Administrative Package Cover Page

This file contains the following documents:

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

Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS 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 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

Rio Grande Valley Sugar Growers, Inc. (CN600505630) operates W.R. Cowley Sugar House (RN100825405), a raw sugar and molasses production facility. The facility is located at approximately 3,000 feet northwest of the intersection of Farm-to-Market Road 1425 and State Highway 107, approximately 3 miles west of the community of Santa Rosa, in Santa Rosa, Hidalgo County, Texas 78593. This application is to renew the industrial wastewater discharge permit (without any changes).

Discharges from the facility are expected to contain biochemical oxygen demand (5-day BOD), total suspended solids (TSS), chemical oxygen demand, oil and grease, e. coli, and total residual chlorine. Process wastewater (Outfall 001) is treated by extended retention and aeration in treatment impoundment system.

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

AGUAS RESIDUALES INDUSTRIALES **/AGUAS PLUVIALES**

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

Rio Grande Valley Sugar Growers, Inc. (CN600505630) opera W.R. Cowley Sugar House (RN100825405), un Planta de producción de azúcar en bruto y melaza. La instalación está ubicada en aproximadamente 3,000 pies al noroeste de la intersección de Farm-to-Market Road 1425 y State Highway 107, aproximadamente 3 millas al oeste de la comunidad de Santa Rosa, en Santa Rosa, Condado de Hidalgo, Texas 78593. Esta solicitud es para renovar el permiso de descarga de aguas residuales industriales (sin ningún cambio).

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno (DBO de 5 días), sólidos suspendidos totales (SST), demanda química de oxígeno, aceite y grasa, E. coli y cloro residual total. Procesar aguas residuales (Salida 001). está tratado por tratada mediante retención prolongada y aireación en el sistema de embalse de tratamiento. .

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0001752000

APPLICATION. Rio Grande Valley Sugar Growers, Inc., P.O. Box 459, Santa Rosa, Texas 78593, which owns a raw sugar and molasses production facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0001752000 (EPA I.D. No. TX0032905) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 289,000 gallons per day. The facility is located approximately 3,000 feet northwest of the intersection of Farm-to-Market Road 1425 and State Highway 107, near the city of Santa Rosa, in Hidalgo County, Texas 78593. The discharge route is from the plant site via Outfall 001 to Valley Acres Drainage Ditch; thence to Pilot Channel, North Floodway; thence to the Laguna Madre. TCEQ received this application on February 10, 2025. The permit application will be available for viewing and copying at Hidalgo County Courthouse, 100 North Closner Boulevard, Edinburg, in Hidalgo County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/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=-97.86796,26.269541&level=18

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

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

PUBLIC COMMENT / PUBLIC MEETING. You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the

opportunity to submit comments or to ask questions about the application. TCEQ will hold a public meeting if the Executive Director determines that there is a significant degree of public interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

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

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

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

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

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

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

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

AGENCY CONTACTS AND INFORMATION. All public comments and requests must be submitted either electronically at **https://www14.tceq.texas.gov/epic/eComment/**, or in writing to the Texas Commission on Environmental Quality, Office of the Chief Clerk, MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Please be aware that any contact information you provide, including your name, phone number, email address and physical address will become part of the agency's public record. For more information about this permit application or the permitting process, please call the TCEQ Public Education Program, Toll Free, at 1-800-687-4040 or visit their website at www.tceq.texas.gov/goto/pep. Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from Rio Grande Valley Sugar Growers, Inc. at the address stated above or by calling Ms. Erin Colborn, P.E., Pangaea Conservation & Compliance LLC, at 225-362-4894.

Issuance Date: April 16, 2025

Comisión de Calidad Ambiental del Estado de Texas

AVISO DE RECIBO DE LA SOLICITUD Y
EL INTENTO DE OBTENER PERMISO PARA LA CALIDAD DEL AGUA
RENOVACION

PERMISO NO. WQ0001752000

SOLICITUD. Rio Grande Valley Sugar Growers, Inc., Apartado de correos 459, Santa Rosa, Texas 78593 ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0001752000 (EPA I.D. No. TX0032905) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 289,000 galones por día. La planta está ubicada aproximadamente 3,000 pies al noroeste de la intersección de Farm-to-Market Road 1425 y State Highway 107, cerca de la ciudad de Santa Rosa, en el Condado de Hidalgo, Texas. La ruta de descarga es del sitio de la planta a desde el sitio de la planta a través del desagüe 001 hasta la zanja de drenaje de Valley Acres; de allí al Canal Piloto, Canal de Inundación Norte; de allí a la Laguna Madre. La TCEQ recibió esta solicitud el 10 de febrero de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en Palacio de Justicia del Condado de Hidalgo, 100 North Closner Boulevard, Edinburg, en el Condado de Hidalgo, Texas antes de la fecha de publicación de este aviso en el periódico. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.
https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.868055,26.269444&level=18

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

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

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

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

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Ademas, puede pedir que la TCEQ ponga su nombre en una or mas de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos de el solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado especifico. Si desea que se agrega su nombre en una de las listas designe cual lista(s) y envia por correo su pedido a la Oficina del Secretario Principal de la

TCEQ.

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

También se puede obtener información adicional del Rio Grande Valley Sugar Growers, Inc. a la dirección indicada arriba o llamando a Erin Colborn, P.E., Pangaea Conservation & Compliance LLC, al 225-362-4894.

Fecha de emission: 16 de abril de 2025

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

February 10, 2025

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

Dear Applicant:

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

ER Account Number: ER105344
Application Reference Number: 753245
Authorization Number: WQ0001752000
Site Name: Wr Crowley Sugar House WWTP
Regulated Entity: RN100825405 - Rio Grande Valley Sugar Growers W R Cowley Sugar House
Customer(s): CN600505630 - Rio Grande Valley Sugar Growers, Inc.

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

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

Sincerely,
Applications Review and Processing Team
Water Quality Division

Texas Commission on Environmental Quality

Update Domestic or Industrial Individual Permit

WQ0001752000

Site Information (Regulated Entity)

What is the name of the site to be authorized?	WR CROWLEY SUGAR HOUSE WWTP
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	APPROX 3000 FT NW OF THE INTERX OF SH 107 AND FM 1425
City	SANTA ROSA
State	TX
ZIP	78593
County	HIDALGO
Latitude (N) (##.######)	26.258888
Longitude (W) (-###.######)	-97.863055
Primary SIC Code	2061
Secondary SIC Code	
Primary NAICS Code	311311
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN100825405
What is the name of the Regulated Entity (RE)?	RIO GRANDE VALLEY SUGAR GROWERS W R COWLEY SUGAR HOUSE
Does the RE site have a physical address?	No
Physical Address	
Because there is no physical address, describe how to locate this site:	2.5 Miles West Highway 107
City	SANTA ROSA
State	TX
ZIP	78593
County	HIDALGO
Latitude (N) (##.######)	26.258888
Longitude (W) (-###.######)	-97.863055
Facility NAICS Code	
What is the primary business of this entity?	FLEET REFUELING

Rio Gra-Customer (Applicant) Information (Owner)

How is this applicant associated with this site?	Owner

What is the applicant's Customer Number (CN)?	CN600505630
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Rio Grande Valley Sugar Growers, Inc.
Texas SOS Filing Number	28093401
Federal Tax ID	760384470
State Franchise Tax ID	17416729923
State Sales Tax ID	
Local Tax ID	
DUNS Number	66447418
Number of Employees	
Independently Owned and Operated?	
I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.	Yes
Responsible Authority Contact	
Organization Name	Rio Grande Valley Sugar Growers, Inc.
Prefix	
First	Sean
Middle	
Last	Brashear
Suffix	
Credentials	
Title	President & CEO
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 459
Routing (such as Mail Code, Dept., or Attn:)	
City	SANTA ROSA
State	TX
ZIP	78593
Phone (###-###-####)	9566361411
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	sbrashear@rgvsugar.com

Billing Contact

Responsible contact for receiving billing statements:

Select the permittee that is responsible for payment of the annual fee.	CN600505630, Rio Grande Valley Sugar Growers, Inc.
Organization Name	RIO GRANDE VALLEY SUGAR GROWERS INC
Prefix	
First	
Middle	
Last	
Suffix	
Credentials	
Title	
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 459
Routing (such as Mail Code, Dept., or Attn:)	
City	SANTA ROSA
State	TX
ZIP	78593
Phone (###-###-####)	9566361411
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	sbrashear@rgvsugar.com

Application Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	CN600505630, Rio Grande Valley Sugar Growers, Inc.
Organization Name	Rio Grande Valley Sugar Growers, Inc.
Prefix	
First	Sean
Middle	
Last	Brashear
Suffix	
Credentials	
Title	President & CEO
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic

Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 459
Routing (such as Mail Code, Dept., or Attn:)	
City	SANTA ROSA
State	TX
ZIP	78593
Phone (###-###-####)	9566361411
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	sbrashear@rgvsugar.com

Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	CN600505630, Rio Grande Valley Sugar Growers, Inc.
Organization Name	Rio Grande Valley Sugar Growers, Inc.
Prefix	MR
First	Sean
Middle	
Last	Brashear
Suffix	
Credentials	
Title	President & CEO
Enter new address or copy one from list:	

Mailing Address

Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 459
Routing (such as Mail Code, Dept., or Attn:)	
City	SANTA ROSA
State	TX
ZIP	78593
Phone (###-###-####)	9566361411
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	sbrashear@rgvsugar.com

DMR Contact

Person responsible for submitting Discharge Monitoring Report

Forms:	
Same as another contact?	CN600505630, Rio Grande Valley Sugar Growers, Inc.
Organization Name	Rio Grande Valley Sugar Growers, Inc.
Prefix	
First	Sean
Middle	
Last	Brashear
Suffix	
Credentials	
Title	President & CEO
Enter new address or copy one from list:	
Mailing Address:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 459
Routing (such as Mail Code, Dept., or Attn:)	
City	SANTA ROSA
State	TX
ZIP	78593
Phone (###-###-####)	9566361411
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	sbrashear@rgvsugar.com

Section 1# Permit Contact

Permit Contact#: 1

Person TCEQ should contact throughout the permit term.

1) Same as another contact?	CN600505630, Rio Grande Valley Sugar Growers, Inc.
2) Organization Name	Rio Grande Valley Sugar Growers, Inc.
3) Prefix	
4) First	Sean
5) Middle	
6) Last	Brashear
7) Suffix	
8) Credentials	
9) Title	President & CEO

Mailing Address

10) Enter new address or copy one from list	
11) Address Type	Domestic
11.1) Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 459
11.2) Routing (such as Mail Code, Dept., or Attn:)	
11.3) City	SANTA ROSA
11.4) State	TX
11.5) ZIP	78593
12) Phone (###-###-####)	9566361411
13) Extension	
14) Alternate Phone (###-###-####)	
15) Fax (###-###-####)	
16) E-mail	sbrashear@rgvsugar.com

Owner Information

Owner of Treatment Facility

1) Prefix	
2) First and Last Name	
3) Organization Name	Rio Grande Valley Sugar Growers Inc
4) Mailing Address	PO BOX 459
5) City	Santa Rosa
6) State	TX
7) Zip Code	78593
8) Phone (###-###-####)	9566361411
9) Extension	
10) Email	sbrashear@rgvsugar.com
11) What is ownership of the treatment facility?	Private

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

12) Prefix	
13) First and Last Name	
14) Organization Name	Rio Grande Valley Sugar Growers Inc
15) Mailing Address	PO BOX 459
16) City	Santa Rosa
17) State	TX
18) Zip Code	78593
19) Phone (###-###-####)	9566361411
20) Extension	
21) Email	sbrashear@rgvsugar.com
22) Is the landowner the same person as the facility owner or co-applicant?	Yes

General Information Renewal-Amendment

1) Current authorization expiration date:	07/31/2025
2) Current Facility operational status:	Active
3) Is the facility located on or does the treated effluent cross American Indian Land?	No
4) What is the application type that you are seeking?	Renewal without changes
5) Current Authorization type:	Industrial Wastewater
5.1) What is your EPA facility classification?	Minor
5.1.1) Are the discharges at your facility subjected to federal effluent limitation guidelines (ELG) 40 CFR Part 400-471?	Yes
5.1.1.1) Select the applicable fee for the Minor facility that is subjected to 40 CFR 400-471:	Renewal - $1,215
6) What is the classification for your authorization?	TPDES
6.1) What is the EPA Identification Number?	TX0032905
6.2) Is the wastewater treatment facility location in the existing permit accurate?	Yes
6.3) Are the point(s) of discharge and the discharge route(s) in the existing permit correct?	Yes
6.4) City nearest the outfall(s):	Santa Rosa
6.5) County where the outfalls are located:	HIDALGO
6.6) Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?	No
6.7) Is the daily average discharge at your facility of 5 MGD or more?	No
7) Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?	No

Public Notice Information

Individual Publishing the Notices

1) Prefix	
2) First and Last Name	Erin Colborn
3) Credential	PE
4) Title	Consultant
5) Organization Name	Pangaea Conservation & Compliance LLC
6) Mailing Address	1952 E FLONACHER RD
7) Address Line 2	
8) City	ZACHARY
9) State	LA
10) Zip Code	70791

11) Phone (###-###-####)	2253624894
12) Extension	
13) Fax (###-###-####)	
14) Email	ecolborn@pangaeacc.com
Contact person to be listed in the Notices	
15) Prefix	
16) First and Last Name	Erin Colborn
17) Credential	PE
18) Title	Consultant
19) Organization Name	Pangaea Conservation & Compliance LLC
20) Phone (###-###-####)	2253624894
21) Fax (###-###-####)	
22) Email	ecolborn@pangaeacc.com
Bilingual Notice Requirements	
23) Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?	Yes
23.1) Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?	Yes
23.2) Do the students at these schools attend a bilingual education program at another location?	No
23.3) Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC 89.1205(g)?	No
23.4) Which language is required by the bilingual program?	Spanish

Section 1# Public Viewing Information

County#: 1

1) County	HIDALGO
2) Public building name	Hidalgo County Courthouse
3) Location within the building	
4) Physical Address of Building	100 North Closner Blvd.
5) City	Edinburg TX
6) Contact Name	
7) Phone (###-###-####)	9563182390
8) Extension	
9) Is the location open to the public?	Yes

Plain Language

1) Plain Language

[File Properties]

File Name	LANG_20972_PLS_2024-11-08.docx
Hash	1EE0E21539BED7FDA49B7453AC6BD10D45C2956A4C13AE3A2907902048785568
MIME-Type	application/vnd.openxmlformats-officedocument.wordprocessingml.document

Supplemental Permit Information Form

1) Supplemental Permit Information Form (SPIF)

[File Properties]

File Name	SPIF_20971.docx
Hash	63704FC2B8828F4162A6F8568AE25A4E79D0E50A488A050F2841D0073CB1AFC4
MIME-Type	application/vnd.openxmlformats-officedocument.wordprocessingml.document

Industrial Attachments

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

[File Properties]

File Name	MAP_Attachment D1 - topo map.pdf
Hash	7E98043AC70D65A84BBF12F3410C29E0696C7CFBE9C7E07042B94BECDC27D7EE
MIME-Type	application/pdf

2) I confirm that all required sections of Technical Report 1.0 are complete and will be included in the Technical Attachment.	Yes
2.1) I confirm that Worksheet 1.0 (EPA Categorical Effluent Guidelines) is complete and included in the Technical Attachment.	Yes
2.2) I confirm that Worksheet 2.0 (Pollutant Analyses Requirements) is complete and included in the Technical Attachment.	Yes
2.3) I confirm that Worksheet 4.0 (Receiving Waters) is complete and included in the Technical Attachment.	Yes
2.4) Are you planning to include Worksheet 4.1 (Waterbody Physical Characteristics) in the Technical Attachment?	Yes
2.5) Are you planning to include Worksheet 6.0 (Industrial Waste Contribution) in the Technical Attachment?	No
2.6) Are you planning to include Worksheet 7.0 (Stormwater Discharges Associated with Industrial Activities) to the Technical Attachment?	No
2.7) Are you planning to include Worksheet 8.0 (Aquaculture) in the Technical Attachment?	No

2.8) Are you planning to include Worksheet 9.0 (Class V Injection Well Inventory/Authorization) in the Technical Attachment?	No
2.9) Are you planning to include Worksheet 10.0 (Quarries in the John Graves Scenic Riverway) in the Technical Attachment?	No
2.10) Are you planning to include Worksheet 11.0 (Cooling Water System Information) in the Technical Attachment?	No
2.11) Are you planning to include Worksheet 11.1 (Impingement Mortality) in the Technical Attachment?	No
2.12) Are you planning to include Worksheet 11.2 (Source Water Biological Data) in the Technical Attachment?	No
2.13) Are you planning to include Worksheet 11.3 (Entrainment) in the Technical Attachment?	No

2.14) Technical Attachment

[File Properties]

File Name	TECH_10055_2024.pdf
Hash	649884F480806EC7B2B977006AA617DEE59190E9A740B731D2DBB3202482A318
MIME-Type	application/pdf

3) Flow Diagram

[File Properties]

File Name	FLDIA_Attachment F - water balance.pdf
Hash	8871D205D524EA22B46B4F07FCE376B578C1D54B8B02D3BAA5DA987F5A21B580
MIME-Type	application/pdf

4) Site Drawing

[File Properties]

File Name	SITEDR_Attachment A - Site Plan.pdf
Hash	B0DE050DB297779B825867BD81E13F80D2803D755195C6B14950B7E251B17A1E
MIME-Type	application/pdf

5) Design Calculations

[File Properties]

File Name	DES_CAL_design calcs.pdf
Hash	2FF70C8A48C63F3B09A9A24097DA68D7FC3ABC59D531CE06D4DBFA822B765F79
MIME-Type	application/pdf

6) Solids Management Plan

7) Water Balance

[File Properties]

File Name	WB_Attachment F - water balance.pdf
Hash	8871D205D524EA22B46B4F07FCE376B578C1D54B8B02D3BAA5DA987F5A21B580
MIME-Type	application/pdf

8) Other Attachments

[File Properties]

File Name	OTHER_Attachment B - FIRM map.pdf
Hash	5D23CF777C2FC5D3B543584C0BBB70E49E281081A96726124D201314131FDE96
MIME-Type	application/pdf

[File Properties]

File Name	OTHER_Attachment C - SDS sheets.pdf
Hash	3F83759995B3EBB211CCA3B0A3B874EEE78CA4B4384DD2BB1F6183484ED9C494
MIME-Type	application/pdf

[File Properties]

File Name	OTHER_Attachment D2 - flow path aerial.pdf
Hash	0BF99D31DF442FCFF717FCED7B5F24C0F54691ACC54AD0F9B4B7022128C7217D
MIME-Type	application/pdf

Certification

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

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

1. I am Sean Brashear, the owner of the STEERS account ER105344.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Update Domestic or Industrial Individual Permit WQ0001752000.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER Signature: Sean Brashear OWNER

Customer Number:	CN600505630
Legal Name:	Rio Grande Valley Sugar Growers, Inc.

