



# 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.*

BYK USA INC (CN605351204) operates KENNARD DUBOSE MINE (RN102334968), a clay (calcium bentonite) mining and storage at the Kennard and King Ranch Properties. SIC 1459. The facility is located at 8727 US HIGHWAY 90A, in Gonzales, Gonzales County, Texas 78629. This application is for a renewal to discharge 300,000 gallons daily of wastewater on a intermittent basis.

Discharges from the facility are expected to contain Chemical Oxygen Demand, Total Organic Carbon, Dissolved Oxygen, Ammonia Nitrogen, Total Suspended Solids, Total Organic Nitrogen, Total Phosphorus, Oil and Grease, Total Residual Chlorine, Total Dissolved Solids, Sulfate, Chloride, PH levels, Aluminum, Arsenic, Barium, Beryllium, Lead, Mercury, Nickel, and Zinc. Industrial wastewater is treated by Passive settling of the wastewater is employed to control suspended solids. Wastewater generated from the "Blue" clay mining operation is neutralized with sodium hydroxide to a pH between 6 and 9 prior to discharge. Storm water



runoff is diverted to mined-out/depleted pit (used to manage wastewater) for dilution of sulfate and chloride concentrations. Groundwater from well(s) located on the property may also be used for dilution. No other treatment occurs.

**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.*

BYK USA INC (CN605351204) (CN605351204) opera (la MINA KENNARD DUBOSE (RN102334968), un planta de extracción y almacenamiento de arcilla (bentonita cálcica) en las propiedades Kennard y King Ranch. SIC 1459.. La instalación está ubicada en 8727 US HIGHWAY 90A, en Gonzales, Condado de Gonzales, Texas 78629. Esta solicitud es para la renovación del vertido de 300,000 galones diarios de aguas residuales de forma intermitente..

Se espera que las descargas de la instalación contengan Demanda Química de Oxígeno (DQO), Carbono Orgánico Total (COT), Oxígeno Disuelto (O2), Nitrógeno Amoniacal (N2O), Sólidos Suspendidos Totales (S3O), Nitrógeno Orgánico Total (N2O), Fósforo Total (Fósforo Total), Aceite y Grasa (A2O), Cloro Residual Total (C3O), Sólidos Disueltos Totales (S3O), Sulfato, Cloruro (C3O), pH (niveles de pH), Aluminio, Arsénico, Bario, Berilio, Plomo, Mercurio, Níquel y Zinc.. Las aguas residuales industriales. estará tratado por se tratan mediante sedimentación pasiva para controlar los sólidos en suspensión. Las aguas residuales generadas por la extracción de arcilla "azul" se neutralizan con hidróxido de sodio hasta alcanzar un pH de entre 6 y 9 antes de su vertido. La escorrentía pluvial se desvía a un pozo agotado (utilizado para la gestión de aguas residuales) para diluir las concentraciones de sulfato y cloruro. El agua subterránea de los pozos ubicados en la propiedad también puede utilizarse para la dilución. No se realiza ningún otro tratamiento. .



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0001925000

**APPLICATION.** BYK USA Inc, 1212 Church Street, Gonzales, Texas 78629, which owns a bentonite clay mine and storage site, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0001925000 (EPA I.D. No. TX0057274) to authorize the discharge of stormwater and groundwater at a volume not to exceed a daily maximum flow of 300,000 gallons via Outfall 001 and stormwater and groundwater at a volume not to exceed a daily maximum flow of 300,000 gallons via Outfall 003. The facility is located at 8627 U.S. Highway 90A, near the city of Gonzales, in Gonzales County, Texas 78629. The discharge route is from the plant site via Outfall 001 to Elm Slough; thence to Peach Creek; thence to the Guadalupe River Below San Marcos River; and via Outfall 003 to Mitchell Creek; thence to Peach Creek; thence to Guadalupe River Below San Marcos River. TCEQ received this application on March 31, 2025. The permit application will be available for viewing and copying at Robert Lee Brothers, Jr. Memorial Library, bookshelf on back wall in Resource Section of library, 301 Saint Joseph Street, Gonzales, in Gonzales 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=-97.335833,29.481111&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](http://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](http://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 BYK USA Inc at the address stated above or by calling Mr. Charles Frederick, Environmental Engineer, at 830-672-1907.

Issuance Date: April 25, 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. WQ0001925000**

**SOLICITUD.** BYK USA Inc, 1212 Church Street, Gonzales, Texas 78629 ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0001925000 (EPA I.D. No. TX 0057274) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas pluviales y subterráneas a un volumen que no exceda un flujo máximo diario de 300,000 galones a través del desagüe 001 y aguas pluviales y subterráneas a un volumen que no exceda un flujo máximo diario de 300,000 galones a través del desagüe 003. La planta está ubicada 8627 U.S. Highway 90A, cerca de la ciudad de Gonzales en el Condado de Gonzales, Texas 78629. La ruta de descarga es del sitio de la planta a vía el emisario 001 hasta Elm Slough; de allí a Peach Creek; de allí al río Guadalupe debajo del río San Marcos; y vía el emisario 003 hasta Mitchell Creek; de allí a Peach Creek; de allí al río Guadalupe debajo del río San Marcos. La TCEQ recibió esta solicitud el 31 de marzo de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en Biblioteca conmemorativa Robert Lee Brothers, Jr., estantería en la pared trasera de la sección de recursos de la biblioteca, 301 Saint Joseph Street, Gonzales, en el condado de Gonzales antes de la fecha de publicación de este aviso en el periódico. La solicitud cualquier actualización y aviso inclusive está disponible electrónicamente en la siguiente página web: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. 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=-97.335833,29.481111&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 todos 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 por qué 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. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos del solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

**INFORMACIÓN DISPONIBLE EN LÍNEA.** Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en [www.tceq.texas.gov/goto/cid](http://www.tceq.texas.gov/goto/cid). Para buscar en la base de datos, utilizar el número de permiso para esta solicitud que aparece en la parte superior de este aviso.

**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 BYK USA Inc a la dirección indicada arriba o llamando a Charles Frederick al (830)672-1907.

Fecha de emisión: 25 de abril de 2025





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

**Complete and submit this checklist with the industrial wastewater permit application.**

APPLICANT NAME: BYK USA INC

PERMIT NUMBER (If new, leave blank): WQ00 1925-000

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

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 8.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Administrative Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 9.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 10.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Involvement Plan Form	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Worksheet 11.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Plain Language Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Affected Landowners Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landowner Disk or Labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flow Diagram	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Original Photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 4.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Design Calculations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 4.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 6.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

For TCEQ Use Only

Segment Number \_\_\_\_\_ County \_\_\_\_\_

Expiration Date \_\_\_\_\_ Region \_\_\_\_\_

Permit Number \_\_\_\_\_





# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## INDUSTRIAL WASTEWATER PERMIT APPLICATION

### ADMINISTRATIVE REPORT 1.0

This report is required for all applications for TPDES permits and TLAPs, except applications for oil and gas extraction operations subject to 40 CFR Part 435. Contact the Applications Review and Processing Team at 512-239-4671 with any questions about completing this report.

Applications for oil and gas extraction operations subject to 40 CFR Part 435 must use the Oil and Gas Exploration and Production Administrative Report (TCEQ Form-20893 and 20893-inst<sup>1</sup>).

#### Item 1. Application Information and Fees (Instructions, Page 26)

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

Applicant Name: BYK USA INC

Permit No.: WQ0001925-000

EPA ID No.: TX0057274

Expiration Date: 10/7/2025

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

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

☒ Active

☐ Inactive

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

☒ TPDES Permit

☐ TLAP

☐ TPDES with TLAP component

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

☐ New

☐ Renewal with changes

☒ Renewal without changes

☐ Major amendment with renewal

☐ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

- f. If applying for an amendment or modification, describe the request: Click to enter text.

