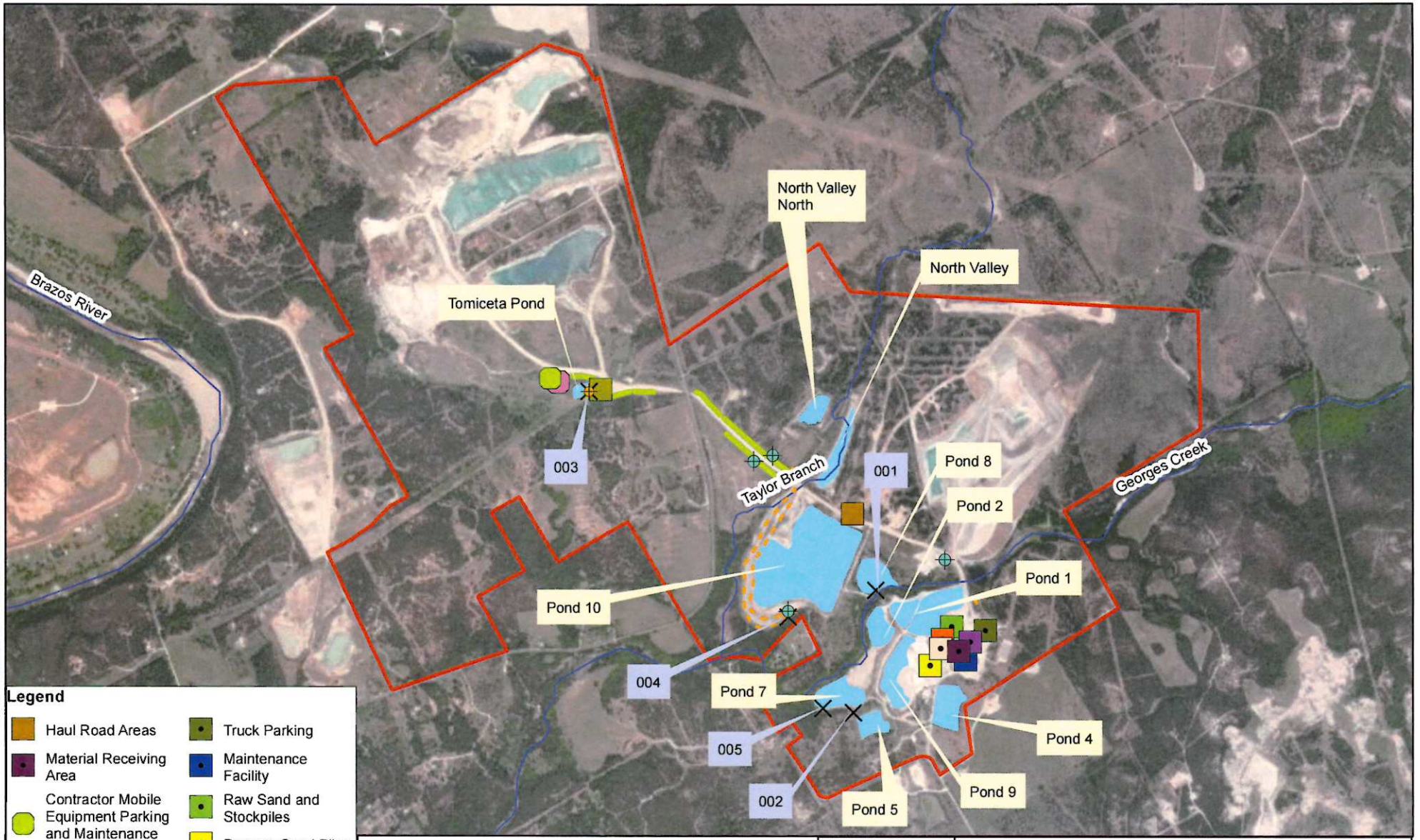
bsi.