Account Number:	ER105344
Signature IP Address:	129.222.78.87
Signature Date:	2025-02-10
Signature Hash:	33507A96E6A96B24D03D327762FE0B2973A0710F4DE138523ABDBE1737C1F5B4
Form Hash Code at time of Signature:	2EA2145EB15F855F284B37AA66EEB8ABAC78CB66A8DF44C2A0BDCEB61B2F7AAB

Fee Payment

Transaction by:	The application fee payment transaction was made by ER105344/Sean Brashear
Paid by:	The application fee was paid by ERIN COLBORN
Fee Amount:	$1200.00
Paid Date:	The application fee was paid on 2025-02-10
Transaction/Voucher number:	The transaction number is 582EA000650616 and the voucher number is 748441

Submission

Reference Number:	The application reference number is 753245
Submitted by:	The application was submitted by ER105344/ Sean Brashear
Submitted Timestamp:	The application was submitted on 2025-02-10 at 17:06:09 CST
Submitted From:	The application was submitted from IP address 129.222.78.87
Confirmation Number:	The confirmation number is 627949
Steers Version:	The STEERS version is 6.86
Permit Number:	The permit number is WQ0001752000

Additional Information

Application Creator: This account was created by Sean Brashear

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS 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 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

Rio Grande Valley Sugar Growers, Inc. (CN600505630) operates W R Cowley Sugar House (RN100825405), a raw sugar mill that produces raw sugar from processing of sugarcane. The facility is located at 2-1/2 Miles West Highway 107, in Santa Rosa, Hidalgo County, Texas 78593. This application is to renew the industrial wastewater discharge permit (without any changes).

Discharges from the facility are expected to contain biochemical oxygen demand (5-day BOD), total suspended solids (TSS), chemical oxygen demand, oil and grease, e. coli, and total residual chlorine. Process wastewater (Outfall 001) is treated by extended retention and aeration in treatment impoundment system.

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

AGUAS RESIDUALES INDUSTRIALES **/AGUAS PLUVIALES**

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

Rio Grande Valley Sugar Growers, Inc. (CN600505630) opera W R Cowley Sugar House (RN100825405), un molino de azúcar en bruto que produce azúcar en bruto a partir del procesamiento de la caña de azúcar. La instalación está ubicada en 9. Introduzca la ubicación aquí, en 10. Introduzca el nombre de la ciudad aquí, Condado de 2-1/2 Miles West Highway 107, in Santa Rosa, Hidalgo County, Texas 78593. Esta solicitud es para renovar el permiso de descarga de aguas residuales industriales (sin ningún cambio).

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno (DBO de 5 días), sólidos suspendidos totales (SST), demanda química de oxígeno, aceite y grasa, E. coli y cloro residual total. Procesar aguas residuales (Salida 001). está tratado por tratada mediante retención prolongada y aireación en el sistema de embalse de tratamiento. .

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.

Questions or comments concerning this form may be directed to the Water Quality Division’s Application Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by phone at (512) 239-4671.

Example 1: Industrial Wastewater TPDES Application (ENGLISH)

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and 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 to 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.

Example 2: Domestic Wastewater TPDES Renewal 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.

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to discharge at an annual average flow of 1,200,000 gallons per day of treated domestic wastewater via Outfalls 001 and 002.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 3: Domestic Wastewater TPDES New 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.

The City of Texas (CN000000000) proposes to operate the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the extended aeration mode. The facility will be located at 123 Texas Street, in the City of More Texas, Texas County, Texas 71234.

This application is for a new application to discharge at a daily average flow of 200,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 4: Domestic Wastewater TLAP Renewal 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.

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to dispose a daily average flow not to exceed 76,500 gallons per day of treated domestic wastewater via public access subsurface drip irrigation system with a minimum area of 32 acres. This permit will not authorize a discharge of pollutants into water in the state.

Land application of domestic wastewater from the facility are expected to contain five-day biochemical oxygen demand (BOD_5), total suspended solids (TSS), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, an equalization basin, an aeration basin, a final clarifier, an aerobic sludge digester, tertiary filters, and a chlorine contact chamber. In addition, the facility includes a temporary storage that equals to at least three days of the daily average flow.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

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

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

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

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

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

The following applies to all applications:

1. Permittee: Rio Grande Valley Sugar Growers, Inc.

   Permit No. WQ00 01752000 EPA ID No. TX 0032905

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

   2-1/2 Miles West Highway 107, Santa Rosa, Hidalgo County

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

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

First and Last Name: Erin Colborn

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

Title: Consultant

Mailing Address: 1952 E. Flonacher Rd.

City, State, Zip Code: Zachary, LA 70791

Phone No.: 225-362-4894 Ext.: n/a Fax No.: n/a

E-mail Address: ecolborn@pangaeacc.com

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

n/a

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

Discharge via Outfall 001 to Valley Acres Drainage Ditch; thence to Pilot Channel, North Floodway; thence to the Laguna Madre in Segment #2491 of the Bays and Estuaries

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

n/a

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

No existing disturbances. Current landuse is existing raw sugar and molasses production facility.

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

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

Click here to enter text.

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

Click here to enter text.

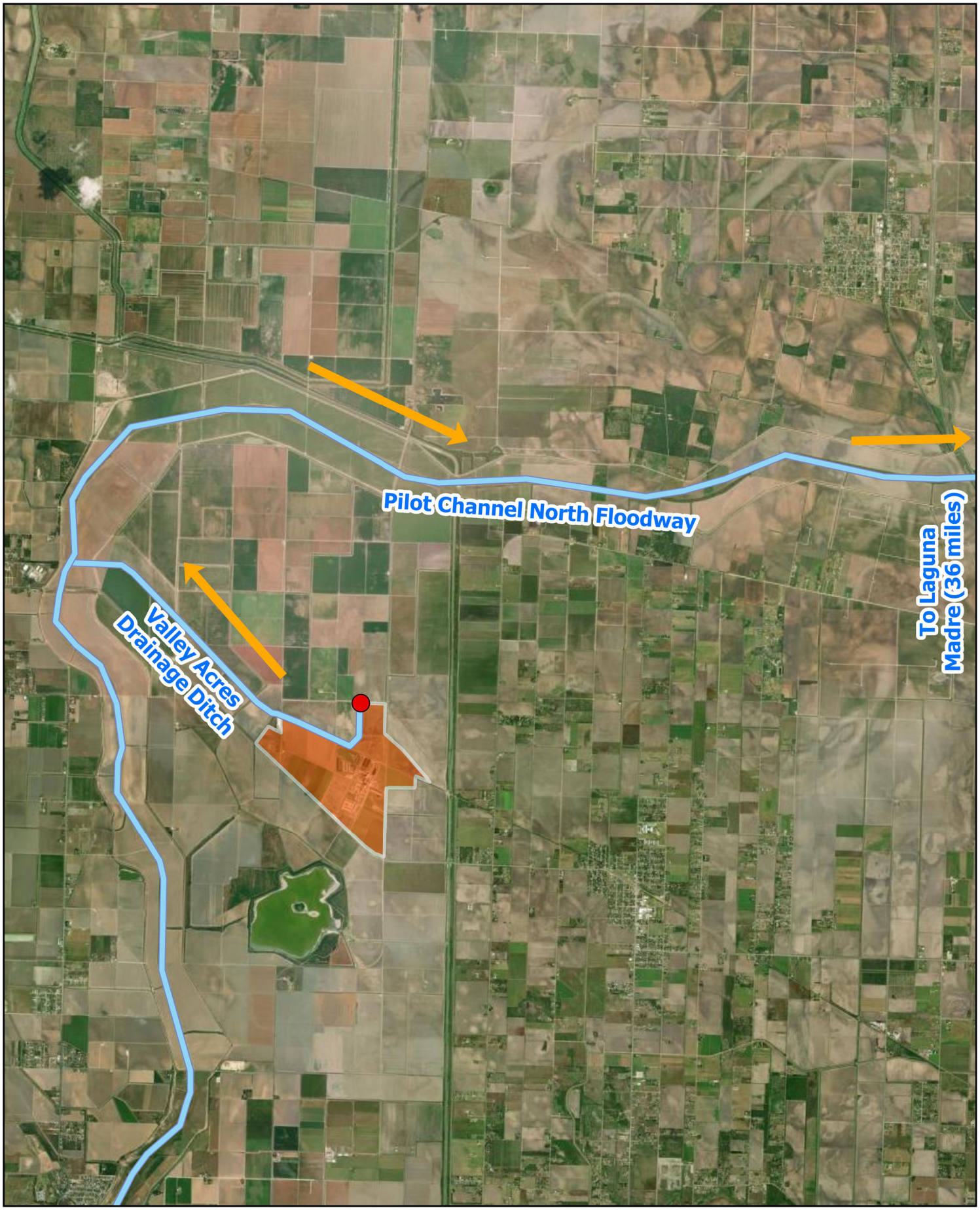


Figure 2

Rio Grande Valley Sugar Growers, Inc.

Hidalgo County, Texas

January 2025

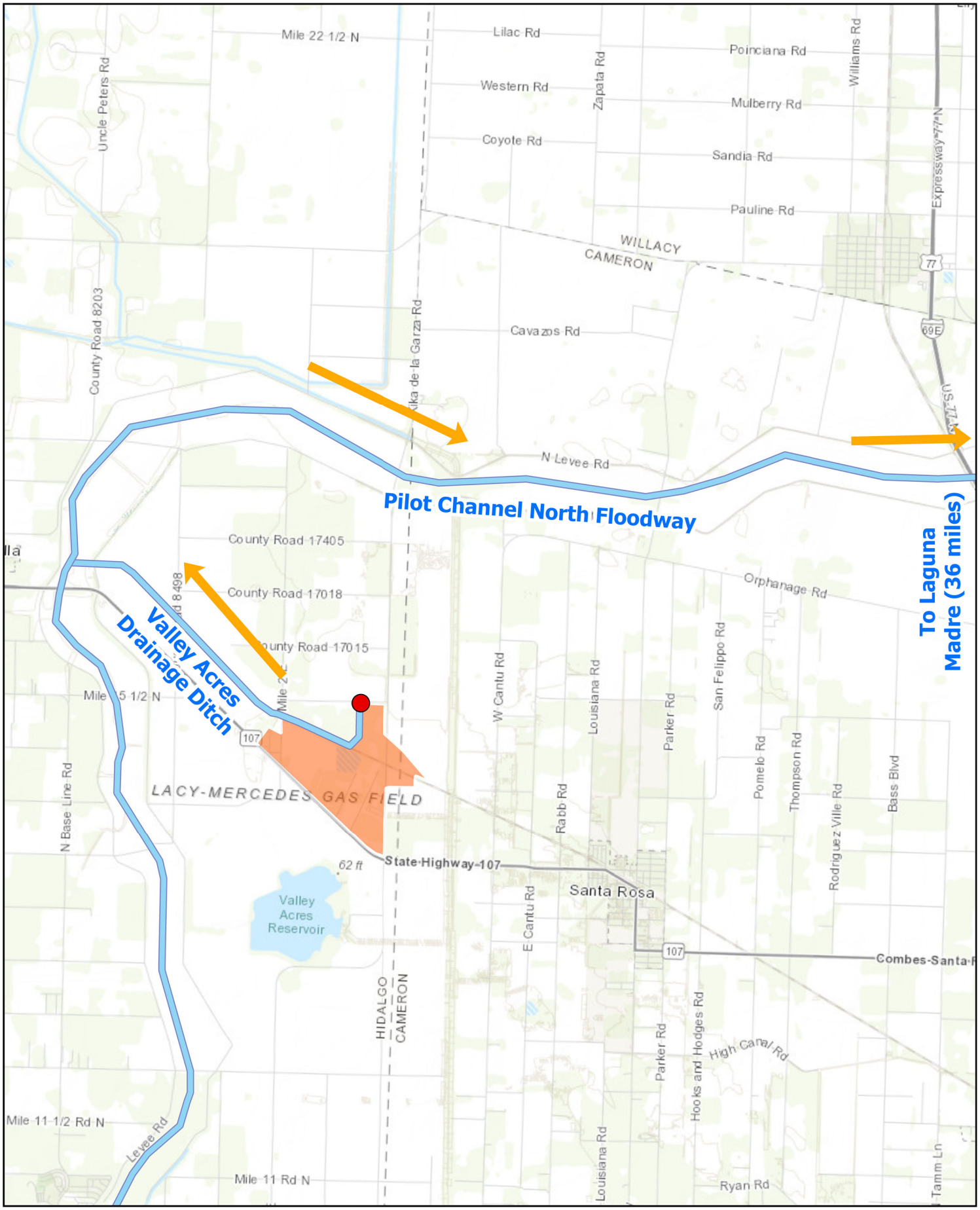


Figure 1

Rio Grande Valley Sugar Growers, Inc.

Hidalgo County, Texas

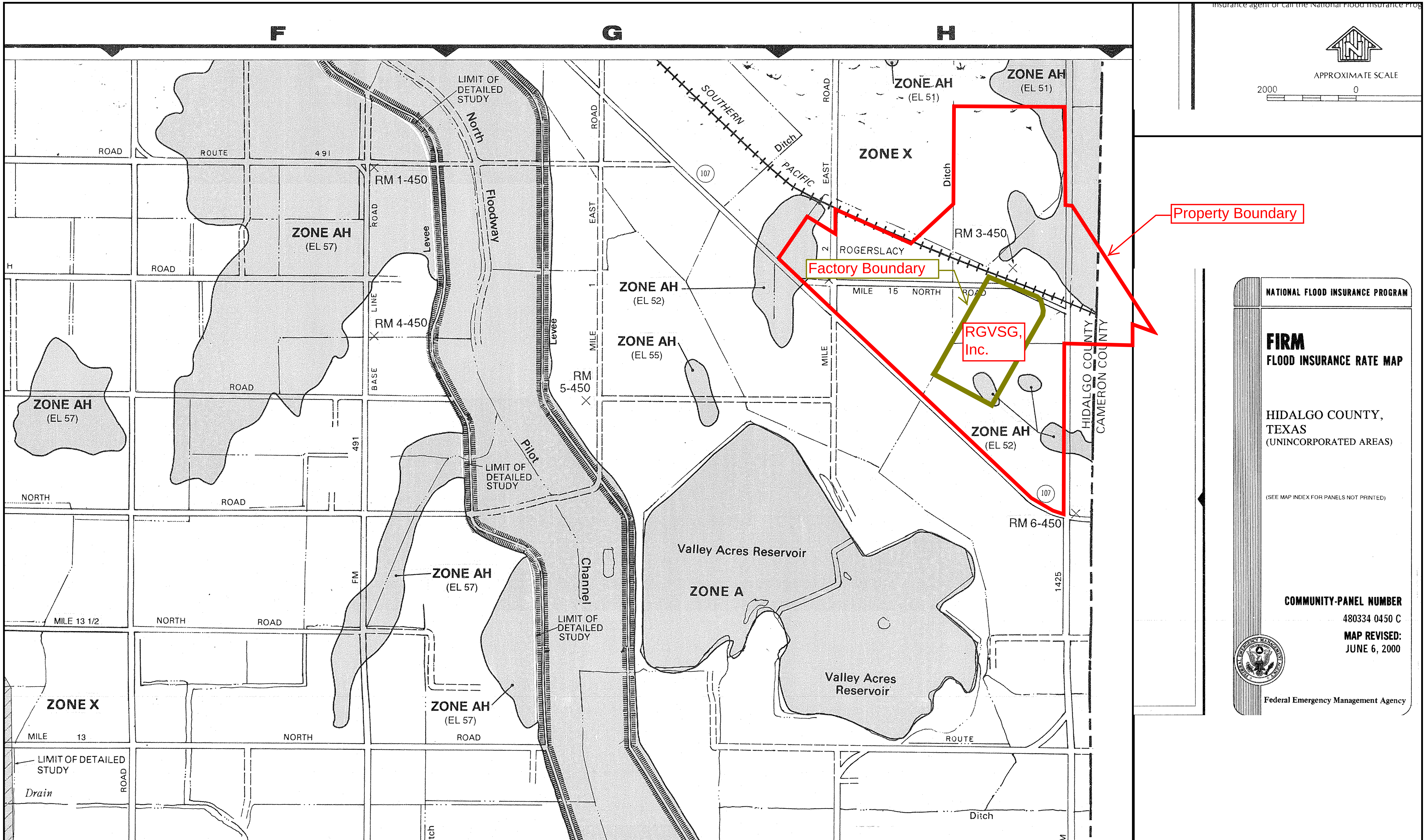
January 2025

1 Miles

N

Legend

- RGV Site Boundary
- Outfall 001
- Flow Path



F
G
H
APPROXIMATE SCALE
2000
0
Property Boundary
Factory Boundary
RGVSG, Inc.
ZONE AH
(EL 51)
ZONE X
ZONE AH
(EL 57)
ZONE AH
(EL 52)
ZONE AH
(EL 55)
ZONE A
Valley Acres Reservoir
LIMIT OF DETAILED STUDY
North Floodway
Pilot Channel
Levee
SOUTHERN PACIFIC
ROGERSLACY
RM 1-450
RM 3-450
RM 4-450
RM 5-450
RM 6-450
ROUTE 491
MILE 15 NORTH ROAD
MILE 13 1/2
MILE 13
12 1/2
Drain
Ditch
HIDALGO COUNTY
CAMERON COUNTY
NATIONAL FLOOD INSURANCE PROGRAM
FIRM
FLOOD INSURANCE RATE MAP
HIDALGO COUNTY, TEXAS
(UNINCORPORATED AREAS)
(SEE MAP INDEX FOR PANELS NOT PRINTED)
COMMUNITY-PANEL NUMBER
480334 0450 C
MAP REVISED:
JUNE 6, 2000
Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov


Evaporation Pond #3
Evaporation Pond #2
Pond #1
Front Office Parking
Rio Grande Valley Sugar Growers, Inc.
Equipment Parking
CR-9497
Farm-To-Market Rd 1425
107
Ag Division Parking
N
© 2009 Google
Imagery Date: Oct 15, 2007
14 R 613024.59 m E 2906322.14 m N elev 59 ft
Eye alt 5944 ft

eTEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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, please refer to the Instructions for Completing the Industrial Wastewater Permit Application[1] available on the TCEQ website. Please contact the Industrial Permits Team at 512-239-4671 with any questions about this form.