For TCEQ Use Only

Segment Number \_\_\_\_\_ County \_\_\_\_\_

Expiration Date \_\_\_\_\_ Region \_\_\_\_\_

Permit Number \_\_\_\_\_

<sup>1</sup> [https://www.tceq.texas.gov/publications/search\\_forms.html](https://www.tceq.texas.gov/publications/search_forms.html)



g. Application Fee

EPA Classification	New	Major Amend. (with or without renewal)	Renewal (with or without changes)	Minor Amend. / Minor Mod. (without renewal)
Minor facility not subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$315	<input type="checkbox"/> \$150
Minor facility subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input checked="" type="checkbox"/> \$1,215	<input type="checkbox"/> \$150
Major facility	N/A <sup>2</sup>	<input type="checkbox"/> \$2,050	<input type="checkbox"/> \$2,015	<input type="checkbox"/> \$450

h. Payment Information

**Mailed**

Check or money order No.: [Click to enter text.](#)

Check or money order amt.: [Click to enter text.](#)

Named printed on check or money order: [Click to enter text.](#)

**Epay**

Voucher number: 29001684

Copy of voucher attachment: H

## Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: CN605351204

**Note:** Locate the customer number using the [TCEQ's Central Registry Customer Search](#)<sup>3</sup>.

b. Legal name of the entity (applicant) applying for this permit: BYK USA INC

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

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

Prefix: Mr. Full Name (Last/First Name): West Glenn

Title: Site Manager

Credential: N/A

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

☒ Yes ☐ No

<sup>2</sup> All facilities are designated as minors until formally classified as a major by EPA.

<sup>3</sup> <https://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

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

### Item 3. Co-applicant Information (Instructions, Page 27)

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

- a. Legal name of the entity (co-applicant) applying for this permit: N/A

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

- b. Customer Number (if applicant is an existing customer): CNN/A

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

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

Prefix: N/A Full Name (Last/First Name): N/A

Title: N/A Credential: N/A

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

☐ Yes ☐ No

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

### Item 4. Core Data Form (Instructions, Pages 27)

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

### Item 5. Application Contact Information (Instructions, Page 27)

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

- a. ☒ Administrative Contact ☒ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Frederick Charles

Title: Environmental Engineer Credential: N/A

Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1907

Email: charles.frederick@altana.com

- b. ☒ Administrative Contact ☒ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Brecoosky Gary

Title: EHS Manager Credential: N/A

Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629



Phone No: (830) 672-1960 Email: Gary.Brecosky@altana.com

Attachment: N/A

#### **Item 6. Permit Contact Information (Instructions, Page 28)**

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

a. Prefix: Mr. Full Name (Last/First Name): Frederick Charles

Title: Environmental Engineer Credential: N/A

Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1907

Email: charles.frederick@altana.com

b. Prefix: Mr. Full Name (Last/First Name): Brecosky Gary

Title: EHS Manager Credential: N/A

Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1960

Email: Gary.Brecosky@altana.com

Attachment: N/A

#### **Item 7. Billing Contact Information (Instructions, Page 28)**

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

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

Prefix: Mr. Full Name (Last/First Name): Frederick Charles

Title: Environmental Engineer Credential: N/A

Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1907

Email: charles.frederick@altana.com

#### **Item 8. DMR/MER Contact Information (Instructions, Page 28)**

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

Prefix: Mr. Full Name (Last/First Name): Frederick Charles

Title: Environmental Engineer Credential: N/A

Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1907

Email: charles.frederick@altana.com

## Item 9. Notice Information (Instructions, Pages 28)

### a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Frederick Charles

Title: Environmental Engineer Credential: N/A

Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1907

Email: charles.frederick@altana.com

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

☒ E-mail: charles.frederick@altana.com

☐ Fax: N/A

☐ Regular Mail (USPS)

Mailing Address: N/A

City/State/Zip Code: N/A

### c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Frederick Charles

Title: Environmental Engineer Credential: N/A

Organization Name: BYK USA INC

Phone No: (830) 672-1907

Email: charles.frederick@altana.com

### d. Public Viewing Location Information

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

Public building name: Robert Lee Brothers, Jr. Memorial Library Location within the building: Bookshelf on back wall in Resource Section of Library

Physical Address of Building: 301 St. Joseph Street

City: Gonzales County: Gonzales

### e. Bilingual Notice Requirements

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

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

Call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine if an alternative language notice(s) is required.

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

☒ Yes ☐ No



If no, publication of an alternative language notice is not required; skip to Item 8 (Regulated Entity and Permitted Site Information.)

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No ☐ N/A

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

- f. Plain Language Summary Template – Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment. Attachment: 3

- g. Complete one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment and include as an attachment. Attachment: N/A

## Item 10. Regulated Entity and Permitted Site Information (Instructions Page 29)

- a. TCEQ issued Regulated Entity Number (RN), if available: RN102334968

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

- b. Name of project or site (the name known by the community where located): Kennard Dubose Mine

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

☒ Yes ☐ No ☐ N/A (new permit)

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

- d. Owner of treatment facility:

Prefix: N/A Full Name (Last/First Name): N/A

or Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1986

Email: Glenn.West@altana.com

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

- f. Owner of land where treatment facility is or will be: BYK USA INC & King Ranch Inc

Prefix: N/A Full Name (Last/First Name): N/A

or Organization Name: BYK USA INC & King Ranch Inc

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1986

Email: Glenn.West@altana.com

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

- g. Owner of effluent TLAP disposal site (if applicable): N/A

Prefix: N/A Full Name (Last/First Name): N/A

or Organization Name: N/A

Mailing Address: N/A

City/State/Zip: N/A

Phone No: N/A

Email: N/A

**Note:** If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: N/A

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

Prefix: N/A Full Name (Last/First Name): N/A

or Organization Name: N/A

Mailing Address: N/A

City/State/Zip: N/A

Phone No: N/A

Email: N/A

**Note:** If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: N/A

## Item 11. TDPES Discharge/TLAP Disposal Information (Instructions, Page 31)

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

☐ Yes ☒ No

- b. Attach an original full size USGS Topographic Map (or an 8.5"x11" reproduced portion for renewal or amendment applications) with all required information. Check the box next to each item below to confirm it has been included on the map.

☒ One-mile radius

☒ Three-miles downstream information

☒ Applicant's property boundaries

☐ Treatment facility boundaries

☒ Labeled point(s) of discharge

☒ Highlighted discharge route(s)

☐ Effluent disposal site boundaries

☒ All wastewater ponds

☐ Sewage sludge disposal site

☐ New and future construction

Attachment: B-1

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

☐ Yes ☒ No or New Permit

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



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

☒ Yes ☐ No or New Permit

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

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

☒ Yes ☐ No or New Permit

If no, or a new permit, provide an accurate description of the discharge route: N/A

f. City nearest the outfall(s): Gonzales

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

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

☐ Yes ☒ No

If yes, indicate by a check mark if: ☐ Authorization granted ☐ Authorization pending

For new and amendment applications, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: N/A

For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: Discharge < 5 MGD

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

☐ Yes ☐ No or New Permit ☒ N/A

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

j. City nearest the disposal site: N/A

k. County in which the disposal site is located: N/A

l. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site: N/A

m. For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: N/A



## Item 12. Miscellaneous Information (Instructions, Page 33)

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

☐ Yes ☒ No

If yes, list each person: N/A

- b. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account no.: N/A

Total amount due: N/A

- c. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Enforcement order no.: N/A

Amount due: N/A

### Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ0001925000

Applicant Name: BYK USA INC

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

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

Signatory name (typed or printed): Glenn West

Signatory title: Site Manager

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Use blue ink)

Subscribed and Sworn to before me by the said \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

[SEAL]

\_\_\_\_\_  
County, Texas

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

**Item 13. Signature Page (Instructions, Page 33)**

Permit No: WQ0001925000

Applicant Name: BYK USA INC

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

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

Signatory name (typed or printed): Glenn West

Signatory title: Site Manager

Signature: \_\_\_\_\_

(Use blue ink)

Date: 03/18/2025

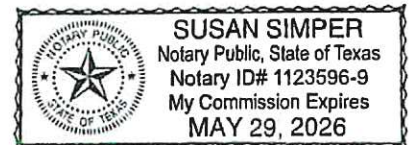
Subscribed and Sworn to before me by the said Glenn West

on this March day of 18<sup>th</sup>, 2025.

My commission expires on the May day of 29<sup>th</sup>, 2026.