7800 N. Mopac Expwy. Suite 325
Austin, TX 78759

Location:
32.2930942°, -97.6257395°

0 475 950 1,900 Feet

December 2023



Source: ESRI World Imagery

Datum: WGS 1984

N

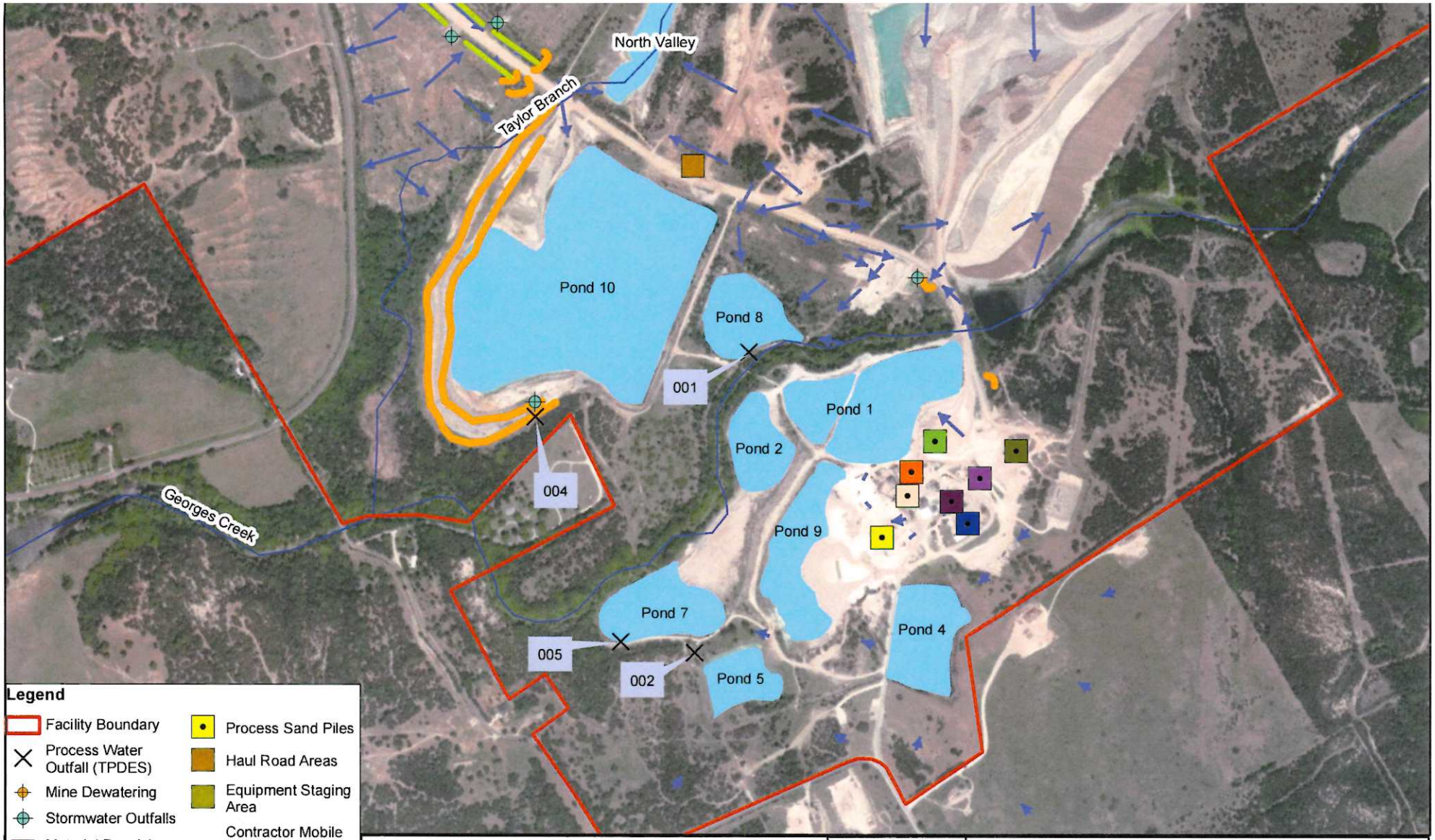
Covia Solutions Inc. - Cleburne
1788 County Road 308
Cleburne, Texas 76033
TPDES Facility Map

bsi.
7800 N. Mopac Expwy, Suite 325
Austin, TX 78759

Location:
32.2930942°, -97.6257395°

0 1,125 2,250 4,500 Feet

December 2023



Source: ESRI World Imagery

Datum: WGS 1984

N

Covia Solutions Inc. - Cleburne
1788 County Road 308
Cleburne, Texas 76033
TPDES Facility Map

bsi.