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.

Item 1. Facility/Site Information (Instructions, Page 39)

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

Sugar cane processing to raw sugar and molasses. NOTE: Facility is shutdown and does not expect to begin processing sugar cane again – however, needs to keep the permit in place because the remaining office staff on-site continue to use restrooms / sewage treatment plant.
ALL FOLLOWING RESPONSES ASSUME THAT THE FACILITY BEGINS TO PROCESS SUGAR CANE AGAIN IN THE FUTURE.

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

From October to April, raw sugar cane is cut and hauled in from surrounding fields and processed into raw sugar and molasses. Minimal wastewater is produced. Raw water is received from the Valley Acres reservoir and from rainfall. Water is used to wash the cane and to scrub particulate matter from the steam boiler exhaust gases. Cane wash water is filtered and recycled. Process wastewater, collected in Pond 1, contains inorganic ash removed from scrubber water, wash down water, dirt, and cane fiber. The wastewater has little or no toxicity, because sugar processing does not use toxic chemicals. A small amount of treated domestic sewage is treated with UV light and chlorine before being mixed with filtered process water into Pond 2. Combined waters are recycled from Pond 2 as part of the water used in boiler exhaust scrubbers, where up to 360 gpm of scrubber water is evaporated from the scrubbers. Scrubber water is routed to Pond 1 to provide primary treatment in settling fly ash, which is periodically removed and applied to nearby cane fields. Boiler blowdown and cooling tower blowdown is commingled and routed to Pond 2. All water, including stormwater, is accumulated into 32-acre Pond 2, which (when full) overflows to 40-acre Pond 3. All pond water is evaporated. There is no discharge from Pond 3 Outfall 001, except as allowed in extreme rainfall events pursuant to 40 CFR 409.52(a). This last occurred in 1988 during a heavy rainfall for several hours. No changed to the permit are requested in this renewal application.

[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
Valley Acres reservoir water	Bagasse (dried, shredded cane)	Raw sugar
Rain water	Sugar solution	Molasses
Sugar cane		
Natural gas		
Maintenance paint and solvents		
Black Beauty grit (sandblasting)		
Lime/chlorine for cooling towers		
Chlorine for sewage treatment		

`**Attachment:** n/a

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: See Attachments A & D2.

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

☐ Yes ☒ No

If **yes**, provide background discussion: n/a

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: FIRM Map 480334-0450 See Attachment B.

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: n/a

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 N/A

If **yes**, provide the permit number: N/A

If **no**, provide an approximate date of application submittal to the USACE: N/A

Item 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.

Three (3) settling ponds from which all water, including process water, sewage treatment unit effluent, cooling tower blowdown, and stormwater is evaporated except during extreme raingall events as provided by 40 CFR 409.52(a). The last such event occurred in 1988. One 16,500 gal/day package domestic sewage treatment unit uses both UV lights and chlorination. The water is commingled with process water and included in the pond water that evaporates. Up to 360 gpm is evaporated from boiler stacks from recycled pond water. Blowdown from five (5) boilers and two (2) cooling towers may contain some lime, chlorine, chlorine dioxide, phosphate, or caustic soda. All waters are accumulated in evaporation Pond 2. In the event of an extreme rainfall event, some diluted process waters may be discharged from Pond 3 through Outfall 001 as allowed pursuant to 40 CFR 409.52(a).

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: See Attachment F.

Item 3. Impoundments (Instructions, Page 40)

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. Attach additional copies of the Impoundment Information table, if needed.

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 #1**	**Pond #2**	**Pond #3**	**Pond #**
Use Designation: (T) (D) (C) or (E)	T	E	E	
Associated Outfall Number	None	None	001	
Liner Type (C) (I) (S) or (A)	C	C	C	
Alt. Liner Attachment Reference	3	3	3	
Leak Detection System, Y/N	N	N	N	
Groundwater Monitoring Wells, Y/N	N	N	N	
Groundwater Monitoring Data Attachment	n/a	n/a	n/a	
Pond Bottom Located Above The Seasonal High-Water Table, Y/N	Y	Y	Y	
Length (ft)	680	1,170	1,580	
Width (ft)	330	1,200	1,170	
Max Depth From Water Surface (ft), Not Including Freeboard	7	6	4	
Freeboard (ft)	2	2	2	
Surface Area (acres)	5.5	32	40	
Storage Capacity (gallons)	11.7M	63M	55M	
40 CFR Part 257, Subpart D, Y/N	N	N	N	
Date of Construction	1973	1973	2003	

Attachment: N/A

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

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**.

1. Liner data N/A

   ☐ Yes ☐ No ☐ Not yet designed

2. Leak detection system or groundwater monitoring data N/A

   ☐ Yes ☐ No ☐ Not yet designed

3. Groundwater impacts N/A

   ☐ Yes ☐ No ☐ Not yet designed

   NOTE: Item b.3 is required if the bottom of the pond is not above the seasonal high-water table in the shallowest water-bearing zone.

Attachment: N/A

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: N/A

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: N/A

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: N/A

Item 4. Outfall/Disposal Method Information (Instructions, Page 42)

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

oIf there are more outfalls/points of disposal at the facility than the spaces provided, copies of pages 6 and/0r 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 Longitude and Latitude N/A

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
	N/A	

Outfall Location Description

Outfall No.	Location Description
	N/A

Description of Sampling Point(s) (if different from Outfall location)

Outfall No.	Description of sampling point
	N/A

Outfall Flow Information – Permitted and Proposed

Outfall No.	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)
	N/A				

Outfall Discharge – Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
	N/A		

Outfall Discharge – Flow Characteristics

Outfall No.	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
	N/A					

Outfall Wastestream Contributions

Outfall No.

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
N/A		

Outfall No.

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
N/A		

Outfall No.

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
N/A		

Attachment: N/A

Item 5. Blowdown and Once-Through Cooling Water Discharges (Instructions, Page 43)

a. Indicate if the facility currently or proposes to:

☒ Yes ☐ No Use cooling towers that discharge blowdown or other wastestreams

☒ Yes ☐ No Use boilers that discharge blowdown or other wastestreams

☐ Yes ☒ No Discharge once-through cooling water

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

b. If **yes** to any of the above, attach an 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.

In addition to each SDS, attach a summary of the above information for each specific wastestream and the associated chemical additives. Specify which outfalls are affected.

Attachment: See Attachment C.

c. Cooling Towers and Boilers

If the facility currently or proposes to use cooling towers or boilers that discharge blowdown or other wastestreams to the outfall(s), complete the following table.

Cooling Towers and Boilers

Type of Unit	Number of Units	Daily Avg Blowdown (gallons/day)	Daily Max Blowdown (gallons/day)
Cooling Towers	2	60,120	70,000
Boilers	6	75,357	85,000

Item 6. Stormwater Management (Instructions, Page 44)

Will any existing/proposed outfalls 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 a manner which may result in exposure of the activities or materials to stormwater: Stormwater is commingled with wastewater and Pond 1 water at Pond 2. Water is evaporated in Pond 2 which has no external outfall. The internal outfall drops into Pond 3 which normally has little

or no water. In the event of an extraordinary rainfall which causes Pond 3 to fill from Pond 2 outfall, the water from Pond 2would be diluted by 100% before Pond 3 effluent would be discharged until a 2 foot freeboard is achieved. The discharge from Outfall 001 would therefore be diluted approximately 50% wastewater and 50% rainwater. Th outflow from Pond 3 would then be diluted by existing stormwater runoff in the receiving ditch from the surrounding 15,000 acres.

Item 7. Domestic Sewage, Sewage Sludge, and Septage Management and Disposal (Instructions, Page 44)

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.
McAllen Waste Water Treatment Plant #2	WQ00010633003
MOVAC Environmental Hauler	TCEQ Transporter 23036

Item 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: N/A

Item 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: N/A**

Item 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: N/A

- 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: N/A

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 N/A

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: N/A

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 N/A

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

Item 11. Radioactive Materials (Instructions, Page 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 Name	Concentration (pCi/L)
N/A	

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 Name	Concentration (pCi/L)
N/A	

Item 12. Cooling Water (Instructions, Page 46)

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

☐ Yes

☒ No

☐ Decommissioned:

☐ To Be Decommissioned:

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

If **decommissioned**, provide the date operation ceased and stop here.

If to **be decommissioned**, provide the date operation is anticipated to cease and stop here.

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

☐ Yes ☐ No N/A

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

c. Cooling Water Supplier

1. 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	N/A			
Operator				

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

☐ No ☐ Yes; PWS No.: N/A

If **no**, continue. If **yes**, provide the PWS Registration No. and stop here.

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

☐ No ☐ Yes; Auth No.: N/A

If **no**, continue. If **yes**, provide the Reuse Authorization No. and stop here.

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

☐ No ☐ Yes; AIF: N/A

If **no**, proceed to Item 12.d. If **yes**, provide the actual intake flow of the Independent Supplier's CWIS that is/will be used to provide water for cooling purposes and proceed.

d. 316(b) General Criteria

1. 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 N/A

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

☐ Yes ☐ No N/A

3. 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. Explanation: N/A

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.1-3 and 6, 2.b.1, and 3.a to allow for a determination based upon BPJ.

f. Oil and Gas Exploration and Production

1. 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.

2. 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 N/A

If **yes**, complete Worksheet 11.0, Items 1.a, 1.b.1-3 and 6, 2.b.1, and 3.a to allow for a determination based upon BPJ. If **no**, skip to Item 12.g.3.

g. Compliance Phase and Track Selection

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

☐ Yes ☒ No

If **yes**, check the box next to the 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: N/A

2. 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.

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

☐ Yes ☒ No

If **yes**, check the box next to the 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 CWIS latitude/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: **N/A**

Item 13. Permit Change Requests (Instructions, Page 48)

This item is only applicable to existing permitted facilities.

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.

N/A

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

☐ Yes ☒ No

If **yes**, list and describe each change individually.

N/A

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

☐ Yes ☒ No

If **yes**, list and describe each change individually.

N/A x

Item 14. Laboratory Accreditation (Instructions, Page 49)

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

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

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

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

CERTIFICATION:

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

Printed Name:

Title:

Signature: _____

Date: February 10, 2025

INDUSTRIAL WASTEWATER PERMIT APPLICATION 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).

Item 1. Categorical Industries (Instructions, Page 53)

Is this facility subject to any 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 below.

40 CFR Effluent Guideline

Industry	**40 CFR Part**
Sugar Processing – No discharge sample data available and no	409
Discharges to sample. The only discharge allowed is that	
Provided by 40 CFR 409.52(a) for extreme rainfall events.	
No such events have occurred since 1988.	

Item 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 appropriate data for effluent guidelines with production-based effluent limitations.

Production Data

Subcategory	**Actual Quantity/Day**	**Design Quantity/Day**	**Units**
BOD 40 CFR 401.16			
TSS 40 CFR 401.16			
pH 40 CFR 401.16			
Fecal coliform 40 CFR 401.16			
Oil and grease 40 CFR 401.16			

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*.

Percentage of Total Production

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

c. Refineries (40 CFR Part 419)

Provide the applicable subcategory and a brief justification.

N/A

Item 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.

N/A – no changes

Item 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
N/A – No changes			

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: POLLUTANT ANALYSIS

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.

Item 1. General Testing Requirements (Instructions, Page 55)

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. N/A

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:**

Item 2. Specific Testing Requirements (Instructions, Page 56)

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.: **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)				
CBOD (5-day)	**N/A – Outfall 001 has not discharged since 1988**			
Chemical oxygen demand				
Total organic carbon				
Dissolved oxygen				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Total alkalinity (mg/L as CaCO3)				
Temperature (˚F)				
pH (standard units)				

Table 2 for Outfall No.: **Samples are (check one):** ☐ **Composite** ☐ **Grab**

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	*N/A – Outfall 001 has not discharged since 1988*				5
Arsenic, total					0.5
Barium, total					3
Beryllium, total					0.5
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide, available					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

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.: **Samples are (check one): ☐ Composite ☐ Grab**

Pollutant	**Sample 1 (µg/L)***	**Sample 2 (µg/L)***	**Sample 3 (µg/L)***	**Sample 4 (µg/L)***	**MAL (µg/L)***
Acrylonitrile					50
Anthracene	*N/A – Outfall 001 has not discharged since 1988*				10
Benzene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane [Dibromochloromethane]					10
Chloroform					10
Chrysene					5
m-Cresol [3-Methylphenol]					10
o-Cresol [2-Methylphenol]					10
p-Cresol [4-Methylphenol]					10
1,2-Dibromoethane					10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
1,1-Dichloroethene [1,1-Dichloroethylene]					10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10
2,4-Dimethylphenol					10
Di-n-Butyl phthalate					10
Epichlorohydrin (1-Chloro-2,3-epoxypropane)					---
Ethylbenzene					10
Ethylene Glycol					---
Fluoride					500
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
4,4'-Isopropylidenediphenol (bisphenol A)					1
Methyl ethyl ketone					50
Methyl tert-butyl ether (MTBE)					---
Nitrobenzene					10
N-Nitrosodiethylamine					20
N-Nitroso-di-n-butylamine					20
Nonylphenol					333
Pentachlorobenzene					20
Pentachlorophenol					5
Phenanthrene					10
Polychlorinated biphenyls (PCBs) (**)					0.2
Pyridine					20
1,2,4,5-Tetrachlorobenzene					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethene [Tetrachloroethylene]					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Toluene					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethene [Trichloroethylene]					10
2,4,5-Trichlorophenol					50
TTHM (Total trihalomethanes)					10
Vinyl chloride					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)**

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

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)

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

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

Table 4 for Outfall No.: **Samples are (check one): ☐ Composite ☐ Grab**

Pollutant	**Sample 1**	**Sample 2**	**Sample 3**	**Sample 4**	**MAL**
Tributyltin (µg/L)					0.010
Enterococci (cfu or MPN/100 mL)	N/A				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 that may contain pesticides or herbicides, check N/A.

☒ N/A

Table 5 for Outfall No.: **Samples are (check one): ☐ Composite ☐ Grab**

Pollutant	**Sample 1 (µg/L)***	**Sample 2 (µg/L)***	**Sample 3 (µg/L)***	**Sample 4 (µg/L)***	**MAL (µg/L)***
Aldrin					0.01
Carbaryl	N/A				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

Pollutant	**Sample 1 (µg/L)***	**Sample 2 (µg/L)***	**Sample 3 (µg/L)***	**Sample 4 (µg/L)***	**MAL (µg/L)***
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 6 for Outfall No.: **Samples are (check one):** ☐ **Composite** ☐ **Grab**

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

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 7 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 8 for Outfall No.: **Samples are (check one): ☐ Composite ☐ Grab**

Pollutant	**Sample 1 (µg/L)***	**Sample 2 (µg/L)***	**Sample 3 (µg/L)***	**Sample 4 (µg/L)***	**MAL (µg/L)**
Acrolein					50
Acrylonitrile	*N/A – Outfall 001 has not discharged since 1988*				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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethylene [Trichloroethene]					10
Vinyl chloride					10

* Indicate units if different from µg/L.

Table 9 for Outfall No.: **Samples are (check one): ☐ Composite ☐ Grab**

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 10 for Outfall No.: **Samples are (check one): ☐ Composite ☐ Grab**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acenaphthene					10
Acenaphthylene	*N/A – Outfall 001 has not discharged since 1988*				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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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
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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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 11 for Outfall No.: **Samples are (check one): ☐ Composite ☐ Grab**

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]	*N/A – Outfall 001 has not discharged since 1988*				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
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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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 59-60)

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:

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 12 for Outfall No.: **Samples are (check one):** ☐ **Composite** ☐ **Grab**

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	*N/A – Outfall 001 has not discharged since 1988*				50
2,3,7,8-HxCDDs	0.1					50
1,2,3,4,6,7,8-HpCDD	0.01					50

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
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, Pages 60-61)

Are there any pollutants listed in the instructions (pages 55-62) believed present in the discharge?

☐ Yes ☒ No

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 13 for Outfall No.: **Samples are (check one): ☐ Composite ☐ Grab**

Pollutant	CASRN	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	Analytical Method
N/A – Outfall 001 has not discharged since 1988						

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND APPLICATION OF EFFLUENT

This worksheet **is required** for all applications for a permit to disposal of wastewater by land application (i.e., TLAP)).