Susan Simper  
Notary Public

[SEAL]



Gonzales  
County, Texas

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



# INDUSTRIAL WASTEWATER PERMIT APPLICATION

## ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

### Item 1. Affected Landowner Information (Instructions, Page 35)

- a. Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.
- ☒ The applicant's property boundaries.
  - ☒ The facility site boundaries within the applicant's property boundaries.
  - ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone.
  - ☒ The property boundaries of all landowners surrounding the applicant's property. (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
  - ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream.
  - ☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge.
  - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides.
  - ☐ The boundaries of the effluent disposal site (e.g., irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property.
  - ☐ The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located.
  - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners within one-quarter mile of the applicant's property boundaries where the sewage sludge land application site is located.
  - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (e.g., sludge surface disposal site or sludge monofil) is located.

Attachment: C-3

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

☐ Readable/Writeable CD                      ☒ Four sets of labels

Attachment: C-1 & C-2

- d. Provide the source of the landowners' names and mailing addresses: Gonzales County Appraisal District

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

☐ Yes ☒ No

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

## **Item 2. Original Photographs (Instructions, Page 37)**

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

- ☐ At least one original photograph of the new or expanded treatment unit location.
- ☒ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- ☐ At least one photograph of the existing/proposed effluent disposal site.
- ☐ A plot plan or map showing the location and direction of each photograph.

Attachment: D-1 through D-5



# INDUSTRIAL WASTEWATER PERMIT APPLICATION

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

**Attachment:** Attachment I

# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

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

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

**Mail this form and the check or money order to:**

***BY REGULAR U.S. MAIL***

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

***BY OVERNIGHT/EXPRESS MAIL***

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

**Fee Code: WQP      Permit No: WQ000N/A**

1. Check or Money Order Number: N/A
2. Check or Money Order Amount: N/A
3. Date of Check or Money Order: N/A
4. Name on Check or Money Order: N/A

**5. APPLICATION INFORMATION**

Name of Project or Site: N/A

Physical Address of Project or Site: N/A

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

Attachment: N/A

**Staple Check or Money Order in This Space**

# ATTACHMENT 1

## INDIVIDUAL INFORMATION

### Item 1. Individual information (Instructions, Page 38)

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

Prefix (Mr., Ms., or Miss): N/A

Full legal name (first, middle, and last): N/A

Driver's License or State Identification Number: N/A

Date of Birth: N/A

Mailing Address: N/A

City, State, and Zip Code: N/A

Phone No.: N/A

Fax No.: N/A

E-mail Address: N/A

CN: N/A

# INDUSTRIAL WASTEWATER PERMIT APPLICATION

## CHECKLIST OF COMMON DEFICIENCIES

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

- ☒ Core Data Form (TCEQ Form No. 10400)  
*(Required for all applications types. Must be completed in its entirety and signed. Note: Form may be signed by applicant representative.)*
- ☒ Correct and Current Industrial Wastewater Permit Application Forms  
*(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)*
- ☒ Water Quality Permit Payment Submittal Form (Page 14)  
*(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)*
- ☒ 7.5 Minute USGS Quadrangle Topographic Map Attached  
*(Full-size map if seeking "New" permit.  
8 ½ x 11 acceptable for Renewals and Amendments.)*
- ☐ N/A ☒ Current/Non-Expired, Executed Lease Agreement or Easement Attached
- ☐ N/A ☒ Landowners Map  
*(See instructions for landowner requirements.)*

### Things to Know:

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

- ☐ N/A ☒ Landowners Cross Reference List  
*(See instructions for landowner requirements.)*
- ☐ N/A ☒ Landowners Labels or CD-RW attached  
*(See instructions for landowner requirements.)*
- ☒ Original signature per 30 TAC § 305.44 – Blue Ink Preferred  
*(If signature page is not signed by an elected official or principle executive officer, a copy of signature authority/delegation letter must be attached.)*

- ☒ Plain Language Summary



# 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](mailto:WQ-ARPTeam@tceq.texas.gov) or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: BYK USA INC

Permit No. WQ00 1925000EPA ID No. TX 057274

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

8627 US Hwy 90A, Gonzales, Texas 78629 (Gonzales County)



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

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

First and Last Name: Frederick Charles

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

Title: Environment Engineer

Mailing Address: 1212 Church Street

City, State, Zip Code: Gonzales, TX 78629

Phone No.: (830) 672-1907 Ext.: N/A Fax No.: (830) 672-1920

E-mail Address: charles.frederick@altana.com

2. List the county in which the facility is located: Gonzales
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.

Effluent discharge will occur onsite and progress to the following locations: 001 - Elm Slough; 003 - Mitchell Creek. Both tributaries end up in Peach Creek.

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):

BYK USA INC uses the moving mine method. As one mine is depleted the next mine is dug using the overburden to backfill the depleted mine.

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

Mine

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

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

N/A

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

N/A



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.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 605351204		RN 102334968

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				If new Customer, enter previous Customer below:	
BYK USA INC					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID	
0003624806		11319780067		(9 digits)	
				131978006	
10. DUNS Number (if applicable)		05-806-3707			
11. Type of Customer:		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
12. Number of Employees		13. Independently Owned and Operated?			
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input checked="" type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:		1212 Church Street			
City		Gonzales		State TX	
ZIP		78629		ZIP + 4	
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)			
		Glenn.West@altana.com			
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.)

KENNARD DUBOSE MINE

**23. Street Address of the Regulated Entity:**

(No PO Boxes)

8727 US HIGHWAY 90A

City

Gonzales

State

TX

ZIP

78629

ZIP + 4

**24. County**

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

**25. Description to**

Physical Location:

**26. Nearest City**

State

Nearest ZIP Code

*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:**

29.481044

**28. Longitude (W) In Decimal:**

-97.335744

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)

1459

212325

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

Montmorillonite clay mining

**34. Mailing**

Address:

1212 Church Street

City

Gonzales

State

TX

ZIP

78629

ZIP + 4

**35. E-Mail Address:****36. Telephone Number****37. Extension or Code****38. Fax Number** (if applicable)

( 830 ) 672-1907

( ) -

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



<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Wastewater	<input checked="" type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
		WQ0001925000		

#### **SECTION IV: Preparer Information**

<b>40. Name:</b>	Charles Frederick			<b>41. Title:</b>	Environmental Engineer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>		
( 830 ) 672-1907		( 830 ) 672-1920	charles.frederick@altana.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.

<b>Company:</b>	BYK USA INC		<b>Job Title:</b>	Site Manager	
<b>Name (In Print):</b>	Glenn West			<b>Phone:</b>	( 830 ) 672- 1986
<b>Signature:</b>				<b>Date:</b>	

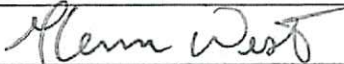
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Wastewater	<input checked="" type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
		WQ0001925000		

#### **SECTION IV: Preparer Information**

<b>40. Name:</b>	Charles Frederick			<b>41. Title:</b>	Environmental Engineer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>		
( 830 ) 672-1907		( 830 ) 672-1920	charles.frederick@altana.com		

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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.

<b>Company:</b>	BYK USA INC	<b>Job Title:</b>	Site Manager
<b>Name (In Print):</b>	Glenn West	<b>Phone:</b>	( 830 ) 672- 1986
<b>Signature:</b>		<b>Date:</b>	03/18/2025



## 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.*

BYK USA INC (CN605351204) operates KENNARD DUBOSE MINE (RN102334968), a clay (calcium bentonite) mining and storage at the Kennard and King Ranch Properties. SIC 1459. The facility is located at 8727 US HIGHWAY 90A, in Gonzales, Gonzales County, Texas 78629. This application is for a renewal to discharge 300,000 gallons daily of wastewater on a intermittent basis.

Discharges from the facility are expected to contain Chemical Oxygen Demand, Total Organic Carbon, Dissolved Oxygen, Ammonia Nitrogen, Total Suspended Solids, Total Organic Nitrogen, Total Phosphorus, Oil and Grease, Total Residual Chlorine, Total Dissolved Solids, Sulfate, Chloride, PH levels, Aluminum, Arsenic, Barium, Beryllium, Lead, Mercury, Nickel, and Zinc. Industrial wastewater is treated by Passive settling of the wastewater is employed to control suspended solids. Wastewater generated from the "Blue" clay mining operation is neutralized with sodium hydroxide to a pH between 6 and 9 prior to discharge. Storm water



runoff is diverted to mined-out/depleted pit (used to manage wastewater) for dilution of sulfate and chloride concentrations. Groundwater from well(s) located on the property may also be used for dilution. No other treatment occurs.