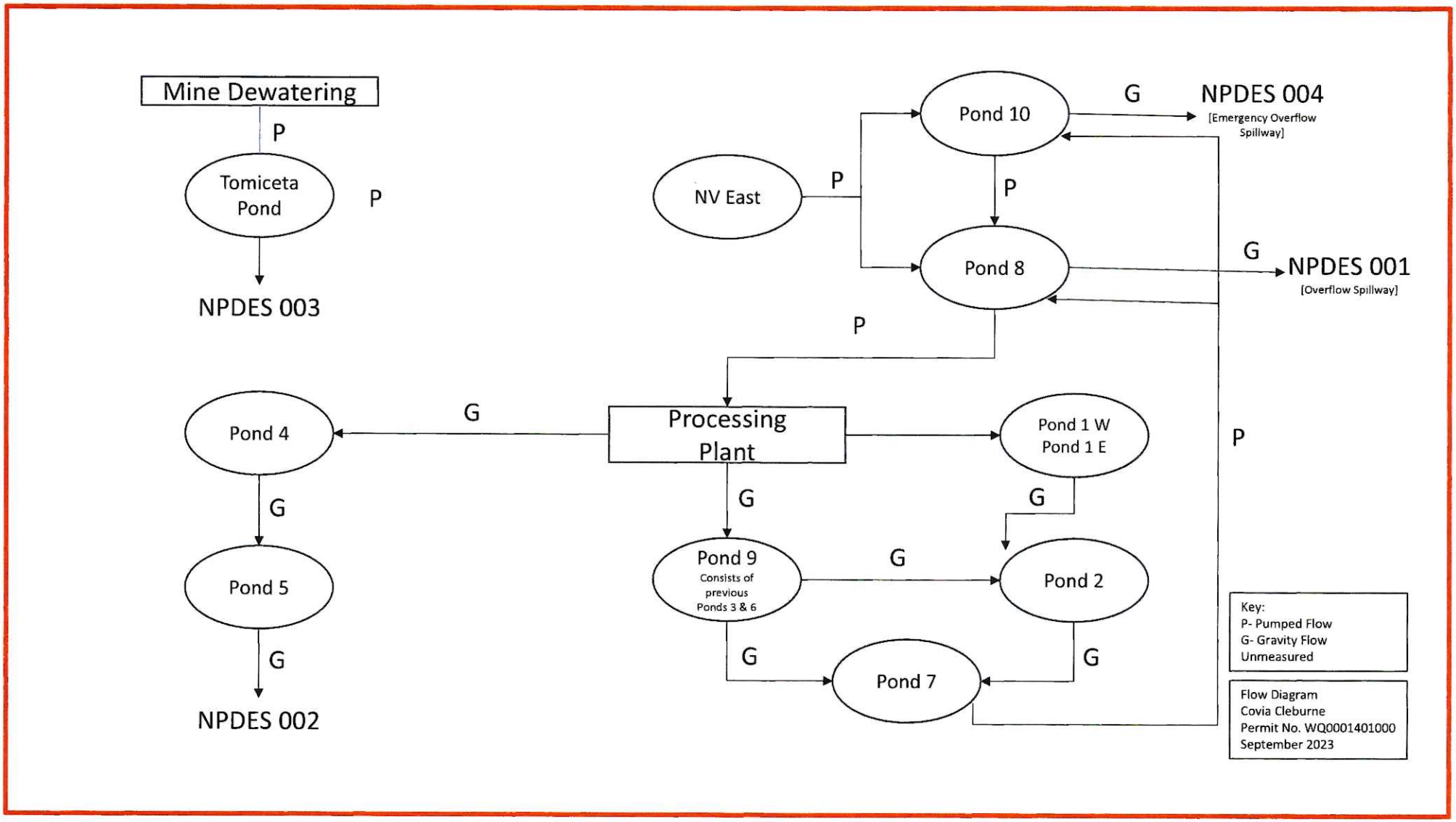
7800 N. Mopac Expwy, Suite 325
Austin, TX 78759

Location:
32.2930942°, -97.6257395°

0 475 950 1,900 Feet

December 2023

Attachment G: Flow Schematics


Mine Dewatering
P
Tomiceta Pond
P
NPDES 003
Pond 10
G
NPDES 004
[Emergency Overflow Spillway]
NV East
P
P
Pond 8
G
NPDES 001
[Overflow Spillway]
P
Pond 4
G
Processing Plant
Pond 1 W
Pond 1 E
P
G
G
Pond 5
G
NPDES 002
Pond 9
Consists of previous Ponds 3 & 6
G
Pond 2
G
G
Pond 7
Key:
P- Pumped Flow
G- Gravity Flow
Unmeasured
Flow Diagram
Covia Cleburne
Permit No. WQ0001401000
September 2023

BSI

BSI provides environmental, health, safety, sustainability, and security (EH3S) services that enable companies to:

- Assess and manage risks.
- Protect employees.
- Preserve the environment.
- Be socially and globally responsible.
- Achieve sustainable environmental, social, and economic value.
- Harness organizational resilience in domains of Operations, Information and Supply Chain.

BSI Group, Inc, a Royal Charter Company, is governed by its Royal Charter and by-laws. This means that it has no share capital and is what is termed a "non-profit distributing company," because profits are reinvested back into the business.

For our clients, this means our organization's decisions are independent and cannot be influenced since we have no shareholders. As such, what sets us apart is the investment we place in our people. This drives our passion, expertise, integrity, inclusive nature, and commitment to continual improvement which inspires our clients to hire us again.

If you have any questions or would like further information regarding BSI's consulting service offerings, feel free to email us at **ehs@bsigroup.com** or call **1-800-790-6236**.