Item 1. Type of Disposal System (Instructions, Page 69)

Check the box next to the type of land disposal requested by this application:

N/A

☐ Irrigation

☐ Evaporation

☐ Evapotranspiration beds

☐ Drip irrigation system

☐ Subsurface application

☐ Subsurface soils absorption

☐ Surface application

☐ Other, specify:

Item 2. Land Application Area (Instructions, Page 69)

Land Application Area Information

Effluent Application (gallons/day)	**Irrigation Acreage (acres)**	**Describe land use & indicate type(s) of crop(s)**	**Public Access? (Y/N)**
N/A			

Item 3. Annual Cropping Plan (Instructions, Page 69)

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: N/A

Item 4. Well and Map Information (Instructions, Page 70)

a. Check each box to confirm the required information is shown and labeled on the attached USGS map: N/A

☐ 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
N/A				

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: N/A

d. Attach a short groundwater technical report using *30 TAC § 309.20(a)(4)* as guidance.
Attachment: N/A

Item 5. Soil Map and Soil Information (Instructions, Page 71)

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: N/A**

Item 6. Effluent Monitoring Data (Instructions, Page 72)

a. 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 14 for Outfall No.: **Samples are (check one):** ☐ **Composite** ☐ **Grab**

Date (mo/yr)	Daily Avg Flow (gpd)	BOD5 (mg/L)	TSS (mg/L)	Nitrogen (mg/L)	Conductivity (mmhos/cm)	Total acres irrigated	Hydraulic Application rate (acre-feet/month)
N/A							

b. 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)							
N/A							

c. Attach an explanation of all persistent excursions to permitted parameters and corrective actions taken. **Attachment: N/A**

Item 7. Pollutant Analysis (Instructions, Page 72)

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): N/A (No discharge since 1988)

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

c. Complete Tables 15 and 16.

Table 15 for Outfall No.: **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)				
CBOD (5-day)	*N/A – Outfall 001 has not discharged since 1988*			
Chemical oxygen demand				
Total organic carbon				
Dissolved oxygen				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Total alkalinity (mg/L as CaCO3)				
Temperature (˚F)				
pH (standard units)				

Table 16 for Outfall No.: **Samples are (check one): ☐ Composite ☐ Grab**

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	*N/A – Outfall 001 has not discharged since 1988*				5
Arsenic, total					0.5
Barium, total					3
Beryllium, total					0.5
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Cyanide, available					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

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 3.1: SURFACE LAND APPLICATION AND APPLICATION

This worksheet **is required** for all applications for a permit to disposal of wastewater by surface land application or evaporation. N/A

Item 1. Edwards Aquifer (Instructions, Page 73)

a. Is the facility subject to *30 TAC Chapter 213*, Edwards Aquifer Rules? N/A

☐ 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. N/A

☐ 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:

- 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: N/A

Item 2. Surface Spray/Irrigation (Instructions, Page 73)

a. Provide the following information on the irrigation operations: N/A

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:** N/A

Item 3. Evaporation Ponds (Instructions, Page 74)

a. Daily average effluent flow into ponds: gallons per day N/A

b. Attach a separate engineering report of evaporation calculations for average long-term and worst-case critical conditions. **Attachment:** N/A

Item 4. Evapotranspiration Beds (Instructions, Page 74)

a. Provide the following information on the evapotranspiration beds: N/A

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:** N/A

c. Attach a separate engineering report with water balance, storage volume calculations, and description of the liner. **Attachment:** N/A

Item 5. Overland Flow (Instructions, Page 74)

a. Provide the following information on the overland flow: N/A

Area used for application (acres):

Slopes for application area (percent):

Design application rate (gpm/foot of slope width):

Slope length (feet):

Design BOD5 loading rate (lbs BOD5/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:** N/A

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 3.2: SUBSURFACE IRRIGATION (NON-DRIP)

This worksheet **is required** for all applications for a permit to disposal of wastewater by subsurface land application. N/A

☐ 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.

Item 1. Edwards Aquifer (Instructions, Page 75)

a. The subsurface system is/will be located on the Edwards Aquifer Recharge Zone, as mapped by TCEQ?

☐ Yes ☐ No N/A

b. The subsurface system is/will be located on the Edwards Aquifer Transition Zone, as mapped by TCEQ?

☐ Yes ☐ No N/A

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 for a preapplication meeting.

Item 2. Subsurface Application (Instructions, Page 75)

a. Check the box next to the type of subsurface land disposal system requested: N/A

☐ 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:**

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL SYSTEMS

This worksheet **is required** for all applications for a permit to dispose of wastewater using a subsurface area drip dispersal system (SADDS).

☐ 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.

Item 1. Edwards Aquifer (Instructions, Page 76)

a. The subsurface system is/will be located on the Edwards Aquifer Recharge Zone, as mapped by TCEQ?

☐ Yes ☐ No N/A

b. The subsurface system is/will be located on the Edwards Aquifer Transition Zone, as mapped by TCEQ?

☐ Yes ☐ No N/A

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 for a preapplication meeting.

Item 2. Administrative Information (Instructions, Page 76)

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: N/A

b. The owner of the land where the WWTF is/will be located is the same as the owner of the WWTF.

☐ Yes ☐ No N/A

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 N/A

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 N/A

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:

Item 3. SADDS (Instructions, Page 77)

a. Check the box next to the type SADDS requested by this application: N/A

☐ 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:** N/A

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 N/A

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 N/A

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 N/A

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: N/A

Number of doses per day: N/A

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 N/A

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: N/A

- 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: N/A

Item 4. Required Plans (Instructions, Page 78)

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

Attachment: N/A

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

Attachment: N/A

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

Attachment: N/A

d. Provide soil sampling and testing with all information required in *30 TAC § 222.157*.

Attachment:

Item 5. Flood and Run-On Protection (Instructions, Page 79)

a. Is the existing/proposed SADDS located within the 100-year frequency flood level?

☐ Yes ☐ No

Source: N/A

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:** N/A

Item 6. Surface Waters in The State (Instructions, Page 79)

a. Attach a buffer map which shows the appropriate buffers on surface waters in the state, water wells, and springs/seeps. **Attachment:** N/A

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:** N/A

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: RECEIVING WATERS

This worksheet **is required** for all TPDES permit applications.

Item 1. Domestic Drinking Water Supply (Instructions, Page 80)

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:

1. The legal name of the owner of the drinking water supply intake: N/A

2. The distance and direction from the outfall to the drinking water supply intake: N/A

b. Locate and identify the intake on the USGS 7.5-minute topographic map provided for Administrative Report 1.0. N/A

☒ Check this box to confirm the above requested information is provided.
See Attachment D1.

Item 2. Discharge Into Tidally Influenced Waters (Instructions, Page 80)

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: 20 feet (ditch)

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: N/A

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: N/A

Item 3. Classified Segment (Instructions, Page 80)

The discharge is/will be directly into (or within 300 feet of) a classified segment.

☐ Yes ☒ No

If **yes**, stop here and do not 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.

Item 4. Description of Immediate Receiving Waters (Instructions, Page 80)

a. Name of the immediate receiving waters: Drainage Ditch

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: N/A

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: N/A

f. General observations of the water body during normal dry weather conditions:

Date and time of observation: N/A (observations made over time)

g. The water body was influenced by stormwater runoff during observations.

☒ Yes ☐ No

If **yes**, describe how: Intermittent stormwater flow

Item 5. General Characteristics of Water Body (Instructions, Page 81)

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION 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.

Item 1. Data Collection (Instructions, Page 82)

a. Date of study: Time of study: N/A

Waterbody name:

General location:

b. Type of stream upstream of an existing discharge or downstream of a proposed discharge (check only one): N/A

☐ perennial ☐ intermittent with perennial pools ☐ impoundment

c. No. of defined stream bends: N/A

Well: Moderately: Poorly:

d. No. of riffles: N/A

e. Evidence of flow fluctuations (check one): N/A

☐ Minor ☐ Moderate ☐ Severe

f. Provide the observed stream uses and where there is evidence of channel obstructions/modifications: N/A

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)**								
N/A – not new application											

* riffle, run, glide, or pool

** channel bed to water surface

Item 2. Summarize Measurements (Instructions, Page 83)

Provide the following information regarding the transect measurements: N/A

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:

INDUSTRIAL WASTEWATER PERMIT APPLICATION 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.

Item 1. Sewage Sludge Solids Management Plan (Instructions, Page 84)

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: N/A**

Item 2. Sewage Sludge Management and Disposal (Instructions, Page 84)

a. Check the box next to the sludge disposal method(s) authorized under the facility's existing permit (check all that apply). N/A

☐ 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: N/A

b. Provide the following information for each disposal site: N/A

Disposal site name:

TCEQ Permit/Registration Number:

County where disposal site is located:

c. Method of sewage sludge transportation: N/A

☐ truck ☐ train ☐ pipe ☐ other:

TCEQ Hauler Registration Number:

d. Sludge is transported as a: N/A

☐ liquid ☐ semi-liquid ☐ semi-solid ☐ solid

e. Purpose of land application: ☐ reclamation ☐ soil conditioning ☐ N/A

f. 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: N/A

Item 3. Authorization for Sewage Sludge Disposal (Instructions, Page 85)

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: N/A

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.

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following information **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.

Item 1. All POTWs (Instructions, Page 86)

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	N/A	
Other IU		

b. In the past three years, has the POTW experienced treatment plant interference?

☐ Yes ☐ No N/A

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 N/A

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 N/A

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 SIU and CIU.

Item 2. POTWs With Approved Pretreatment Programs or Those Required To Develop A Pretreatment Program (Instructions, Page 86)

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 N/A

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: N/A

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: N/A

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
N/A				

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 N/A

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: N/A

Item 3. Significant Industrial User and Categorical Industrial User Information (Instructions, Pages 88-87)

POTWs that **do not** have an approved pretreatment program **are required** to provide the following information for each SIU and CIU: N/A

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): N/A

c. Provide a description of the principal products(s) or service(s) performed:

d. Flow rate information N/A

Flow Rate Information

Effluent Type	Discharge Day (gallons per day)	Discharge Frequency (Continuous, batch, or intermittent)
Process Wastewater	N/A	
Non-process Wastewater		

e. Pretreatment Standards N/A

1. Is the SIU or CIU subject to technology-based local limits as defined in the application instructions?

   ☐ Yes ☐ No

2. 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
N/A				

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 N/A

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): N/A

INDUSTRIAL WASTEWATER PERMIT APPLICATION 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.

Item 1. Applicability (Instructions, Page 89)

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.

Item 2. Stormwater Coverage (Instructions, Page 89)

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	Authorization under MSGP	Authorized Under Individual Permit
002	☒ TXR050480	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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

Item 3. Site Map (Instructions, Page 90)

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 above information was provided on the facility site map(s).

Attachment: See Attachments A & D.

Item 4. Facility/Site Information (Instructions, Page 90)

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)
N/A	(no stormwater outfalls in this permit)	

b. Provide the following local area rainfall information and the source of the information.

Wettest month: N/A

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:** N/A

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:** N/A

e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility: N/A

Item 5. Pollutant Analysis (Instructions, Page 91)

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): N/A

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

c. Complete Table 17 as directed on page 92 of the Instructions. N/A

Table 17 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	N/A - no stormwater outfalls in this permit					—
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

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)
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 18 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
N/A - no stormwater outfalls in this permit					

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

Attachment:

Item 6. Storm Event Data (Instructions, Page 93)

Provide the following data for the storm event(s) which resulted in the maximum values for the analytical data submitted:

Date of storm event: N/A

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:

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 8.0: AQUACULTURE

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges of aquaculture wastewater.

Item 1. Facility/Site Information (Instructions, Page 94)

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 x Area of Ponds (include Units)
N/A – no aquaculture			

Total surface area of all ponds:

Raceway Descriptions

Number of Raceways	Dimensions (include units)
N/A – no aquaculture	

Fabricated Tank Descriptions

Number of Tanks	Dimensions (include units)
N/A – no aquaculture	

b. Does the facility have a TPWD-approved emergency plan?

☐ Yes ☐ No N/A

If **yes**, attach a copy of the approved plan.

Attachment:

c. Does the facility have an aquatic plant transplant authorization?

☐ Yes ☐ No N/A

If **yes**, attach a copy of the authorization letter.

Attachment: N/A

d. Provide the number of aquaculture facilities located within 25-miles of this facility:

Item 2. Species Identification (Instructions, Page 95)

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
N/A - no aquaculture				

Attachment:

Item 3. Stock Management Plan (Instructions, Page 95)

Attach a detailed stock management plan: N/A - no aquaculture

Item 4. Water Treatment and Discharge Description (Instructions, Page 96)

Attach a detailed description of the discharge practices and water treatment process(es):

Item 5. Solid Waste Management (Instructions, Page 96)

Attach a description of the solid waste-disposal practices: N/A - no aquaculture

Item 6. Site Assessment Report (Instructions, Page 96)

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: N/A - no aquaculture

WORKSHEET 9.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:
TCEQ
IUC Permits Team
Radioactive Materials Division
MC-233
PO Box 13087
Austin, Texas 78711-3087
512-239-6466

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

Item 1. General Information (Instructions Page 99)

1. **TCEQ Program Area**

   Program Area (PST, VCP, IHW, etc.): N/A – No Injection Wells

   Contact Name:

   Phone Number:

2. **Agent/Consultant Contact Information**

   Contact Name: N/A – No Injection Wells

   Address:

   City, State, and Zip Code:

   Phone Number:

3. **Owner/Operator Contact Information**

   ☐ Owner ☐ Operator

   Owner/Operator Name: N/A – No Injection Wells

   Contact Name:

   Address:

   City, State, and Zip Code:

   Phone Number:

4. **Facility Contact Information**

   Facility Name: N/A – No Injection Wells

   Address:

   City, State, and Zip Code:

   Location description (if no address is available):

   Facility Contact Person:

   Phone Number:

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

Latitude: N/A – No Injection Wells

Longitude:

Method of determination (GPS, TOPO, etc.):

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

- ☐ Vertical Injection N/A – No Injection Wells
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify:

Number of Injection Wells:

7. **Purpose**

Detailed Description regarding purpose of Injection System:

N/A – No Injection Wells

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

8. **Water Well Driller/Installer**

Water Well Driller/Installer Name:

City, State, and Zip Code:

Phone Number:

License Number:

Item 2. Proposed Down Hole Design

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

Down Hole Design Table

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Center	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing	N/A– No Injection Wells				
Screen					

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

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

System(s) Dimensions: N/A– No Injection Wells

System(s) Construction:

Item 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: N/A– No Injection Wells
2. Receiving Formation Name of Injection Zone:
3. Well/Trench Total Depth:
4. Surface Elevation:
5. Depth to Ground Water:
6. Injection Zone Depth:
7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No

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

   Name:

   Thickness:
8. Attach a list of contaminants and the levels (ppm) in contaminated aquifer as Attachment E.
9. Attach the Horizontal and Vertical extent of contamination and injection plume as Attachment F.
10. Attach Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc., as Attachment G.
11. Injection Fluid Chemistry in PPM at point of injection. Attach as Attachment H.
12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS:
13. Maximum injection Rate/Volume/Pressure:
14. Water wells within 1/4 mile radius (attach map as Attachment I):
15. Injection wells within 1/4 mile radius (attach map as Attachment J):
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K):
17. Sampling frequency:
18. Known hazardous components in injection fluid:

Item 5. Site History

1. Type of Facility: N/A – No Injection Wells
2. Contamination Dates:
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations. Attach as Attachment L.
4. Previous Remediation. Attach results of any previous remediation as Attachment M.

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.

Item 6. 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)

INDUSTRIAL WASTEWATER PERMIT APPLICATION 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 facility or mining facility located within a Water Quality Protection Area in the John Graves Scenic Riverway. **Note: Review 30 TAC §§ 311.71-311.82 thoroughly prior to completing any portion of this worksheet.**

Item 1. Exclusions (Instructions, Page 100)

a. Is this a municipal solid waste facility?

☐ Yes ☐ No N/A – No Quarries

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 N/A – No Quarries

c. Is this a coal mine?

☐ Yes ☐ No N/A – No Quarries

d. Is this facility mining clay and/or shale for use in manufacturing structural clay products?

☐ Yes ☐ No N/A – No Quarries

If **yes** to **any** above question, **stop here**. The facility is required to maintain documentation, as outlined in *30 TAC § 311.72(c)*, at the facility to demonstrate the exclusion(s).

Item 2. Location of the Quarry (Instructions, Page 101)

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.

Item 3. Additional Requirements (Instructions, Page 101)

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: N/A – No Quarries

b. Amount of Financial Assurance for Restoration: $

Mechanism: N/A – No Quarries

c. Attach a Technical Demonstration: N/A – No Quarries

d. Attach a Reclamation Plan: N/A – No Quarries

e. Amount of Financial Assurance for Reclamation: $

Mechanism: N/A – No Quarries

INDUSTRIAL WASTEWATER PERMIT APPLICATION 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.**

Item 1. Cooling Water System Data (Instructions, Page 104)

a. Complete the following table with information regarding the cooling water system.

Cooling Water System Data

Parameter	**Volume (include units)**
Total DIF	
Total AIF	*N/A – no cooling water system*
Intake Flow Use(s) (%)	
Contact cooling	
Non-contact cooling	
Process Wastewater	
Other	

b. Attach the following information:

1. A narrative description of the design and annual operation of the facility's cooling water system and its relationship to the CWIS(s).

2. 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.

3. 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).

4. Design and engineering calculations prepared by a qualified professional and data to support the information provided in above item a.

5. Previous year (a minimum of 12 months) of AIF data.

6. 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: N/A – no cooling water system

Item 2. Cooling Water Intake Structure(s) Data (Instructions, Page 105)

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 (include units)				
AIF (include units)	*N/A – no cooling water system*			
Intake Flow Use(s) (%)				
Contact cooling				
Non-contact cooling				
Process Wastewater				
Other				
Latitude (decimal degrees)				
Longitude (decimal degrees)				

b. Attach the following information regarding the CWIS(s):

1. 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.

2. Engineering calculations for each CWIS.

Attachment: N/A – no cooling water system

Item 3. Source Water Physical Data (Instructions, Page 105)

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	*N/A – no cooling water system*			
Mean Annual Flow				
Source				

b. Attach the following information regarding the source waterbody.

1. 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.