**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.*

BYK USA INC (CN605351204) (CN605351204) opera (la MINA KENNARD DUBOSE (RN102334968), un planta de extracción y almacenamiento de arcilla (bentonita cálcica) en las propiedades Kennard y King Ranch. SIC 1459.. La instalación está ubicada en 8727 US HIGHWAY 90A, en Gonzales, Condado de Gonzales, Texas 78629. Esta solicitud es para la renovación del vertido de 300,000 galones diarios de aguas residuales de forma intermitente..

Se espera que las descargas de la instalación contengan Demanda Química de Oxígeno (DQO), Carbono Orgánico Total (COT), Oxígeno Disuelto (O2), Nitrógeno Amoniacal (N2O), Sólidos Suspendidos Totales (S3O), Nitrógeno Orgánico Total (N2O), Fósforo Total (Fósforo Total), Aceite y Grasa (A2O), Cloro Residual Total (C3O), Sólidos Disueltos Totales (S3O), Sulfato, Cloruro (C3O), pH (niveles de pH), Aluminio, Arsénico, Bario, Berilio, Plomo, Mercurio, Níquel y Zinc.. Las aguas residuales industriales. estará tratado por se tratan mediante sedimentación pasiva para controlar los sólidos en suspensión. Las aguas residuales generadas por la extracción de arcilla "azul" se neutralizan con hidróxido de sodio hasta alcanzar un pH de entre 6 y 9 antes de su vertido. La escorrentía pluvial se desvía a un pozo agotado (utilizado para la gestión de aguas residuales) para diluir las concentraciones de sulfato y cloruro. El agua subterránea de los pozos ubicados en la propiedad también puede utilizarse para la dilución. No se realiza ningún otro 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 [WO-ARPTeam@tceq.texas.gov](mailto:WO-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 (CN6000000000) 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 (CN6000000000, 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<sub>5</sub>), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-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<sub>5</sub>), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-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<sub>5</sub>), 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

## 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<sup>1</sup> 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).

BYK engages in clay (calcium bentonite) mining and storage at the Kennard and King Ranch Properties. SIC 1459

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

Wastewater is generated in the active mines by groundwater infiltration and accumulated stormwater. Stormwater is also accumulated from run-off of overburden and mined clay storage piles. Wastewater generated during the "White" clay mining has minimal impact and requires no treatment prior to discharge. Wastewater generated during the "Blue" clay mining tends to have a lower pH and requires neutralization prior to discharge. This is due to the reducing conditions of the clay.

<sup>1</sup>

[https://www.tceq.texas.gov/permitting/wastewater/industrial/TPDES\\_industrial\\_wastewater\\_steps.html](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
Bentonite Clay (CAS# 1302-78-9)	None	None

**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:** E-1

- 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: FEMA FIRMs for Gonzales County & City of Gonzales

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: N/A

**Attachment:** F-1

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



☐ Yes    ☐ No    ☒ N/A (renewal only)

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

☐ Yes    ☐ No

If **yes**, provide the permit number: 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.

Passive settling of the wastewater is employed to control suspended solids. Wastewater generated from the "Blue" clay mining operation is neutralized with sodium hydroxide to a pH between 6 and 9 s.u. prior to discharge. Storm water runoff is diverted to mined-out/depleted pit (used to manage wastewater) for dilution of sulfate and chloride concentrations. Groundwater from well(s) located on the property may also be used for dilution. No other treatment occurs.

- 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:** N/A

## 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 #	Pond #	Pond #	Pond #
Use Designation: (T) (D) (C) or (E)				
Associated Outfall Number				
Liner Type (C) (I) (S) or (A)				
Alt. Liner Attachment Reference				
Leak Detection System, Y/N				
Groundwater Monitoring Wells, Y/N				
Groundwater Monitoring Data Attachment				
Pond Bottom Located Above The Seasonal High-Water Table, Y/N				
Length (ft)				
Width (ft)				
Max Depth From Water Surface (ft), Not Including Freeboard				
Freeboard (ft)				
Surface Area (acres)				
Storage Capacity (gallons)				
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

**Attachment:** N/A



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

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

1. Liner data

☐ Yes      ☐ No      ☐ Not yet designed

2. Leak detection system or groundwater monitoring data

☐ Yes      ☐ No      ☐ Not yet designed

3. Groundwater impacts

☐ 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.

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

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



**Outfall Longitude and Latitude**

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
001	29.47722222 N	97.33666667 W
003	29.488374 N	97.324650 W

**Outfall Location Description**

Outfall No.	Location Description
001	Outfall is pump discharge on Kennard side of the property
003	Outfall is pump discharge on Dubose side of the property

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

Outfall No.	Description of sampling point
001	At pump discharge
003	At pump discharge

**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)
001	0.3	0.3	0.3	0.3	N/A
003	0.3	0.3	0.3	0.3	N/A

**Outfall Discharge - Method and Measurement**

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	Y	N	Pump Curve
003	Y	N	Pump Curve

**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)
001	Y	N	N	12	20	12
003	Y	N	N	12	20	12

## Outfall Wastestream Contributions

### Outfall No. 001

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Stormwater from stockpiles and future mines	0.3	100%

### Outfall No. 003

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Stormwater & infiltrated groundwater	0.3	100%

### Outfall No. N/A

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow

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: N/A

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	N/A	N/A	N/A
Boilers	N/A	N/A	N/A

## 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: Both Outfalls



001 & 003 will discharge storm water that is generated from stockpiles, overburden piles, and within the surface mine.

## 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: Portable Toilet
- 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.
THE outhouse company	22795

## 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: N/A

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:

- 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

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

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

## 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)
<u>N/A</u>	<u>N/A</u>

- 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)
<u>N/A</u>	<u>N/A</u>

**Item 12. Cooling Water (Instructions, Page 46)**

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

- c. Cooling Water Supplier

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)**

<b>CWIS ID</b>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<b>Owner</b>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<b>Operator</b>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>



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

☐ Yes ☐ No

If **no**, continue. If **yes**, provide the PWS Registration No. and stop here: PWS No. N/A

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

☐ Yes ☐ No

If **no**, continue. If **yes**, provide the Reuse Authorization No. and stop here: N/A

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

☐ Yes ☐ No

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: N/A

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

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

☐ Yes ☐ No

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

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*: N/A

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 full 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

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



## 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: N/A

Title: N/A

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# 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
Mineral Mining and Processing	436

### 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
N/A	N/A	N/A	N/A

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

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

**Percentage of Total Production**

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

Discharged water from the facility are limited to infiltrated groundwater and storm water runoff.
---



## 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
Mineral Mining and Processing	436	V	Before 1986

# 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): 08/04/2021-08/
- b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm.  
**Attachment:** G

### 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:** N/A

#### 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.: 003

Samples are (check one): ☐ Composite ☒ Grab

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)	<1.00	<1.00	<1.00	<1.00
CBOD (5-day)	<1.00	<1.00	<1.00	<1.00
Chemical oxygen demand	7.05	10.2	7.74	8.47
Total organic carbon	2.89	2.90	3.00	3.03
Dissolved oxygen	7.3	7.35	7.45	7.37
Ammonia nitrogen	.604	<1.00	<1.00	<1.00
Total suspended solids	32.6	3.30	7.25	21.6
Nitrate nitrogen	<1.00	<1.00	<1.00	<1.00
Total organic nitrogen	<.0191	<.0191	0.189	.338
Total phosphorus	.0660	.0640	.0760	.223
Oil and grease	<1.43	<1.45	<1.44	1.54
Total residual chlorine	0.0	0.0	0.0	0.0

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
Total dissolved solids	1120	1160	1060	1090
Sulfate	629	620	628	622
Chloride	106	103	100	110
Fluoride	<.100	<.100	.326	<.100
Total alkalinity (mg/L as CaCO3)	<20.0	<20.0	<20.0	<20.0
Temperature (°F)	88.1	85.6	87.1	88.0
pH (standard units)	6.17	6.02	6.10	6.34