2. A narrative description of the source waterbody's hydrological and geomorphological features.

3. 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.

4. 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: N/A – no cooling water system

Item 4. Operational Status (Instructions, Page 106)

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:

1. 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.

2. Describe any extended or unusual outages or other factors which significantly affect current data for flow, impingement, entrainment.

3. 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).

4. 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: N/A – no cooling water system

b. Process Units

1. 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.

2. 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: N/A – no cooling water system

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: N/A – no cooling water system

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: N/A – no cooling water system

INDUSTRIAL WASTEWATER PERMIT APPLICATION 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: N/A (Does not meet conditions in Item 12)

Item 1. Impingement Compliance Technology Selection (Instructions, Page 107)

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.

Item 2. Impingement Compliance Technology Information (Instructions, Page 107)

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.

1. 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.2. If **yes**, provide the following information as an attachment and continue.

   - CWIS ID
   - 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.

- A narrative description of any physical or operational measures taken to minimize make-up withdraws.

Attachment: N/A (Does not meet conditions in Item 12)

NOTE: Do not complete a separate Worksheet 11.1 for a make-up CWIS.

2. Does the facility use or propose to use cooling towers?

☐ Yes ☐ No N/A (Does not meet conditions in Item 12)

If **no**, proceed to Worksheet 11.2. If **yes**, provide the following information and proceed to Worksheet 11.2.

- Average number of cycles of concentration (COCs) prior to blowdown:

Average COCs Prior to Blowdown

Cooling Tower ID				
COCs	N/A			

- Attach COC monitoring data for each cooling tower from the previous year (a minimum of 12 months):
- Maximum number of COCs each cooling tower can accomplish based on design of the system.

Calculated COCs Prior to Blowdown

Cooling Tower ID				
COCs	N/A			

- 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: N/A (Does not meet conditions in Item 12)

c. Modified traveling screens [*40 CFR § 125.94(c)(5)*]

Provide the following information as an attachment and proceed to Worksheet 11.2.

1. A description of the modified traveling screens and associated equipment.
2. A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods
3. Biological sampling data from the previous two years (a minimum of 24 months).

Attachment: N/A (Does not meet conditions in Item 12)

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.

1. A description of the system of technologies used or proposed for use by the facility to

achieve compliance with the impingement mortality standard.

2. A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods.

3. Biological sampling data from the previous two years (a minimum of 24 months).

Attachment: N/A (Does not meet conditions in Item 12)

e. De minimis rate of impingement [*40 CFR § 125.94(c)(11)*]

Provide the following information and proceed to Worksheet 11.2.

1. 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: N/A (Does not meet conditions in Item 12)

2. 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.6. to support this determination.

Attachment: N/A (Does not meet conditions in Item 12)

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: N/A (Does not meet conditions in Item 12)

INDUSTRIAL WASTEWATER PERMIT APPLICATION 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:

Item 1. Species Management (Instructions, Page 109)

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: N/A (Does not meet conditions in Item 12)

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: N/A (Does not meet conditions in Item 12)

c. There are no federally listed threatened or endangered species or critical habitat designations within the source water body.

☐ True ☐ False

Item 2. Source Water Biological Data (Instructions, Page 109)

New Facilities (Phase I, Track I and II)

- Provide responses to all items in this section and stop. N/A

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: N/A (Does not meet conditions in Item 12)

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. N/A (Does not meet conditions in Item 12)

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. N/A (Does not meet conditions in Item 12)

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.

INDUSTRIAL WASTEWATER PERMIT APPLICATION 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: N/A (Does not meet conditions in Item 12)

Item 1. Applicability (Instructions, Page 111)

Is the AIF of the CWIS identified above greater than, or equal to, 125 MGD?

☐ Yes ☐ No N/A (Does not meet conditions in Item 12)

- 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.

Item 2. Existing Entrainment Performance Studies (Instructions, Page 111)

Attach any previously conducted studies or studies obtained from other facilities addressing technology efficacy, through-facility entrainment survival, and other entrainment studies.

Attachment: N/A (Does not meet conditions in Item 12)

Item 3. Facility Entrainment Performance Studies (Instructions, Page 111)

a. Attach an entrainment characterization study, as described at *40 CFR § 122.21(r)(9)*:

b. Attach a comprehensive feasibility study, as described as *40 CFR § 122.21(r)(10)*:

c. Attach a benefits valuation study, as described as *40 CFR § 122.21(r)(11)*:

d. Attach a non-water quality environmental and other impacts study, as described as *40 CFR § 122.21(r)(12)*:

e. Attach a peer review analysis, as described as *40 CFR § 122.21(r)(13)*:

N/A (Does not meet conditions in Item 12)

INDUSTRIAL WASTEWATER PERMIT APPLICATION 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.

Item 1. Operational Information (Instructions, Page 112)

a. Is the wastewater from an oil and gas exploration, development, or production facility located west of the 98th meridian?

☐ Yes ☐ No N/A (Does not meet conditions in Item 12)

If yes, continue to the next question. If no, skip to Item 2 relating to Production/Process Data. N/A (Does not meet conditions in Item 12)

b. Provide justification for how the wastewater is/will be used for agriculture or wildlife propagation.

N/A (Does not meet conditions in Item 12)

Item 2. Production/Process Data (Instructions, Page 112)

a. Provide the applicable 40 CFR Part 435 Subpart(s).

N/A (Does not meet conditions in Item 12)

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.

N/A (Does not meet conditions in Item 12)

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**
N/A (Does not meet conditions in Item 12)			

d. Describe how the facility will manage wastestreams for which discharge authorization is not being sought.

N/A (Does not meet conditions in Item 12)

Attachment: N/A (Does not meet conditions in Item 12)

e. Provide information on miscellaneous discharges.

N/A (Does not meet conditions in Item 12)

Attachment: N/A (Does not meet conditions in Item 12)

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 (include units)	Purpose
N/A (Does not meet conditions in Item 12)			

Attachment: N/A (Does not meet conditions in Item 12)

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.**

Water Treatment Chemicals List

Category	Chemical Name	Concentration (include units)	Purpose
N/A (Does not meet conditions in Item 12)			

Attachment: N/A (Does not meet conditions in Item 12)

Item 3. Pollutant Analysis (Instructions, Page 113)

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.

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):

   N/A (Does not meet conditions in Item 12)

b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal. N/A (Does not meet conditions in Item 12)

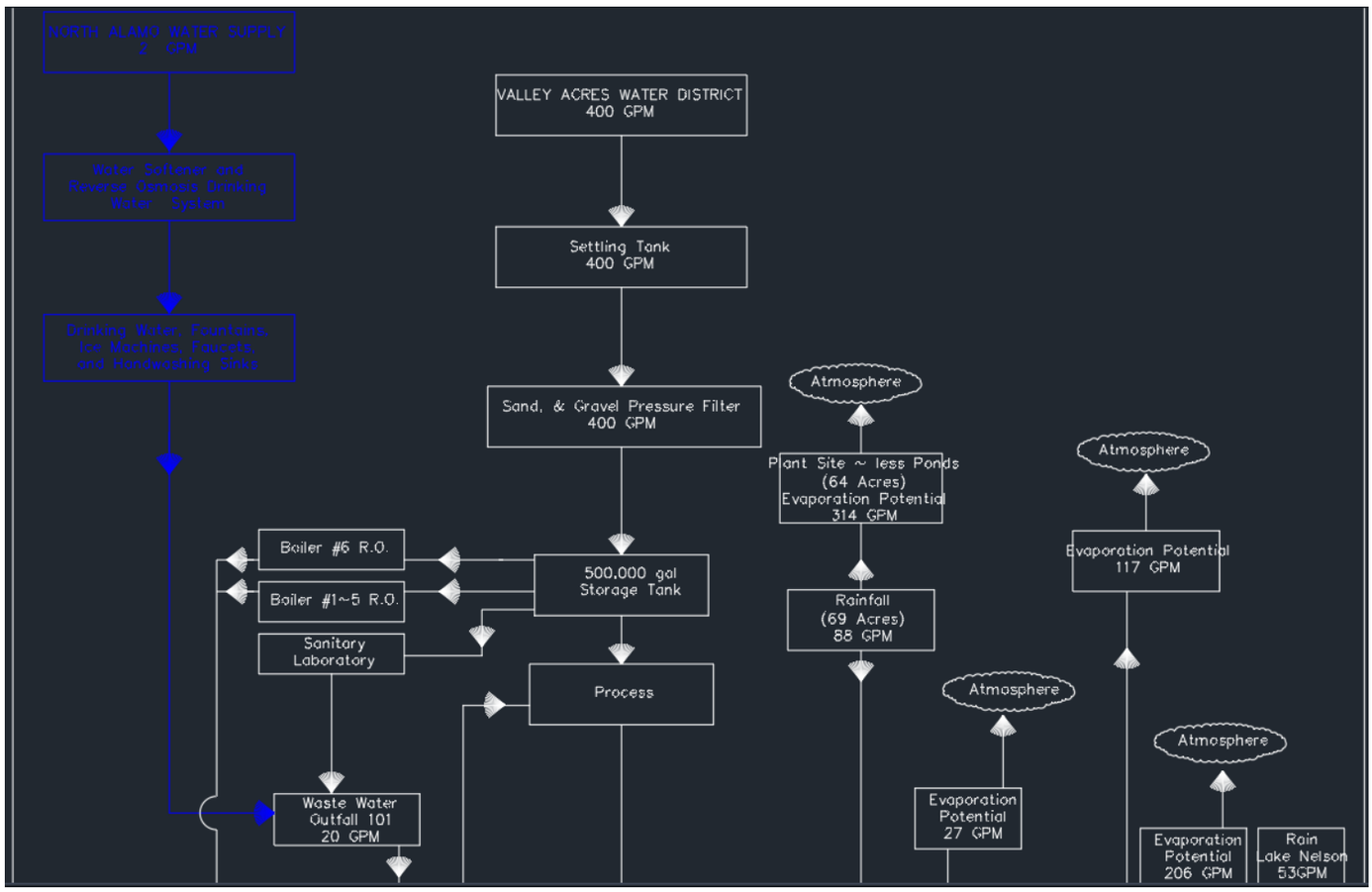
c. Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm. **Attachment:** N/A (Does not meet conditions in Item 12)

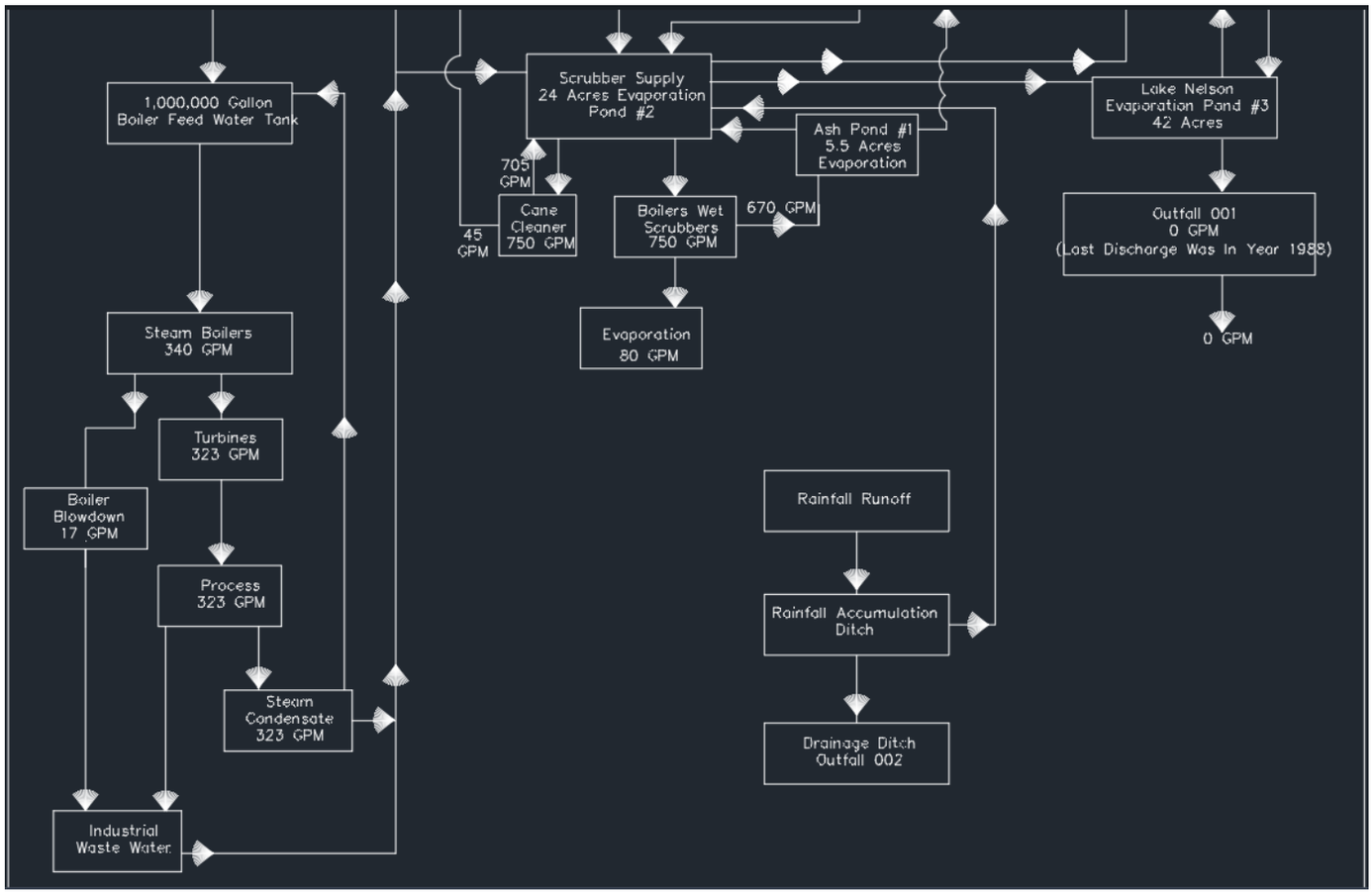
d. Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment:** N/A (Does not meet conditions in Item 12)

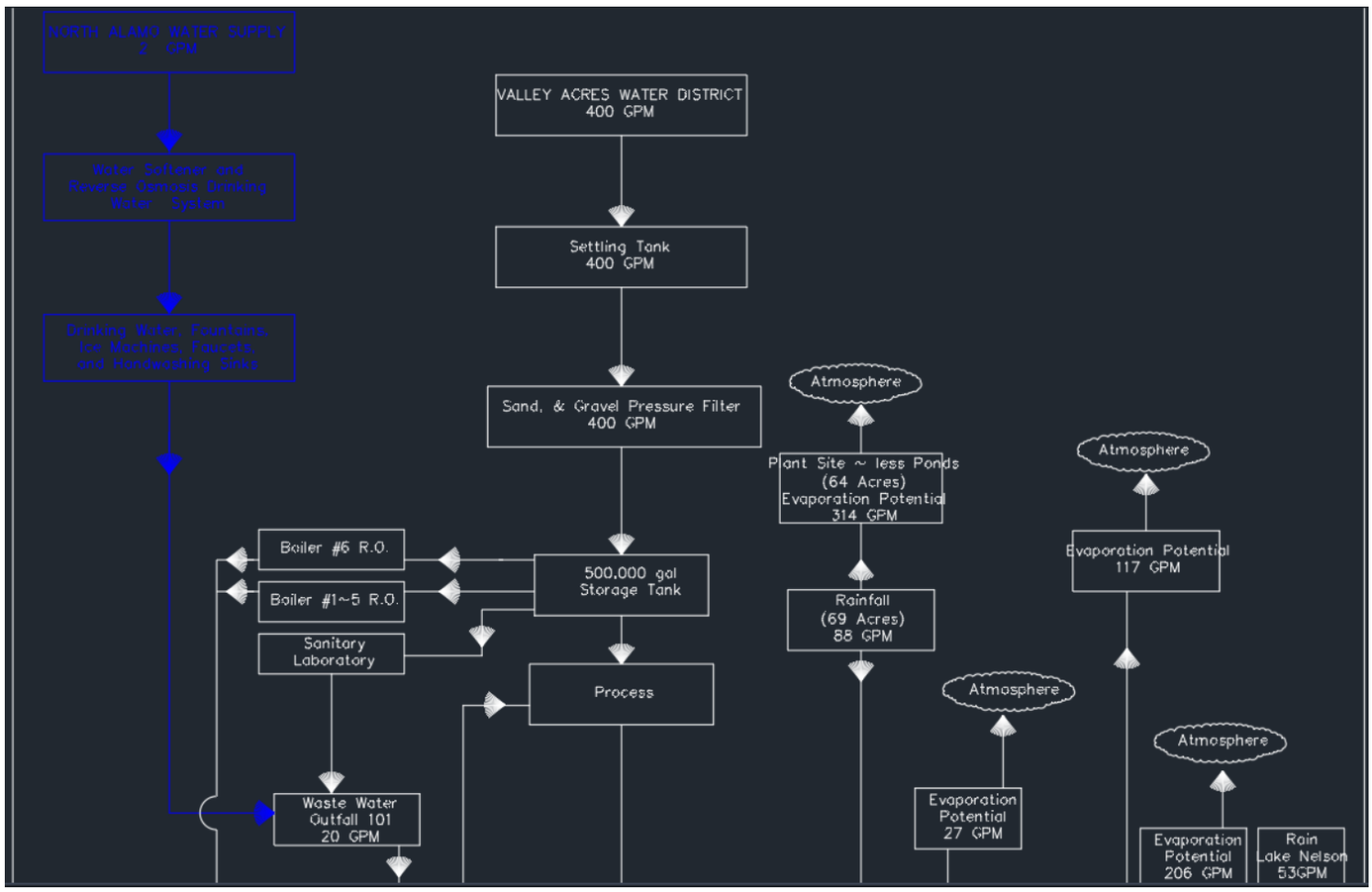
Table 19 for Outfall No.: **Samples are (check one): ☐ Composite ☐ Grab**