Table 2 for Outfall No.: 003

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	87.4	46.5	224	877	2.5
Antimony, total	<.800	<.800	<.800	<.800	5
Arsenic, total	.806	.732	.847	.970	0.5
Barium, total	54.0	50.5	51.7	58.5	3
Beryllium, total	.317	.375	.329	.334	0.5
Cadmium, total	<.300	<.300	<.300	<.300	1
Chromium, total	<2.00	<2.00	<2.00	<2.00	3
Chromium, hexavalent	<3.00	<3.00	<3.00	<3.00	3
Chromium, trivalent	<2.00	<2.00	<2.00	<2.00	N/A
Copper, total	<1.00	<1.00	<1.00	<1.00	2
Cyanide, available	<10.00	<10.00	<10.00	<10.00	2/10
Lead, total	<.300	<.300	<.300	<.300	0.5
Mercury, total	.00213	.00170	.00138	.0016475	0.005/0.0005
Nickel, total	4.37	4.05	3.63	3.79	2
Selenium, total	<2.00	<2.00	<2.00	<2.00	5
Silver, total	<0.500	<0.500	<0.500	<0.500	0.5
Thallium, total	<0.500	<0.500	<0.500	<0.500	0.5
Zinc, total	13.7	11.1	11.4	11.975	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.: N/A none of the constituents on this list are used as a processing aid or raw material for process conducted at this site

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					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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
1,2-Dichloroethane					10
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
Ethylbenzene					10
Fluoride					500
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Methyl ethyl ketone					50
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
Toluene					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethene					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
[Trichloroethylene]					
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.: N/A

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
<i>E. coli</i> (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.: N/A

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					5
Chlordane					0.2
Chlorpyrifos					0.05
4,4'-DDD					0.1
4,4'-DDE					0.1
4,4'-DDT					0.02
2,4-D					0.7
Danitol [Fenpropathrin]					—
Demeton					0.20
Diazinon					0.5/0.1
Dicofol [Kelthane]					1
Dieldrin					0.02
Diuron					0.090

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Endosulfan I ( <i>alpha</i> )					0.01
Endosulfan II ( <i>beta</i> )					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Guthion [Azinphos methyl]					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
Hexachlorocyclohexane ( <i>alpha</i> )					0.05
Hexachlorocyclohexane ( <i>beta</i> )					0.05
Hexachlorocyclohexane ( <i>gamma</i> ) [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.: N/A Naturally occurring constituents that are not above background concentrations have been noted as “Believed Absent”

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>					400
Color (PCU)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Sulfite (as SO <sub>3</sub> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Boron, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					20
Cobalt, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					0.3
Iron, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					7
Magnesium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					20
Manganese, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					0.5
Molybdenum, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					1
Tin, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					5
Titanium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					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
<input type="checkbox"/> Adhesives and Sealants		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Aluminum Forming	467	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Auto and Other Laundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Battery Manufacturing	461	<input type="checkbox"/> Yes	No	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Coal Mining	434	No	No	No	No
<input type="checkbox"/> Coil Coating	465	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Copper Forming	468	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Electric and Electronic Components	469	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Electroplating	413	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Explosives Manufacturing	457	No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Foundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Gum and Wood Chemicals - Subparts A,B,C,E	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Gum and Wood Chemicals - Subparts D,F	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Inorganic Chemicals Manufacturing	415	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Iron and Steel Manufacturing	420	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Leather Tanning and Finishing	425	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Mechanical Products Manufacturing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Nonferrous Metals Manufacturing	421,471	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Oil and Gas Extraction - Subparts A, D, E, F, G, H	435	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Ore Mining - Subpart B	440	No	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Organic Chemicals Manufacturing	414	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Paint and Ink Formulation	446,447	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Pesticides	455	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Petroleum Refining	419	<input type="checkbox"/> Yes	No	No	No
<input type="checkbox"/> Pharmaceutical Preparations	439	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Photographic Equipment and Supplies	459	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Plastic and Synthetic Materials Manufacturing	414	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Plastic Processing	463	<input type="checkbox"/> Yes	No	No	No
<input type="checkbox"/> Porcelain Enameling	466	No	No	No	No
<input type="checkbox"/> Printing and Publishing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subpart C	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts F, K	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts A, B, D, G, H	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts I, J, L	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subpart E	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *
<input type="checkbox"/> Rubber Processing	428	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Soap and Detergent Manufacturing	417	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Steam Electric Power Plants	423	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Textile Mills (Not Subpart C)	410	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Timber Products Processing	429	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.: N/A**

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					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.: N/A

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.: N/A

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					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.: N/A

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]					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:** N/A

#### 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 (Ronnell) CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol (TCP) CASRN 95-95-4
- ☐ hexachlorophene (HCP) CASRN 70-30-4
- ☐ None of the above

Description: N/A

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: N/A

If **yes** to either Items a **or** b, complete Table 12 as instructed.

Table 12 for Outfall No.: N/A

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					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.: N/A

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

# 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Irrigation              | <input type="checkbox"/> Subsurface application      |
| <input type="checkbox"/> Evaporation             | <input type="checkbox"/> Subsurface soils absorption |
| <input type="checkbox"/> Evapotranspiration beds | <input type="checkbox"/> Surface application         |
| <input type="checkbox"/> Drip irrigation system  | <input type="checkbox"/> Other, specify: <u>N/A</u>  |

### 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)

### 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:

- ☐ 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: N/A

- 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	N/A	N/A	N/A	N/A

Attachment: N/A

- 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:



### 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: K**

### 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.: N/A**

Samples are (check one): ☒ Composite ☐ Grab

[illegible]



## 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
- b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Complete Tables 15 and 16.

Table 15 for Outfall No.: N/A

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)				
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 CaCO <sub>3</sub> )				
Temperature (°F)				
pH (standard units)				

Table 16 for Outfall No.: N/A

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					5
Arsenic, total					0.5
Barium, total					3



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

# 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.

### Item 1. Edwards Aquifer (Instructions, Page 73)

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

☐ Yes ☒ No

If **no**, proceed to Item 2. If **yes**, complete Items 1.b and 1.c.

- b. Check the box next to the subchapter applicable to the facility.

☐ 30 TAC Chapter 213, Subchapter A

☐ 30 TAC Chapter 213, Subchapter B

- c. If *30 TAC Chapter 213, Subchapter A* applies, attach **either**: 1) a Geologic Assessment (if conducted in accordance with *30 TAC § 213.5*) **or** 2) a report that contains the following:

- 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:

Area under irrigation (acres): N/A

Design application rate (acre-ft/acre/yr): N/A

Design application frequency (hours/day): N/A

Design application frequency (days/week): N/A

Design total nitrogen loading rate (lbs nitrogen/acre/year): N/A

Average slope of the application area (percent): N/A

Maximum slope of the application area (percent): N/A

Irrigation efficiency (percent): N/A

Effluent conductivity (mmhos/cm): N/A

Soil conductivity (mmhos/cm): N/A

Curve number: N/A

Describe the application method and equipment: N/A

- 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: N/A gallons per day
- 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:
- Number of beds: N/A
- Area of bed(s) (acres): N/A
- Depth of bed(s) (feet): N/A
- Void ratio of soil in the beds: N/A
- Storage volume within the beds (include units): N/A
- Description of any lining to protect groundwater: N/A
- 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:
- Area used for application (acres): N/A
- Slopes for application area (percent): N/A
- Design application rate (gpm/foot of slope width): N/A
- Slope length (feet): N/A
- Design BOD5 loading rate (lbs BOD5/acre/day): N/A
- Design application frequency (hours/day): N/A
- Design application frequency (days/week): N/A
- 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.

- ☐ 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
- b. The subsurface system is/will be located on the Edwards Aquifer Transition Zone, as mapped by TCEQ?  
☐ Yes      ☐ No

If **yes** to Item 1.a **or** 1.b, the subsurface system may be prohibited by 30 TAC § 213.8. Contact the Water Quality Assessment Section at (512) 239-4671 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:
- ☐ Conventional drainfield, beds, or trenches
  - ☐ Low pressure dosing
  - ☐ Other: N/A
- b. Provide the following information on the irrigation operations:
- Application area (acres): N/A
- Area of drainfield (square feet): N/A
- Application rate (gal/square ft/day): N/A
- Depth to groundwater (feet): N/A
- Area of trench (square feet): N/A
- Dosing duration per area (hours): N/A
- Number of beds: N/A
- Dosing amount per area (inches/day): N/A
- Soil infiltration rate (inches/hour): N/A
- Storage volume (gallons): N/A
- Area of bed(s) (square feet): N/A
- Soil classification: N/A
- 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:** N/A

# 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

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

☐ Yes ☐ No

If **yes** to Item 1.a **or** 1.b, the subsurface system may be prohibited by 30 TAC § 213.8. Contact the Water Quality Assessment Section at (512) 239-4671 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

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: N/A

- c. Provide the legal name of the owner of the SADDs: N/A

- d. The owner of the SADDs is the same as the owner of the WWTF or the site where the WWTF is/will be located.

☐ Yes ☐ No

If **no**, identify the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.c: N/A

- e. Provide the legal name of the owner of the land where the SADDs is located: N/A

- f. The owner of the land where the SADDs is/will be located is the same as owner of the WWTF, the site where the WWTF is located, or the owner of the SADDs.

☐ Yes ☐ No



If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.e: N/A

### Item 3. SADDs (Instructions, Page 77)

a. Check the box next to the type SADDs requested by this application:

- ☐ Subsurface drip/trickle irrigation  
☐ Surface drip irrigation  
☐ Other: N/A

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): N/A

Soil infiltration rate (inches/hour): N/A

Average slope of the application area: N/A

Maximum slope of the application area: N/A

Storage volume (gallons): N/A

Major soil series: N/A

Depth to groundwater (feet): N/A

Effluent conductivity (mmhos/cm): N/A

d. The facility is/will be located west of the boundary shown in 30 TAC § 222.83 **and** using a vegetative cover of non-native grasses over seeded with cool-season grasses.

- ☐ Yes      ☐ No

If **yes**, the facility may propose a hydraulic application rate up to, but not to exceed, 0.1 gal/ft<sup>2</sup>/day.

e. The facility is/will be located east of the boundary shown in 30 TAC § 222.83 **or** is the facility proposing any crop other than non-native grasses.

- ☐ Yes      ☐ No

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

f. The facility has or plans to submit an alternative method to calculate the hydraulic application rate for approval by the ED.

- ☐ Yes      ☐ No

If **yes**, provide the following information on the hydraulic application rates:

- Hydraulic application rate (gal/square foot/day): N/A
- Nitrogen application rate (gal/square foot/day): N/A

g. Provide the following dosing information:



Number of doses per day: N/A

Dosing duration per area (hours): N/A

Rest period between doses (hours): N/A

Dosing amount per area (inches/day): N/A

Number of zones: N/A

- h. The system is/will be a surface drip irrigation system using existing native vegetation as a crop?

☐ Yes ☐ No

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

- A vegetation survey by a certified arborist describing the percent canopy cover and relative percentage of major overstory and understory plant species.

**Attachment:** 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:** N/A

#### **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: N/A

- 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.

☐ Check this box to confirm the above requested information is provided.

### 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: N/A feet

- b. Are there oyster reefs in the vicinity of the discharge?

☐ Yes ☐ No

If **yes**, provide the distance and direction from the outfall(s) to the oyster reefs: 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: 001 – Elm Slough; 003 – Mitchell Creek
- b. Check the appropriate description of the immediate receiving waters:
- ☐ Lake or Pond
    - Surface area (acres): N/A
    - Average depth of the entire water body (feet): N/A
    - Average depth of water body within a 500-foot radius of the discharge point (feet): N/A
  - ☐ 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: N/A

- d. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point: Peach Creek
- 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: Both Elm Slough and Mitchell Creek have intermittent flow with perennial pools. Peach Creek has continuous flow during normal weather (precipitation) conditions.

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

Date and time of observation: October 01, 2019

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

☐ Yes ☒ No

If **yes**, describe how: N/A

## 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):

<input checked="" type="checkbox"/> oil field activities	<input type="checkbox"/> urban runoff
<input checked="" type="checkbox"/> agricultural runoff	<input checked="" type="checkbox"/> septic tanks
<input checked="" type="checkbox"/> upstream discharges	<input type="checkbox"/> other, specify: <u>N/A</u>

- b. Uses of water body observed or evidence of such uses (check all that apply):

<input checked="" type="checkbox"/> livestock watering	<input type="checkbox"/> industrial water supply
<input type="checkbox"/> non-contact recreation	<input type="checkbox"/> irrigation withdrawal
<input type="checkbox"/> domestic water supply	<input type="checkbox"/> navigation
<input type="checkbox"/> contact recreation	<input type="checkbox"/> picnic/park activities
<input type="checkbox"/> fishing	<input type="checkbox"/> other, specify: <u>N/A</u>

- 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: N/A      Time of study: N/A  
Waterbody name: N/A  
General location: N/A
- b. Type of stream upstream of an existing discharge or downstream of a proposed discharge (check only one):  
☐ perennial    ☐ intermittent with perennial pools    ☐ impoundment
- c. No. of defined stream bends:  
Well: N/A                      Moderately: N/A              Poorly: N/A
- d. No. of riffles: N/A
- e. Evidence of flow fluctuations (check one):  
☐ Minor                      ☐ Moderate                      ☐ Severe
- f. Provide the observed stream uses and where there is evidence of channel obstructions/modifications: 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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

\* 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:

Streambed slope of entire reach (from USGS map in ft. /ft.): N/A

Approximate drainage area above the most downstream transect from USGS map or county highway map (square miles): N/A

Length of stream evaluated (ft): N/A

Number of lateral transects made: N/A

Average stream width (ft): N/A

Average stream depth (ft): N/A

Average stream velocity (ft/sec): N/A

Instantaneous stream flow (ft<sup>3</sup>/sec): N/A

Indicate flow measurement method (VERY IMPORTANT – type of meter, floating chip timed over a fixed distance, etc.): N/A

Flow fluctuations (i.e., minor, moderate, or severe): N/A

Size of pools (i.e., large, small, moderate, or none): N/A

Maximum pool depth (ft): N/A

Total number of stream bends: N/A

Number well defined: N/A

Number moderately defined: N/A

Number poorly defined: N/A

Total number of riffles: N/A

# 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).

- ☐ 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:

Disposal site name: N/A

TCEQ Permit/Registration Number: N/A

County where disposal site is located: N/A

c. Method of sewage sludge transportation:

☐ truck    ☐ train    ☐ pipe    ☐ other: N/A

TCEQ Hauler Registration Number: N/A

d. Sludge is transported as 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	N/A	N/A
SIU - Non-categorical	N/A	N/A
Other IU	N/A	N/A

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

☐ Yes ☒ No

If **yes**, identify the date(s), duration, nature of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IU(s) that may have caused the interference: N/A

- c. In the past three years, has the POTW experienced pass-through?

☐ Yes ☐ No

If **yes**, identify the date(s), duration, pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass-through event. Include the names of the IU(s) that may have caused the pass-through: N/A

- d. Does the POTW have, or is it required to develop, an approved pretreatment program?

☐ Yes ☐ No

If **yes**, answer all questions in Item 2 and skip Item 3.

If **no**, skip Item 2 and answer all questions in Item 3 for each 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

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	N/A	N/A	N/A	N/A

**Attachment:** N/A

- d. Has any SIU, CIU, or other IU caused or contributed to any other problems (excluding interference or pass-through) at the POTW in the past three years?

☐ Yes ☐ No

If **yes**, provide a description of each episode, including date(s), duration, description of problems, and probable pollutants. Include the name(s) of the SIU(s)/CIU(s)/other IU(s) that may have caused or contributed to any of the problems: 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:

- a. Mr. or Ms.: N/A First/Last Name: N/A

Organization Name: N/A

SIC Code: N/A

Phone number: N/A

Email address: N/A

Physical Address: N/A

City/State/ZIP Code: N/A

**Attachment:** N/A



- 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: N/A
- d. Flow rate information

**Flow Rate Information**

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

e. Pretreatment Standards

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	N/A	N/A	N/A	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

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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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:** N/A

### **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**

<b>Outfall</b>	<b>Area of Impervious Surface (include units)</b>	<b>Total Area Drained (include units)</b>
N/A	N/A	N/A



- 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): N/A

25-year, 24-hour rainfall (inches): N/A

Source: N/A

- 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.
- c. Complete Table 17 as directed on page 92 of the Instructions.