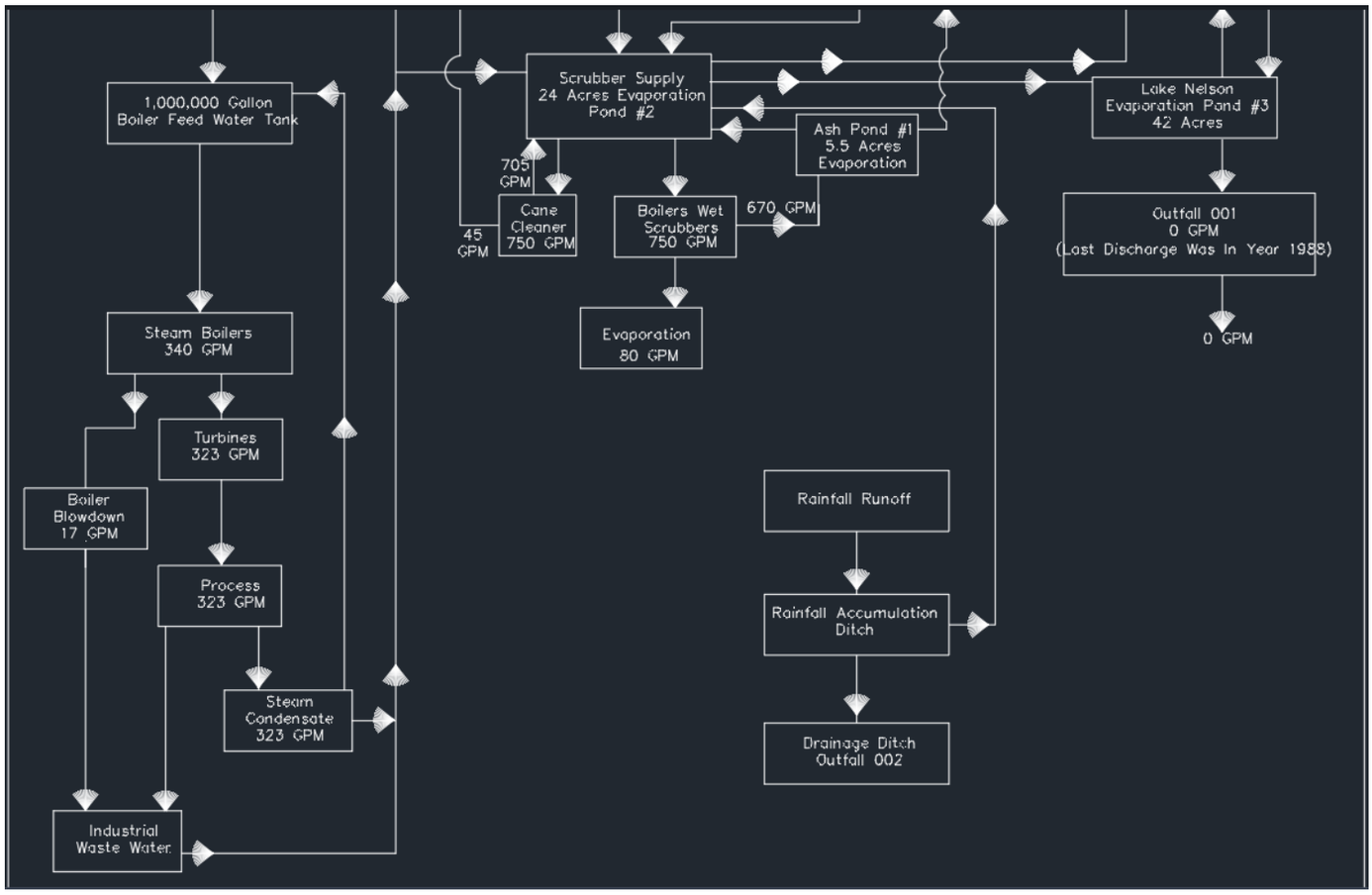
Pollutant	**Sample 1 (mg/L)***	**Sample 2 (mg/L)***	**Sample 3 (mg/L)***	**Sample 4 (mg/L)***
Calcium				
Potassium	N/A (Does not meet conditions in Item 12)			
Sodium				

*Indicate units if different from mg/L.


NORTH ALAMO WATER SUPPLY
2 GPM
Water Softener and Reverse Osmosis Drinking Water System
Drinking Water Fountains, Ice Machines, Faucets, and Handwashing Sinks
VALLEY ACRES WATER DISTRICT
400 GPM
Settling Tank
400 GPM
Sand, & Gravel Pressure Filter
400 GPM
Boiler #6 R.O.
Boiler #1~5 R.O.
Sanitary Laboratory
500,000 gal Storage Tank
Process
Waste Water Outfall 101
20 GPM
Atmosphere
Plant Site ~ less Ponds
(64 Acres)
Evaporation Potential
314 GPM
Rainfall
(69 Acres)
88 GPM
Atmosphere
Evaporation Potential
27 GPM
Atmosphere
Evaporation Potential
117 GPM
Atmosphere
Evaporation Potential
206 GPM
Rain Lake Nelson
53GPM


1,000,000 Gallon Boiler Feed Water Tank
Steam Boilers
340 GPM
Turbines
323 GPM
Boiler Blowdown
17 GPM
Process
323 GPM
Steam Condensate
323 GPM
Industrial Waste Water
Scrubber Supply
24 Acres Evaporation Pond #2
705 GPM
45 GPM
Cane Cleaner
750 GPM
Boilers Wet Scrubbers
750 GPM
670 GPM
Evaporation
80 GPM
Ash Pond #1
5.5 Acres Evaporation
Lake Nelson
Evaporation Pond #3
42 Acres
Outfall 001
0 GPM
(Last Discharge Was In Year 1988)
0 GPM
Rainfall Runoff
Rainfall Accumulation Ditch
Drainage Ditch
Outfall 002


NORTH ALAMO WATER SUPPLY
2 GPM
Water Softener and Reverse Osmosis Drinking Water System
Drinking Water Fountains, Ice Machines, Faucets, and Handwashing Sinks
VALLEY ACRES WATER DISTRICT
400 GPM
Settling Tank
400 GPM
Sand, & Gravel Pressure Filter
400 GPM
Boiler #6 R.O.
Boiler #1~5 R.O.
Sanitary Laboratory
500,000 gal Storage Tank
Process
Waste Water Outfall 101
20 GPM
Atmosphere
Plant Site ~ less Ponds
(64 Acres)
Evaporation Potential
314 GPM
Rainfall
(69 Acres)
88 GPM
Atmosphere
Evaporation Potential
27 GPM
Atmosphere
Evaporation Potential
117 GPM
Atmosphere
Evaporation Potential
206 GPM
Rain Lake Nelson
53GPM


1,000,000 Gallon Boiler Feed Water Tank
Steam Boilers
340 GPM
Turbines
323 GPM
Boiler Blowdown
17 GPM
Process
323 GPM
Steam Condensate
323 GPM
Industrial Waste Water
Scrubber Supply
24 Acres Evaporation Pond #2
705 GPM
45 GPM
Cane Cleaner
750 GPM
Boilers Wet Scrubbers
750 GPM
670 GPM
Evaporation
80 GPM
Ash Pond #1
5.5 Acres Evaporation
Lake Nelson
Evaporation Pond #3
42 Acres
Outfall 001
0 GPM
(Last Discharge Was In Year 1988)
0 GPM
Rainfall Runoff
Rainfall Accumulation Ditch
Drainage Ditch
Outfall 002

Design calculations are only required for CWIS (not applicable)

Attachment: Technical Report 1.0
TPDES Permit No. WQ0001752000
MSDS: Calcium Hydroxide, FINAL FLUSH, and BOILERCARE 1217L

Cooling tower: Calcium Hydroxide is added to cooling tower water for approximately 2 hours each day for the purpose of regulating pH to permissible levels (pH 7 average).

Boiler blowdown: BOILERCARE 1217L added for boiler-water treatment along with FINAL FLUSH

M-100206

Material Safety Data Sheet

ECOLAB®

FINAL FLUSH

Section 1. Chemical product and company identification

Trade name	: FINAL FLUSH
Product use	: Water Treatment
Supplier	: Ecolab Inc. Water Care Division 370 N. Wabasha Street St. Paul, MN 55102 1-800-75-WATER
Code	: 911539
Date of issue	: **12-January-2006**

EMERGENCY HEALTH INFORMATION: 1-800-328-0026
Outside United States and Canada CALL 1-651-222-5352 (in USA)

Section 2. Composition, information on ingredients

Name	CAS number	% by weight
diphosphoric acid, tetrapotassium salt	7320-34-5	5 - 20

Section 3. Hazards identification

Physical state : Liquid. (Liquid.)

Emergency overview : CAUTION!

MAY CAUSE EYE AND SKIN IRRITATION.
Avoid contact with eyes, skin and clothing. Wash thoroughly after handling.

Potential acute health effects

Eyes : Moderately irritating to eyes.

Skin : Moderately irritating to the skin.

Inhalation : Slightly irritating to the respiratory system.

Ingestion : No known significant effects or critical hazards.

See toxicological information (section 11)

Section 4. First aid measures

Eye contact : Immediately flush eyes with plenty of water for at least 15 minutes, occasionally lifting the upper and lower eyelids. Check for and remove any contact lenses. Get medical attention.

Skin contact : Flush contaminated skin with plenty of water. Continue to rinse for at least 10 minutes. Get medical attention if irritation persists. Remove contaminated clothing and shoes. Wash clothing before reuse. Clean shoes thoroughly before reuse.

Inhalation : If inhaled, remove to fresh air.

Ingestion : Do not induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. If potentially dangerous quantities of this material have been swallowed, call a physician immediately.

Section 5. Fire fighting measures

Flash point : > 100°C

Fire-fighting media and instructions : Use an extinguishing agent suitable for the surrounding fire.

Dike liquid for later disposal.

No specific hazard.

Special protective equipment for fire-fighters : Fire-fighters should wear appropriate protective equipment and self-contained breathing apparatus (SCBA) with a full face-piece operated in positive pressure mode.

Section 6. Accidental release measures

Personal precautions : Ventilate area of leak or spill. Do not touch damaged containers or spilled material unless wearing appropriate protective equipment (Section 8). Stop leak if without risk. Do not allow to enter drains or watercourses.

Environmental precautions : Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains and sewers.

Methods for cleaning up : If emergency personnel are unavailable, contain spilled material. For small spills, add absorbent (soil may be used in the absence of other suitable materials), scoop up material and place in a sealable, liquid-proof container for disposal. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway. Place spilled material in an appropriate container for disposal.

Section 7. Handling and storage

Handling : Avoid contact with eyes, skin and clothing. Wash thoroughly after handling.

Storage : Keep out of the reach of children. Keep container tightly closed. Keep container in a cool, well-ventilated area.
Do not store above 40°C

Section 8. Exposure controls, personal protection

Engineering controls : Good general ventilation should be sufficient to control airborne levels.

Personal protection

Eyes : Eye protection recommended.

Hands : For prolonged or repeated handling, use the following type of gloves: Impervious gloves.test

Skin : No protective equipment is needed under normal use conditions.

Respiratory : A respirator is not needed under normal and intended conditions of product use.

Consult local authorities for acceptable exposure limits.

Section 9. Physical and chemical properties

Physical state : Liquid. (Liquid.)

Color : Clear.

Odor : Faint odor.

pH : 9.75 (100%)

Specific gravity : 1.065 (Water = 1)

Section 10. Stability and reactivity

Stability : The product is stable.

Reactivity : Slightly reactive to reactive with acids.

Section 11. Toxicological information

Potential acute health effects

Eyes : Moderately irritating to eyes.

Skin : Moderately irritating to the skin.

Inhalation : Slightly irritating to the respiratory system.

Ingestion : No known significant effects or critical hazards.

Potential chronic health effects

Section 12. Ecological information

Products of degradation : These products are phosphates. Some metallic oxides.

Section 13. Disposal considerations

Waste disposal : The generation of waste should be avoided or minimized wherever possible. Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains and sewers. Disposal of this product, solutions and any by-products should at all times comply with the requirements of environmental protection and waste disposal legislation and any regional local authority requirements.

Consult your local or regional authorities.

Section 14. Transport information

Regulatory information	UN number	Proper shipping name	Class	Packing group	Additional information
DOT Classification	Not regulated.	-	-	-	-

APPLIES ONLY DURING ROAD TRANSPORT

Any variation of the shipping description based on the packaging is not addressed.

Section 15. Regulatory information

HCS Classification : Irritating material

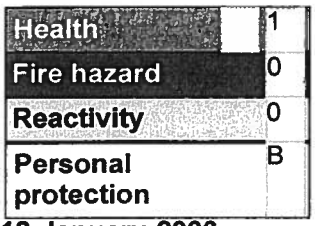
U.S. Federal regulations : SARA 302/304/311/312 extremely hazardous substances: No products were found.
SARA 302/304 emergency planning and notification: No products were found.

TSCA 8(b) inventory : All materials are listed or exempt.

California Prop. 65 : No products were found.

Section 16. Other information

Hazardous Material Information System (U.S.A.) :



Date of issue : 12-January-2006.

Responsible name : Regulatory Affairs

Date of previous issue : 22-April-2005.

Notice to reader

The above information is believed to be correct with respect to the formula used to manufacture the product in the country of origin. As data, standards, and regulations change, and conditions of use and handling are beyond our control, NO WARRANTY, EXPRESS OR IMPLIED, IS MADE AS TO THE COMPLETENESS OR CONTINUING ACCURACY OF THIS INFORMATION.

Material Safety Data Sheet

ECOLAB

BOILERCARE 1217L

10-10-935

Section 1. Chemical product and company identification

Trade name : BOILERCARE 1217L
Product use : Water-boiler treatment.
Supplier : Ecolab Inc. Water Care Division
370 N. Wabasha Street
St. Paul, MN 55102
1-800-75-WATER
Code : 911497
Date of issue : **04-May-2005**

EMERGENCY HEALTH INFORMATION: 1-800-328-0026
Outside United States and Canada CALL 1-651-222-5352 (in USA)

Section 2. Composition, Information on Ingredients

Name	CAS number	% by weight
amines, hydrogenated tallow alkyl, acetates	61790-59-8	5 - 20

Section 3. Hazards identification

Physical state : Liquid. (Liquid.)
Emergency overview : Caution!

MAY CAUSE RESPIRATORY TRACT, EYE AND SKIN IRRITATION.
Avoid contact with skin and clothing. Avoid breathing vapor or mist. Keep container closed. Use only with adequate ventilation. Wash thoroughly after handling.

Potential acute health effects

Eyes : Moderately irritating to the eyes.
Skin : Moderately irritating to the skin.
Inhalation : Moderately irritating to the respiratory system.
Ingestion : No known significant effects or critical hazards.
See toxicological Information (section 11)

Section 4. First aid measures

Eye contact : In case of contact, immediately flush eyes with cool running water. Remove contact lenses and continue flushing with plenty of water for at least 15 minutes. Get medical attention if irritation persists.
Skin contact : Wash with soap and water. Get medical attention if irritation occurs. Wash clothing before reuse.
Inhalation : If inhaled, remove to fresh air.
Ingestion : Do NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. If large quantities of this material are swallowed, call a physician immediately.

Section 5. Fire fighting measures

Flash point : > 100°C
Product does not support combustion.
Fire fighting media and instructions : Use an extinguishing agent suitable for surrounding fires.

Dike area of fire to prevent product run-off.
No specific hazard.
Special protective equipment for fire-fighters : Fire fighters should wear appropriate protective equipment and self-contained breathing apparatus (SCBA) with a full facepiece operated in positive pressure mode.

Section 6. Accidental release measures

Personal precautions : Ventilate area of leak or spill. Do not touch damaged containers or spilled material unless wearing appropriate protective equipment (Section 8). Stop leak if without risk. Prevent entry into sewers, water courses, basements or confined areas.

Environmental precautions : Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains and sewers.

Methods for cleaning up : If emergency personnel are unavailable, contain spilled material. For small spills add absorbent (soil may be used in the absence of other suitable materials) scoop up material and place in a sealed, liquid-proof container for disposal. For large spills dike spilled material or otherwise contain material to ensure runoff does not reach a waterway. Place spilled material in an appropriate container for disposal.--

Section 7. Handling and storage

Handling : Avoid contact with eyes, skin and clothing. Keep container closed. Use only with adequate ventilation. Avoid breathing vapor or mist. Wash thoroughly after handling.

Storage : Keep out of the reach of children. Keep container tightly closed. Keep container in a cool, well-ventilated area.
Store between -30 and 50°C

Section 8. Exposure Controls, Personal Protection

Engineering controls : Provide exhaust ventilation or other engineering controls to keep the airborne concentrations of vapors below their respective occupational exposure limits.

Personal protection

Eyes : Eye protection recommended.

Hands : For prolonged or repeated handling, use Impervious gloves.

Skin : No protective equipment is needed under normal use conditions.

Respiratory : Avoid breathing vapor or mist.

Consult local authorities for acceptable exposure limits.

Section 9. Physical and chemical properties

Physical state : Liquid. (Liquid.)

Color : White to yellowish. (Light.)

Odor : Ammoniacal.

pH : 7.5 (100%)

Boiling/condensation point : >100 °C

Specific gravity : 0.985 (Water = 1)

Dispersion properties : Partially dispersed in cold water, hot water.

Solubility : Partially soluble in cold water, hot water.

Section 10. Stability and reactivity

Stability : The product is stable.

Reactivity : Reactive with acids.

Section 11. Toxicological information

Potential acute health effects

Eyes : Moderately irritating to the eyes.

Skin : Moderately irritating to the skin.

Inhalation : Moderately irritating to the respiratory system.

Ingestion : No known significant effects or critical hazards.

Potential chronic health effects

Section 12. Ecological information

Section 13. Disposal considerations

Waste disposal : The generation of waste should be avoided or minimized wherever possible. Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains and sewers. Disposal of this product, solutions and any by-products should at all times comply with the requirements of environmental protection and waste disposal legislation and any regional local authority requirements.