Table 17 for Outfall No.: N/A

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
pH (standard units)	(max)	—	(min)	—		—
Total suspended solids						—
Chemical oxygen demand						—
Total organic carbon						—
Oil and grease						—
Arsenic, total						0.0005
Barium, total						0.003
Cadmium, total						0.001
Chromium, total						0.003
Chromium, trivalent						—
Chromium, hexavalent						0.003
Copper, total						0.002





## 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): N/A

Total rainfall during storm event (inches): N/A

Number of hours the between beginning of the storm measured and the end of the previous measurable storm event (hours): N/A

Maximum flow rate during rain event (gallons/minute): N/A

Total stormwater flow from rain event (gallons): N/A

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	N/A	N/A	N/A

Total surface area of all ponds: [Click to enter text.](#)

#### Raceway Descriptions

Number of Raceways	Dimensions (include units)
N/A	N/A

#### Fabricated Tank Descriptions

Number of Tanks	Dimensions (include units)
N/A	N/A



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

☐ Yes ☐ No

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

**Attachment:** N/A

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

☐ Yes ☐ No

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: N/A

## 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	N/A	N/A	N/A	N/A

**Attachment:** N/A

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

Attach a detailed stock management plan: N/A

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

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

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

Attach a description of the solid waste-disposal practices: N/A

## 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

**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

Program ID: N/A

Contact Name: N/A

Phone Number: N/A

**2. Agent/Consultant Contact Information**

Contact Name: N/A

Address: N/A

City, State, and Zip Code: N/A

Phone Number: N/A

**3. Owner/Operator Contact Information**

☐ Owner    ☐ Operator

Owner/Operator Name: N/A

Contact Name: N/A

Address: N/A

City, State, and Zip Code: N/A

Phone Number: N/A

**4. Facility Contact Information**

Facility Name: N/A

Address: N/A

City, State, and Zip Code: N/A

Location description (if no address is available): N/A

Facility Contact Person: N/A

Phone Number: N/A

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

Latitude: N/A

Longitude: N/A

Method of determination (GPS, TOPO, etc.): N/A

Attach topographic quadrangle map as attachment A.

**6. Well Information**

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: N/A

Number of Injection Wells: N/A

**7. Purpose**

Detailed Description regarding purpose of Injection System:

N/A
-----

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

**8. Water Well Driller/Installer**

Water Well Driller/Installer Name: N/A

City, State, and Zip Code: N/A

Phone Number: N/A

License Number: N/A

## 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	N/A	N/A	N/A	N/A	N/A
Tubing	N/A	N/A	N/A	N/A	N/A
Screen	N/A	N/A	N/A	N/A	N/A



### 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

System(s) Construction: N/A

### Item 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: N/A
2. Receiving Formation Name of Injection Zone: N/A
3. Well/Trench Total Depth: N/A
4. Surface Elevation: N/A
5. Depth to Ground Water: N/A
6. Injection Zone Depth: N/A
7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No  
Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:  
Name: N/A  
Thickness: N/A
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: N/A
13. Maximum injection Rate/Volume/Pressure: N/A
14. Water wells within 1/4 mile radius (attach map as Attachment I): N/A
15. Injection wells within 1/4 mile radius (attach map as Attachment J): N/A
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K):  
N/A
17. Sampling frequency: N/A
18. Known hazardous components in injection fluid: N/A

## Item 5. Site History

1. Type of Facility: N/A
2. Contamination Dates: N/A
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 WTP 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
- b. Has this quarry been in operation since January 1, 1994 without cessation of operation for more than 30 consecutive days and under the same ownership?  
☐ Yes ☐ No
- c. Is this a coal mine?  
☐ Yes ☐ No
- d. Is this facility mining clay and/or shale for use in manufacturing structural clay products?  
☐ Yes ☐ No

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
- b. Amount of Financial Assurance for Restoration: \$ N/A  
Mechanism: N/A
- c. Attach a Technical Demonstration: N/A
- d. Attach a Reclamation Plan: N/A
- e. Amount of Financial Assurance for Reclamation: \$ N/A  
Mechanism: N/A



# 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	N/A
Total AIF	N/A
Intake Flow Use(s) (%)	N/A
Contact cooling	N/A
Non-contact cooling	N/A
Process Wastewater	N/A
Other	N/A

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

## 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	N/A	N/A	N/A	N/A
DIF (include units)	N/A	N/A	N/A	N/A
AIF (include units)	N/A	N/A	N/A	N/A
Intake Flow Use(s) (%)	N/A	N/A	N/A	N/A
Contact cooling	N/A	N/A	N/A	N/A
Non-contact cooling	N/A	N/A	N/A	N/A
Process Wastewater	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A
Latitude (decimal degrees)	N/A	N/A	N/A	N/A
Longitude (decimal degrees)	N/A	N/A	N/A	N/A

- 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

## 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	N/A	N/A	N/A	N/A
Source Waterbody	N/A	N/A	N/A	N/A
Mean Annual Flow	N/A	N/A	N/A	N/A
Source	N/A	N/A	N/A	N/A

- 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

#### **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

- 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

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

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

# 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

### 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

**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

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**

<b>Cooling Tower ID</b>	N/A	N/A	N/A	N/A
COCs	N/A	N/A	N/A	N/A

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

**Calculated COCs Prior to Blowdown**

<b>Cooling Tower ID</b>	N/A	N/A	N/A	N/A
COCs	N/A	N/A	N/A	N/A

- Describe conditions that may limit the number of COCs prior to blowdown, if any, including but not limited to permit conditions: N/A

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

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

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

- 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

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

- 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

# 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: N/A

### 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

- 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

- 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.

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

- a. A list of the data requested at *40 CFR § 122.21(r)(4)(ii)* through *(vi)* that are not available, and efforts made to identify sources of the data.
- b. Provide a list of species (or relevant taxa) in the vicinity of the CWIS and identify the following information regarding each species listed.
  - all life stages and their relative abundance,
  - identification of all species and life stages that would be most susceptible to impingement and entrainment,
  - forage base,
  - significance to commercial fisheries,
  - significance to recreational fisheries,
  - primary period of reproduction,
  - larval recruitment, and
  - period of peak abundance for relevant taxa.
- c. Data representative of the seasonal and daily activities (e.g., feeding and water column migration) of biological organisms in the vicinity of the CWIS(s).
- d. Identify all threatened, endangered, and other protected species that might be susceptible to impingement and entrainment at the CWIS(s).
- e. Documentation of any public participation or consultation with federal or state agencies undertaken.

The following is required for existing facilities only. Include the following information with the above listed attachment.

- f. Identify any protective measures and stabilization activities that have been implemented and provide a description of how these measures and activities affected the baseline water condition in the vicinity of the intake.
- g. A list of fragile species, as defined at *40 CFR § 125.92(m)*, at the facility. The applicant need only identify those species not already identified as fragile at *40 CFR § 125.92(m)*.

**NOTE:** New units at an existing facility are not required to resubmit this information if the cooling water withdrawals for the operation of the new unit are from an existing intake.



# 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

### Item 1. Applicability (Instructions, Page 111)

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

☐ Yes ☐ No

- If **no** or the facility has selected **CCRS** [40 CFR § 125.94(c)(1)] for the impingement mortality compliance method, complete Item 2 and stop here.
- If **yes** and the facility is **seeking a waiver** from application requirements in accordance with 40 CFR § 125.95 for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent, complete item 2 and stop.
- If **yes** and the facility is **not seeking a waiver** from application requirements in accordance with 40 CFR § 125.95, complete item 2 and provide any required and completed studies listed in item 3. For any required studies in item 3 that are not complete, provide a detailed explanation for the delay and an anticipated schedule for completion and submittal.