Consult your local or regional authorities.

Section 14. Transport information

Regulatory information	UN number	Proper shipping name	Class	Packing group	Additional information
DOT Classification	Not regulated.	-	-	-	-

APPLIES ONLY DURING ROAD TRANSPORT

Any variation of the shipping description based on the packaging is not addressed.

Section 15. Regulatory information

HCS Classification : Irritating material

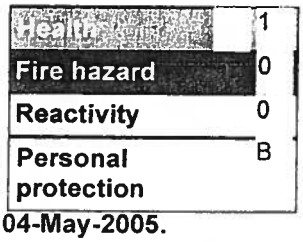
U.S. Federal regulations : SARA 302/304/311/312 extremely hazardous substances: None.
SARA 302/304 emergency planning and notification: None.

TSCA 8(b) inventory : All materials are listed or exempt.

California prop. 65 : No products were found.

Section 16. Other information

Hazardous Material Information System (U.S.A.) :



Date of issue : 04-May-2005.

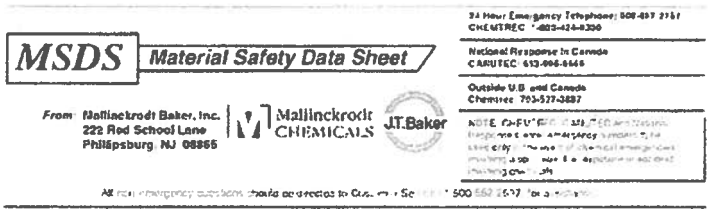
Responsible name : Regulatory Affairs

Date of previous issue : No Previous Validation.

Notice to reader

The above information is believed to be correct with respect to the formula used to manufacture the product in the country of origin. As data, standards, and regulations change, and conditions of use and handling are beyond our control, NO WARRANTY, EXPRESS OR IMPLIED, IS MADE AS TO THE COMPLETENESS OR CONTINUING ACCURACY OF THIS INFORMATION.

MSDS Number: C0407 * * * * * *Effective Date: 09/23/09* * * * * *Supercedes: 11/09/07*



CALCIUM HYDROXIDE

1. Product Identification

Synonyms: Calcium hydrate; slaked lime
CAS No.: 1305-62-0
Molecular Weight: 74.09
Chemical Formula: Ca(OH)2
Product Codes:
J.T. Baker: 1372, 1374, 1375, 5143
Mallinckrodt: 2630, 3288, 4188, 4195, 4201, 6805, 8526

2. Composition/Information on Ingredients

Ingredient	CAS No	Percent	Hazardous
Calcium Hydroxide	1305-62-0	99 - 100%	Yes

3. Hazards Identification

Emergency Overview

DANGER! HARMFUL IF SWALLOWED OR INHALED. CAUSES BURNS TO SKIN AND EYES. CAUSES SEVERE IRRITATION TO RESPIRATORY TRACT.

SAF-T-DATA(tm) Ratings (Provided here for your convenience)

Health Rating: 2 - Moderate
Flammability Rating: 0 - None
Reactivity Rating: 2 - Moderate
Contact Rating: 3 - Severe
Lab Protective Equip: GOGGLES & SHIELD; LAB COAT & APRON; VENT HOOD; PROPER GLOVES
Storage Color Code: Green (General Storage)

Potential Health Effects

Inhalation:
Causes irritation to the respiratory tract. Symptoms may include coughing, shortness of breath. Can cause chemical bronchitis
Ingestion:
Gastric irritant. Ingestion may be followed by severe pain, vomiting, diarrhea, and collapse. If death does not occur in 24 hours, esophageal perforation may occur, as evidenced by fall in blood pressure and severe pain. A narrowing of the esophagus may occur weeks, months, or years after ingestion, making swallowing difficult.
Skin Contact:
Corrosive. May cause severe burns and blistering, depending on duration of contact.
Eye Contact:
Corrosive. May produce severe irritation and pain. May induce ulcerations of the corneal epithelium. Can cause blindness.
Chronic Exposure:
Prolonged or repeated skin contact may produce severe irritation or dermatitis.
Aggravation of Pre-existing Conditions:
Persons with pre-existing skin problems or impaired respiratory function may be more susceptible to the effects of this substance

4. First Aid Measures

Inhalation:
Remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Call a physician immediately.
Ingestion:
DO NOT INDUCE VOMITING. Give large quantities of water. Never give anything by mouth to an unconscious person. Call a physician immediately.
Skin Contact:
In case of contact, wipe off excess material from skin then immediately flush skin with plenty of water for at least 15 minutes. Remove contaminated clothing and shoes. Wash clothing before reuse. Call a physician immediately.
Eye Contact:
Immediately flush eyes with gentle but large stream of water for at least 15 minutes, lifting lower and upper eyelids occasionally. Call a physician immediately.

5. Fire Fighting Measures

Fire:
Not considered to be a fire hazard.
Explosion:
Not considered to be an explosion hazard.
Fire Extinguishing Media:
Use any means suitable for extinguishing surrounding fire.
Special Information:
In the event of a fire, wear full protective clothing and NIOSH-approved self-contained breathing apparatus with full facepiece operated in the pressure demand or other positive pressure mode.

6. Accidental Release Measures

Ventilate area of leak or spill. Keep unnecessary and unprotected people away from area of spill. Wear appropriate personal protective equipment as specified in Section 8. Spills: Pick up and place in a suitable container for reclamation or disposal, using a method that does not generate dust. Do not flush caustic residues to the sewer. Residues from spills can be diluted with water, neutralized with dilute acid such as acetic, hydrochloric or sulfuric. Absorb neutralized caustic residue on clay, vermiculite or other inert substance and package in a suitable container for disposal.

7. Handling and Storage

Keep in a tightly closed container, stored in a cool, dry, ventilated area. Protect against physical damage. Isolate from incompatible substances. Containers of this material may be hazardous when empty since they retain product residues (dust, solids); observe all warnings and precautions listed for the product.

8. Exposure Controls/Personal Protection

Airborne Exposure Limits:
-OSHA Permissible Exposure Limit (PEL):
15 mg/m3 (total dust), 5 mg/m3 (respirable fraction)
-ACGIH Threshold Limit Value (TLV):
5 mg/m3
Ventilation System:
A system of local and/or general exhaust is recommended to keep employee exposures below the Airborne Exposure Limits. Local exhaust ventilation is generally preferred because it can control the emissions of the contaminant at its source, preventing dispersion of it into the general work area. Please refer to the ACGIH document, *Industrial Ventilation, A Manual of Recommended Practices*, most recent edition, for details.
Personal Respirators (NIOSH Approved):
If the exposure limit is exceeded and engineering controls are not feasible, a full facepiece particulate respirator (NIOSH type N100 filters) may be worn for up to 50 times the exposure limit or the maximum use concentration specified by the appropriate regulatory agency or respirator supplier, whichever is lowest. If oil particles (e.g. lubricants, cutting fluids, glycerine, etc.) are present, use a NIOSH type R or P filter. For emergencies or instances where the exposure levels are not known, use a full-facepiece positive-pressure, air-supplied respirator. WARNING: Air-purifying respirators do not protect workers in oxygen-deficient atmospheres.
Skin Protection:
Wear impervious protective clothing, including boots, gloves, lab coat, apron or coveralls, as appropriate, to prevent skin contact.
Eye Protection:
Use chemical safety goggles and/or full face shield where dusting or splashing of solutions is possible. Maintain eye wash fountain and quick-drench facilities in work area.

9. Physical and Chemical Properties

Appearance:
White crystals or powder.
Odor:
Odorless.
Solubility:
0.185 g/100 cc water @ 0C.
Specific Gravity:
2.24
pH:
12.4 (saturated solution)
% Volatiles by volume @ 21C (70F):

0
Boiling Point:
Decomposes.
Melting Point:
580C (1076F)
Vapor Density (Air=1):
No information found.
Vapor Pressure (mm Hg):
No information found.
Evaporation Rate (BuAc=1):
No information found

10. Stability and Reactivity

Stability:
Stable under ordinary conditions of use and storage. Readily absorbs carbon dioxide from air to form calcium carbonate.
Hazardous Decomposition Products:
Caustic fumes of calcium oxide form when heated to decomposition (580C; 1076F).
Hazardous Polymerization:
Will not occur.
Incompatibilities:
Violent reactions with maleic anhydride, nitroethane, nitromethane, nitroparaffins, nitropropane, phosphorus. As a strongly alkaline material, it is incompatible with acids.
Conditions to Avoid:
Air, dusting, and incompatibles.

11. Toxicological Information

Oral Rat LD50: 7340 mg/kg; eye rabbit, standard Draize, 10 mg, severe; investigated as a mutagen

--------\Cancer Lists\----------

Ingredient	---NTP Carcinogen--- Known	Anticipated	IARC Category
Calcium Hydroxide (1305-62-0)	No	No	None

12. Ecological Information

Environmental Fate:
This material is not expected to significantly bioaccumulate.
Environmental Toxicity:
No information found.

13. Disposal Considerations

Whatever cannot be saved for recovery or recycling should be managed in an appropriate and approved waste facility. Although not a listed RCRA hazardous waste, this material may exhibit one or more characteristics of a hazardous waste and require appropriate analysis to determine specific disposal requirements. Processing, use or contamination of this product may change the waste management options. State and local disposal regulations may differ from federal disposal regulations. Dispose of container and unused contents in accordance with federal, state and local requirements.

14. Transport Information

Not regulated.

15. Regulatory Information

--------\Chemical Inventory Status - Part 1\----------

Ingredient	TSCA	EC	Japan	Australia
Calcium Hydroxide (1305-62-0)	Yes	Yes	Yes	Yes

--------\Chemical Inventory Status - Part 2\----------

Ingredient	Korea	--Canada-- DSL	NDSL	Phil.
Calcium Hydroxide (1305-62-0)	Yes	Yes	No	Yes

--------\Federal, State & International Regulations - Part 1\----------

Ingredient	-SARA 302- RQ	TPQ	------SARA 313------ List	Chemical Catg.
Calcium Hydroxide (1305-62-0)	No	No	No	No

--------\Federal, State & International Regulations - Part 2\----------

Ingredient	CERCLA	-RCRA- 261.33	-TSCA- 8(d)
Calcium Hydroxide (1305-62-0)	No	No	No

Chemical Weapons Convention: No TSCA 12(b): No CDTA: No
SARA 311/312: Acute: Yes Chronic: Yes Fire: No Pressure: No
Reactivity: No (Pure / Solid)

Australian Hazchem Code: None allocated.
Poison Schedule: None allocated.
WHMIS:
This MSDS has been prepared according to the hazard criteria of the Controlled Products Regulations (CPR) and the MSDS contains all of the information required by the CPR

16. Other Information

NFPA Ratings: Health: 3 Flammability: 0 Reactivity: 0
Label Hazard Warning:
DANGER! HARMFUL IF SWALLOWED OR INHALED. CAUSES BURNS TO SKIN AND EYES. CAUSES SEVERE IRRITATION TO RESPIRATORY TRACT.
Label Precautions:
Do not get in eyes, on skin, or on clothing.
Wash thoroughly after handling.
Do not breathe dust.
Keep container closed.
Use only with adequate ventilation.
Label First Aid:
In case of contact, wipe off excess material from skin then immediately flush eyes or skin with plenty of water for at least 15 minutes. Remove contaminated clothing and shoes. Wash clothing before reuse. If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. If swallowed, DO NOT INDUCE VOMITING. Give large quantities of water. Never give anything by mouth to an unconscious person. In all cases call a physician immediately.
Product Use:
Laboratory Reagent.
Revision Information:
No Changes.
Disclaimer:
****
Mallinckrodt Baker, Inc. provides the information contained herein in good faith but makes no representation as to its comprehensiveness or accuracy. This document is intended only as a guide to the appropriate precautionary handling of the material by a properly trained person using this product. Individuals receiving the information must exercise their independent judgment in determining its appropriateness for a particular purpose. MALLINCKRODT BAKER, INC. MAKES NO REPRESENTATIONS OR WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE INFORMATION SET FORTH HEREIN OR THE PRODUCT TO WHICH THE INFORMATION REFERS. ACCORDINGLY, MALLINCKRODT BAKER, INC. WILL NOT BE RESPONSIBLE FOR DAMAGES RESULTING FROM USE OF OR RELIANCE UPON THIS INFORMATION.
****
Prepared by: Environmental Health & Safety
Phone Number: (314) 654-1600 (U.S.A.)

Candice Calhoun

From: Erin Colborn <ecolborn@pangaeacc.com>
Sent: Tuesday, March 4, 2025 11:33 PM
To: Candice Calhoun
Cc: Sean Brashear; Clayton Colborn
Subject: Response to RGVSG, Inc. (CN600525630) 2/18/25 Letter Request for Information (WQ0001752000)
Attachments: Attachment A - 20972 PLS.docx; Attachment B - 20971 SPIF.docx; Attachment C - topo map.pdf; Attachment D - Spanish NORI.docx

Ms. Calhoun:

Rio Grande Valley Growers, Inc. (RGV) is in receipt of your Feb. 18, 2025 letter requesting additional information regarding RGV's Feb. 2025 renewal application for Permit WQ0001752000. Please see the following response & related attachments:

1. Site Information (Regulated Entity) – the site coordinates provided do not match up with the description to the facility, listed on the permit. It seems the coordinates need to be updated. Please provide a Core Data Form (CDF) with the correct coordinates.

   RESPONSE: RGV would prefer to continue using the site coordinates listed on the current permit (they are correct). We tried to edit the application submitted in STEERS - but got an error saying "submitted applications cannot be edited. Please contact STEERS customer support for more assistance". Please advise how we can correct the application to match current permit.

2. Plain Language Summary (PLS) – the description to the facility listed in the English and Spanish translated PLS does not match the permit or the application. Please provide updated PLS' to include the correct description to the facility.

   RESPONSE: Please see Attachment A (revised TCEQ Form 20972 - English and Spanish PLS).

3. Supplemental Permit Information Form (SPIF): Item 1 – the description to the facility listed in the SPIF does not match the permit or the application. Please provide an updated SPIF to include the correct description to the facility.

   RESPONSE: Please see Attachment B (revised SPIF with corrected #1 facility description).

4. USGS Topographic Map – the USGS map was not included in the application. Please provide an electronic version of the USGS map.

   RESPONSE: Please see Attachment C (USGS Topo Map).

5. Technical Report 1.0: Item 4 – the flow volume for the outfall was not listed. Please provide an updated portion of the Technical Report to include this information.

***RESPONSE*: Outfall 001 has not discharged since 1988; therefore, there have not been any flow volumes to quantify on the Technical Report.**

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

   APPLICATION. Rio Grande Valley Sugar Growers, Inc., P.O. Box 459, Santa Rosa, Texas 78593, which owns a raw sugar and molasses production facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0001752000 (EPA I.D. No. TX0032905) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 289,000 gallons per day. The facility is located approximately 3,000 feet northwest of the intersection of Farm-to-Market Road 1425 and State Highway 107, near the city of Santa Rosa, in Hidalgo County, Texas 78593. The discharge route is from the plant site via Outfall 001 to Valley Acres Drainage Ditch; thence to Pilot Channel, North Floodway; thence to the Laguna Madre. TCEQ received this application on February 10, 2025. The permit application will be available for viewing and copying at Hidalgo County Courthouse, 100 North Closner Boulevard, Edinburg, in Hidalgo County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/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.
   [map url link pending updated coordinates]

   Further information may also be obtained from Rio Grande Valley Sugar Growers, Inc. at the address stated above or by calling Ms. Erin Colborn, P.E., Consultant, at 225-362-4894.

***RESPONSE*: We have reviewed this portion of the NORI, and agree that it does not contain any errors or omissions.**

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

***RESPONSE*: Please see *Attachment D (translated Spanish NORI)*.**

Please let me know if you have any questions or require any additional information.

Thanks,

Erin Colborn, P.E.

PANGAEA
Conservation and Compliance, LLC

1952 E. Flonacher Rd.
Zachary, LA 70791
(225)-362-4894

Erwin Madrid

From: Erwin Madrid
Sent: Monday, March 10, 2025 9:39 AM
To: sbrashear@rgvsugar.com
Cc: Candice Calhoun
Subject: Application for Permit No. WQ0001752000 – Notice of Deficiency 30-Day Will Return Letter
Attachments: WQ0001752000_Will Return Ltr.pdf

Importance: High

Dear applicant,

The attached Notice of Deficiency 30-Day Will Return Letter was mailed on **March 10, 2025,** requesting additional information needed to declare the application administratively complete. Please mail an original and two copies (with a cover letter) of the complete response by **April 9, 2025.**

Regards,

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

Candice Calhoun

From: Erin Colborn <ecolborn@pangaeacc.com>
Sent: Wednesday, April 2, 2025 2:13 PM
To: Candice Calhoun
Cc: Sean Brashear
Subject: RE: Response to RGVSG, Inc. (CN600525630) 2/18/25 Letter Request for Information (WQ0001752000)
Attachments: Core Data Form (UNSIGNED) RGV coordinates.pdf

Ms. Calhoun –

I agree. I changed the coordinates on the Cora Data Form to be those on the 2nd image in your email below. If we submit that form now (signed) as attached – will that take care of all remaining issues with the 2/18/25 Letter Request for Information for renewal application for (WQ000175200??

Thanks,

Erin Colborn, P.E.

PANGAEA
Conservation and Compliance, LLC

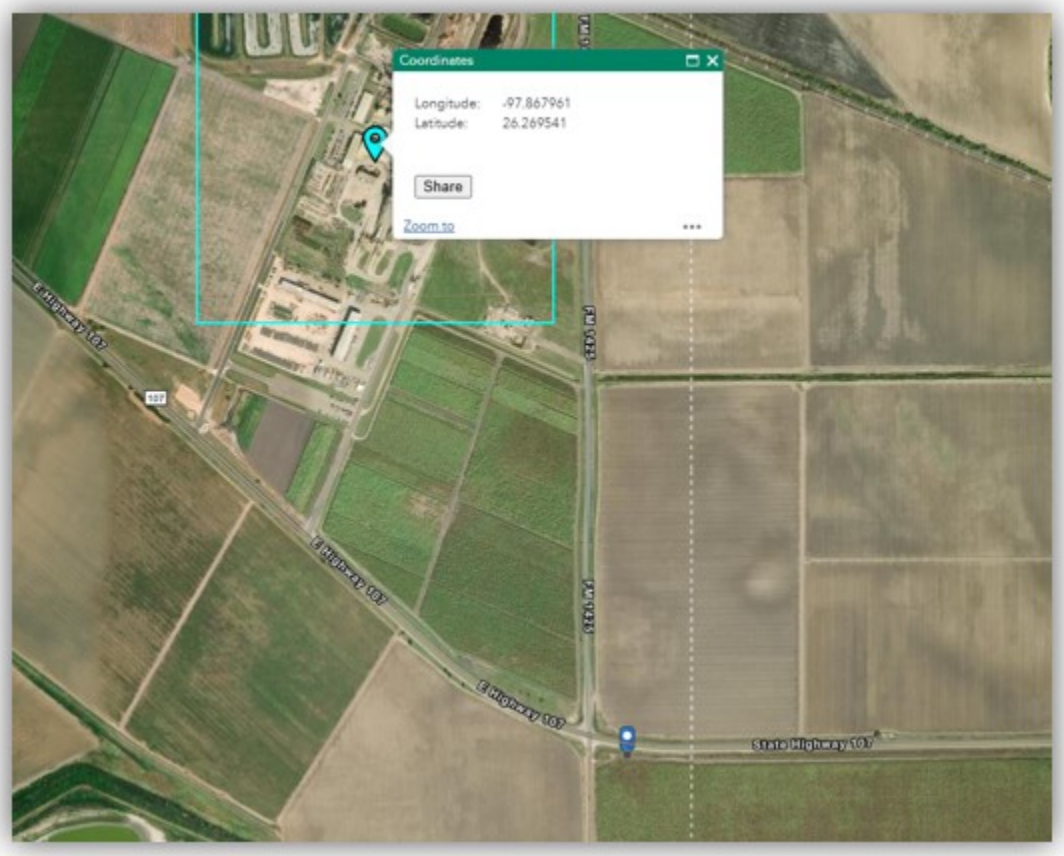
1952 E. Flonacher Rd.
Zachary, LA 70791
(225)-362-4894

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Thursday, March 20, 2025 8:55 AM
To: Erin Colborn <ecolborn@pangaeacc.com>
Cc: Sean Brashear <sbrashear@rgvsugar.com>
Subject: RE: Response to RGVSG, Inc. (CN600525630) 2/18/25 Letter Request for Information (WQ0001752000)

Good morning, Erin,

It appears the coordinates listed in the CDF, provided in your email, are the same coordinates that we have in our system, which do no match up with the description to the facility listed on the permit. I have placed snip-it's below of where the coordinates provided show and where I believe the coordinates may be, as well as one that shows the description to the facility listed matches the coordinates, I believe may be correct. Please let me know your thoughts.


3,079.5 F
Clear
State Highway 107


Coordinates
Longitude: -97.867961
Latitude: 26.269541
Share
Zoom to
E Highway 107
State Highway 107

Regards,

Candice Courville
License & Permit Specialist
ARP Team | Water Quality Division
Texas Commission on Environmental Quality
512-239-4312
candice.calhoun@tceq.texas.gov

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

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From: Erin Colborn <ecolborn@pangaeacc.com>
Sent: Wednesday, March 19, 2025 11:05 AM
To: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Cc: Sean Brashear <sbrashear@rgvsugar.com>
Subject: RE: Response to RGVSG, Inc. (CN600525630) 2/18/25 Letter Request for Information (WQ0001752000)

Ms. Calhoun – Before I send to RGV for signature – can you glance if the attached draft Core Data Form is sufficient for change of coordinates on 2/10/25 wastewater renewal application?

Thanks,

Erin Colborn, P.E.
PANGAEA Conservation and Compliance, LLC
1952 E. Flonacher Rd.
Zachary, LA 70791
(225)-362-4894

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Thursday, March 6, 2025 7:57 AM
To: Erin Colborn <ecolborn@pangaeacc.com>
Cc: Sean Brashear <sbrashear@rgvsugar.com>; Clayton Colborn <clayton@pangaeacc.com>
Subject: RE: Response to RGVSG, Inc. (CN600525630) 2/18/25 Letter Request for Information (WQ0001752000)
Importance: High

Good morning, Erin,

Thank you for your response. Please see below for my comments.

1. Site Information – Unfortunately, you are unable to edit a submitted application. To update the facility address or location description, please provide an update Core Data Form (Form No. 10400). To update other sections of the application, if applicable, please use the applicable sections of Form No. 10411.

2. PLS – The facility location description listed in the PLS does not match the site coordinates. The coordinates show to be approximately 270 feet southeast of the intersection listed. Please provide a revised PLS, in English and Spanish language, with an updated description or physical address.

3. SPIF - The facility location description listed in item 1 of the SPIF does not match the site coordinates. The coordinates show to be approximately 300 feet southeast of the intersection listed. Please provide a revised SPIF

4. USGS map – The USGS map provided did not include the one-mile radius and facility (site) boundaries. Please provide a revised USGS map to include the requested information.

5. Technical Report – The current permit shows a flow not to exceed 289,000 MGD. As well as this flow is listed in the NORI. Please provide clarification on if this flow is to be taken out of the permit and NORI. If not, please update the Technical Report to include this flow.

6. Your response is sufficient to this item.

7. Spanish NORI – an updated Spanish NORI will be needed to include the updated location description or physical address as requested above.

Since the 14-day deadline to provide a complete response has passed, a 30-day notice will be issued. Please let me know if you have any additional questions.

Regards,

Candice Courville
License & Permit Specialist
ARP Team | Water Quality Division
Texas Commission on Environmental Quality
512-239-4312
candice.calhoun@tceq.texas.gov

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

From: Erin Colborn <ecolborn@pangaeacc.com>
Sent: Tuesday, March 4, 2025 11:33 PM

To: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Cc: Sean Brashear <sbrashear@rgvsugar.com>; Clayton Colborn <clayton@pangaeacc.com>
Subject: Response to RGVSG, Inc. (CN600525630) 2/18/25 Letter Request for Information (WQ0001752000)

Ms. Calhoun:

Rio Grande Valley Growers, Inc. (RGV) is in receipt of your Feb. 18, 2025 letter requesting additional information regarding RGV's Feb. 2025 renewal application for Permit WQ0001752000. Please see the following response & related attachments:

1. Site Information (Regulated Entity) – the site coordinates provided do not match up with the description to the facility, listed on the permit. It seems the coordinates need to be updated. Please provide a Core Data Form (CDF) with the correct coordinates.

   ***RESPONSE*: RGV would prefer to continue using the site coordinates listed on the current permit (they are correct). We tried to edit the application submitted in STEERS - but got an error saying "submitted applications cannot be edited. Please contact STEERS customer support for more assistance". Please advise how we can correct the application to match current permit.**

2. Plain Language Summary (PLS) – the description to the facility listed in the English and Spanish translated PLS does not match the permit or the application. Please provide updated PLS' to include the correct description to the facility.

   ***RESPONSE*: Please see *Attachment A (revised TCEQ Form 20972 - English and Spanish PLS)*.**

3. Supplemental Permit Information Form (SPIF): Item 1 – the description to the facility listed in the SPIF does not match the permit or the application. Please provide an updated SPIF to include the correct description to the facility.

   ***RESPONSE*: Please see *Attachment B (revised SPIF with corrected #1 facility description)*.**

4. USGS Topographic Map – the USGS map was not included in the application. Please provide an electronic version of the USGS map.

   ***RESPONSE*: Please see *Attachment C (USGS Topo Map)*.**

5. Technical Report 1.0: Item 4 – the flow volume for the outfall was not listed. Please provide an updated portion of the Technical Report to include this information.

   ***RESPONSE*: Outfall 001 has not discharged since 1988; therefore, there have not been any flow volumes to quantify on the Technical Report.**

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

   APPLICATION. Rio Grande Valley Sugar Growers, Inc., P.O. Box 459, Santa Rosa, Texas 78593, which owns a raw sugar and molasses production facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0001752000

(EPA I.D. No. TX0032905) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 289,000 gallons per day. The facility is located approximately 3,000 feet northwest of the intersection of Farm-to-Market Road 1425 and State Highway 107, near the city of Santa Rosa, in Hidalgo County, Texas 78593. The discharge route is from the plant site via Outfall 001 to Valley Acres Drainage Ditch; thence to Pilot Channel, North Floodway; thence to the Laguna Madre. TCEQ received this application on February 10, 2025. The permit application will be available for viewing and copying at Hidalgo County Courthouse, 100 North Closner Boulevard, Edinburg, in Hidalgo County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/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.
[map url link pending updated coordinates]

Further information may also be obtained from Rio Grande Valley Sugar Growers, Inc. at the address stated above or by calling Ms. Erin Colborn, P.E., Consultant, at 225-362-4894.

***RESPONSE*: We have reviewed this portion of the NORI, and agree that it does not contain any errors or omissions.**

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

***RESPONSE*: Please see *Attachment D (translated Spanish NORI)*.**

Please let me know if you have any questions or require any additional information.

Thanks,

Erin Colborn, P.E.

PANGAEA
Conservation and Compliance, LLC

1952 E. Flonacher Rd.
Zachary, LA 70791
(225)-362-4894

Candice Calhoun

From: Erin Colborn <ecolborn@pangaeacc.com>
Sent: Monday, April 7, 2025 12:07 PM
To: Candice Calhoun
Cc: Sean Brashear
Subject: RE: Response to RGVSG, Inc. (CN600525630) 2/18/25 Letter Request for Information (WQ0001752000)
Attachments: 2025 04 02 RGV signed core data form coordinates.pdf; 2025 04_RGV Topo Map.pdf

Ms. Calhoun –

Please see the attached signed & scanned copy of the Core Data Form with revised coordinates, as we discussed previously. Please advise if we need to mail you the original signed hard copy of the Core Data Form.

Please also see the revised topographic map showing 1-mile buffer around the facility boundary. Let me know if that takes care of that last item.

Thanks,

Erin Colborn, P.E.

PANGAEA
Conservation and Compliance, LLC

1952 E. Flonacher Rd.
Zachary, LA 70791
(225)-362-4894

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Friday, April 4, 2025 8:44 AM
To: Erin Colborn <ecolborn@pangaeacc.com>
Cc: Sean Brashear <sbrashear@rgvsugar.com>
Subject: RE: Response to RGVSG, Inc. (CN600525630) 2/18/25 Letter Request for Information (WQ0001752000)

Good morning, Erin,

The coordinates look good, thank you. This will take care of the majority of the remaining items, the only thing that I am needing now is an updated USGS map to include the applicant's property boundaries and the one-mile radius.

Regards,

Candice Calhoun

From: Erin Colborn <ecolborn@pangaeacc.com>
Sent: Wednesday, April 9, 2025 4:13 PM
To: Candice Calhoun
Cc: Sean Brashear
Subject: RE: Response to RGVSG, Inc. (CN600525630) 2/18/25 Letter Request for Information (WQ0001752000)
Attachments: 2025 04_RGV Topo Map.pdf

Ms. Calhoun –

Thanks for the explanation!! Those are one and the same for this facility, so I added the ""applicant/site boundaries" label as suggested (see attached topo map).

Please email to confirm that we have completed submittal of all of the requested items.

Thanks,

Erin Colborn, P.E.

PANGAEA
Conservation and Compliance, LLC

1952 E. Flonacher Rd.
Zachary, LA 70791
(225)-362-4894

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Tuesday, April 8, 2025 2:52 PM
To: Erin Colborn <ecolborn@pangaeacc.com>
Cc: Sean Brashear <sbrashear@rgvsugar.com>
Subject: RE: Response to RGVSG, Inc. (CN600525630) 2/18/25 Letter Request for Information (WQ0001752000)

Erin,

The "applicant property boundary" is the property boundary that the applicant owns. The site/facility boundary is the boundaries of the facility within the applicant's property. If the applicant and site boundaries are the same, please label the map as "applicant/site boundaries" or "applicant/facility boundaries".

I hope this makes sense. Let me know if you have any additional questions.

Regards,

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 — **To change geographic coordinates in the 2/10/2025 wastewater permit renewal application submitted. The coordinates should remain the same as they were before that application.**

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 600505663		**RN 100825405**

SECTION II: Customer Information

4. General Customer Information | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy) | NO CHANGES

☐ 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:*

NO CHANGES

7. TX SOS/CPA Filing Number	**8. TX State Tax ID** (11 digits)	**9. Federal Tax ID** (9 digits)	**10. DUNS Number** *(if applicable)*
NO CHANGES			

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:	NO CHANGES						
	City		**State**		**ZIP**		**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.)*

NO CHANGES

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	NO CHANGES						
	City		**State**		**ZIP**		**ZIP + 4**
24. County							

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

25. Description to Physical Location:	NO CHANGES				
26. Nearest City			**State**		**Nearest ZIP Code**
NO CHANGES					

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:	26.269541		**28. Longitude (W) In Decimal:**	-97. 8 6 796	
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)

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

NO CHANGES

34. Mailing Address:	**NO CHANGES**						
	City		**State**		**ZIP**		**ZIP + 4**
35. E-Mail Address:							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*

( ) -		( ) -

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

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

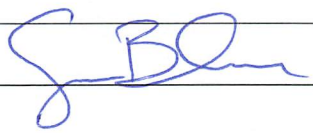
SECTION IV: Preparer Information

40. Name:	Erin Colborn, P.E.	**41. Title:**	Environmental Consultant

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(225) 362-4894	n/a	( ) -	ecolborn@pangaeacc.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:	Rio Grande Valley Sugar Growers, Inc.	**Job Title:**	President & CEO
Name *(In Print):*	Sean Brashear	**Phone:**	(956) 636- **1411**
Signature:		**Date:**	4/2/2025

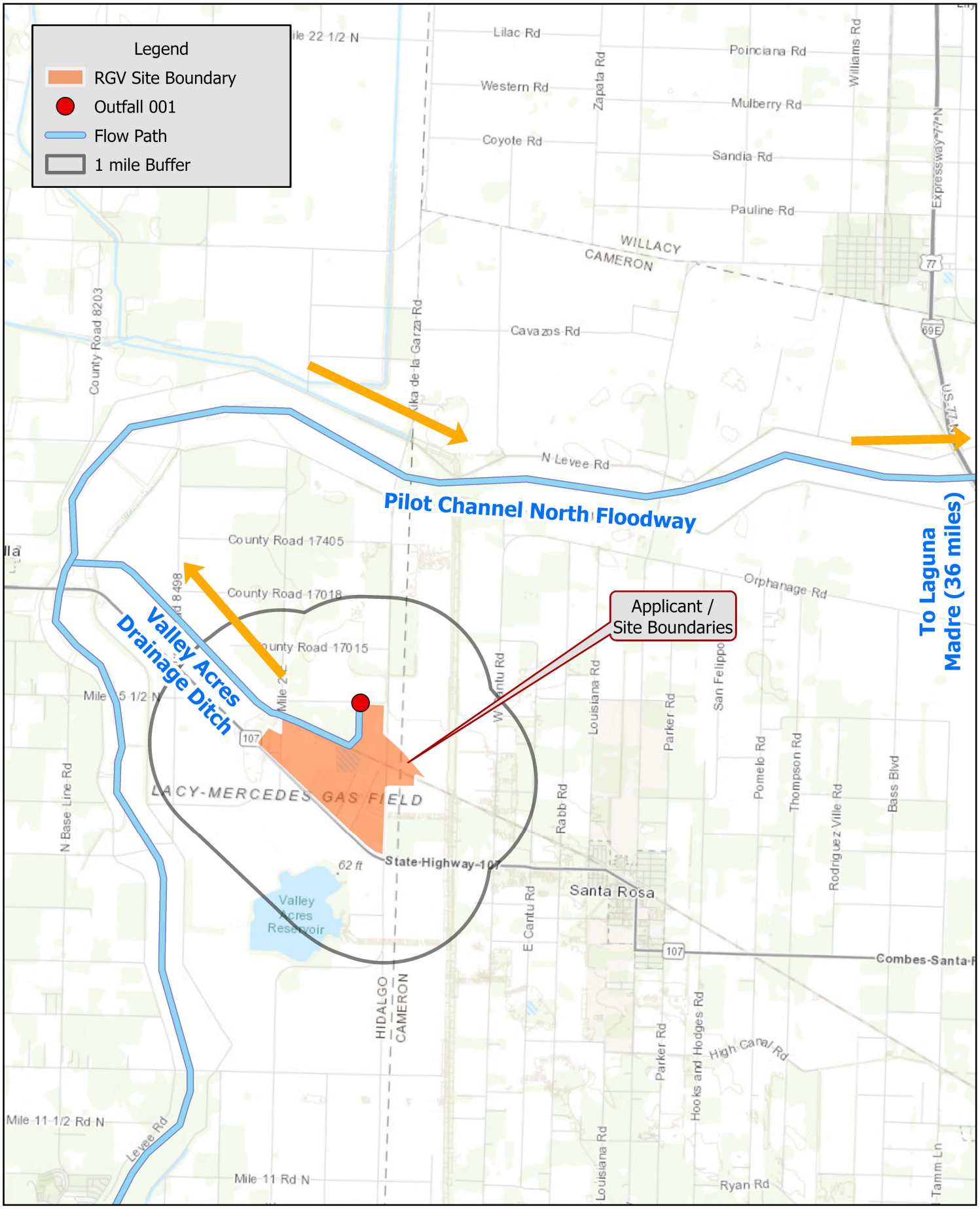


Figure 2

Rio Grande Valley Sugar Growers, Inc.

Hidalgo County, Texas

January 2025

1 Miles

N