### 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

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

- a. Attach an entrainment characterization study, as described at 40 CFR § 122.21(r)(9): N/A
- b. Attach a comprehensive feasibility study, as described as 40 CFR § 122.21(r)(10): N/A
- c. Attach a benefits valuation study, as described as 40 CFR § 122.21(r)(11): N/A
- d. Attach a non-water quality environmental and other impacts study, as described as 40 CFR § 122.21(r)(12): N/A
- e. Attach a peer review analysis, as described as 40 CFR § 122.21(r)(13): N/A

# 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

If yes, continue to the next question. If no, skip to Item 2 relating to Production/Process Data.

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

N/A

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

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

N/A

- 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

- 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	N/A	N/A	N/A

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

N/A

**Attachment:** N/A

- e. Provide information on miscellaneous discharges.

N/A

**Attachment:** N/A



- 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	N/A	N/A	N/A

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

- g. List of chemicals that are in use, or will be used, to treat the wastewater to be discharged under this authorization. Provide the concentration used/to be used and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

**Water Treatment Chemicals List**

Category	Chemical Name	Concentration (include units)	Purpose
N/A	N/A	N/A	N/A

**Attachment:** [N/A](#)

### 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
- b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm.  
**Attachment:** N/A
- d. Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment:** N/A

Table 19 for Outfall No.: N/A

Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (mg/L)*	Sample 2 (mg/L)*	Sample 3 (mg/L)*	Sample 4 (mg/L)*
Calcium	N/A	N/A	N/A	N/A
Potassium	N/A	N/A	N/A	N/A
Sodium	N/A	N/A	N/A	N/A

\*Indicate units if different from mg/L.

## 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: Glenn West

Title: Site Manager

Signature: \_\_\_\_\_



Date: 03/18/2025



LEASE AGREEMENT

THE STATE OF TEXAS

COUNTY OF GONZALES

THIS AGREEMENT made and entered into this the 6<sup>th</sup> day of ~~December~~ <sup>February</sup>, 2005, by and between the KING RANCH, INC., 3 River Way, Houston, Texas 77056 ("Lessor"), and SOUTHERN CLAY PRODUCTS, INC., 1212 Church Street, Gonzales, Texas 78629 ("Lessee").

WITNESSETH:

1. LEASE. For and in the consideration of the sum of Ten Dollars cash in hand paid, and other good and valuable consideration, the receipt of which are hereby acknowledged, Lessor has GRANTED, LEASED and LET and by these presents does hereby GRANT, LEASE and LET exclusively unto Lessee for and during the term hereinafter set out, and subject to the conditions hereinafter stated, for the purpose of prospecting, exploring for, mining, operating, producing, storing and removing therefrom all clays, bentonite, shale and clay-like substances and volcanic ash (referred to herein collectively as "Clay"), in and upon that certain real property located in Gonzales County, Texas (the "Property"), as more particularly described in Exhibit A attached hereto and made a part hereof, together with the use of as much of the surface thereof as may be necessary in Lessee's sole and exclusive discretion to produce, save, take care of, and mine all such Clay which Lessee at its sole option and within its sole discretion may desire to mine and remove therefrom, and also the right to erect, construct, install, locate, relocate, and maintain thereon such buildings and other structures, machinery, equipment and to construct and make such roads, excavations, openings, ditches, drains and other improvements as are or may become necessary or convenient to Lessee in the exploring for, mining, removal or storage of Clay. It is expressly agreed, understood, and stipulated by and between Lessor and Lessee that the term "Clay" does not include oil, gas, sulphur, uranium, or any other mineral whatsoever.

2. TERM. The term of this Lease shall be for a period of Ten (10) years from and after this date hereof (the "Primary Term") and as long thereafter as Clay shall be produced in amounts which result in production royalty payments to Lessor of a minimum of \$5,000.00 annually. It is provided, however, that Lessee may terminate this Lease at any time during the term hereof by executing and delivering to Lessor or by placing of record in the office of the

County Clerk of the County in which the Property is situated, a recordable release and by paying to Lessor the balance then owing, if any, of the minimum annual royalty hereinafter provided.

3. ROYALTIES. (a) Lessee shall pay Lessor a royalty of Two and 75/100 Dollars (\$2.75) per ton of 2,000 lbs. for each ton of Clay mined and removed from the Property. Royalty payments shall be made quarterly, on or before January 30, April 30, July 30 and October 30 of each year in which this Lease is in effect, for Clay mined and removed during the calendar quarter preceding each payment date.

(b) Upon execution hereof, Lessee agrees to pay Lessor as advance royalty ("Advance Royalty") the sum of Five Thousand Dollars (\$5,000.00).

(c) Lessee agrees to pay to Lessor a minimum annual royalty (the "Minimum Royalty") of Five Thousand Dollars (\$5,000.00) per year during each year the Lease remains in force, the first Minimum Royalty payment to be made on execution hereof, with subsequent Minimum Royalty payments to be made on or before each subsequent anniversary date during the term hereof. It is provided, however, that if the Lessee elects to release and surrender this Lease at any time during the term hereof, as provided in paragraph 2 above, Lessee shall have no liability thereafter for further payment of any Minimum Royalty.

(d) All payments of the Minimum Royalty and Advance Royalty paid hereunder shall be treated as payment in advance for the royalties due on Clay as provided under paragraph 3(a) above. However, if at the termination of the Lease, Lessee has paid more in the Minimum Royalty and Advance Royalty payments than the royalties due Lessor under paragraph 3(a), Lessee shall not be entitled to a refund of any such Minimum Royalty and Advance Royalty payments.

(e) Within 30 days after the end of each calendar quarter during which Clay is removed from the Property, Lessee shall furnish to Lessor a statement showing the number of tons of Clay mined and removed during the previous calendar quarter, the amount charged or credited against the Minimum Royalty and Advance Royalty, and the amount of royalty, if any, due Lessor. Concurrently therewith, Lessee shall make payment to Lessor of the royalty, if any, then due to be paid to Lessor under the term of this Lease for Clay removed from the Property by Lessee during the preceding calendar quarter. All royalties, advance or otherwise, shall be paid or



tendered to Lessor at King Ranch, Inc., P.O.B. 4346, Department 207, Houston, Texas 77210-4346 or at any other address as Lessor may from time to time designate in writing. All payments or tenders of royalties may be made by Lessee's check or draft mailed to Lessor at the address hereinafter set out, or to Lessor's credit at the depository bank. The above named depository bank and its successors are Lessor's agent, and shall continue as depository for amounts payable hereunder regardless of changes in ownership of said land or royalties.

4. DEVELOPMENT OF PREMISES. All operations conducted by Lessee on the Property shall be conducted in accordance with good exploration and mining practice and in accordance with applicable industry standards. Lessee agrees to refill all holes and excavations made by Lessee in exploring for clay deposits in areas where no commercial production is undertaken. Lessee agrees to restore as nearly as possible a natural state all land affected by Lessee's mining and exploration operations and to comply with all applicable State and Federal statutes, rules and regulations. Restoration of the surface of the Property will begin within one year after each individual pit is mined and closed by Lessee, and Lessee agrees to plant the restored areas with grasses acceptable to Lessor. Lessee shall have no restoration obligations related to excavations made prior to the effective date hereof or by anyone other than Lessee

5. LESSOR'S USE OF PREMISES. Lessee agrees to provide not less than sixty (60) days written notice to Lessor prior to commencement of Lessee's mining operations on the Property. Lessor reserves the right to pasture, cultivate, and till such portions of the Property that are not being used by Lessee, provided that Lessor's rights to use of the Property shall be exercised in such a way as not to interfere with Lessee's full and complete enjoyment of its rights hereunder. Lessee shall have the right to exclude Lessor from those portions of the Property on which Lessee's operations hereunder are conducted, and Lessee may build such fences, gates, or barriers as Lessee shall find necessary and convenient for its use of the Property.

6. LESSEE'S USE OF PREMISES. Lessee shall be entitled, at its own expense, to erect, construct, install, relocate, and maintain on the Property such buildings and other structures, machinery, equipment, roads, railway spurs, ramps and other improvements as may be necessary or convenient in the conduct of Lessee's operations hereunder. All such buildings, structures, machinery, equipment, and other improvements made or installed by Lessee shall remain the property of Lessee and shall be removable by Lessee at any time prior to ninety (90)



days after the expiration or other termination of this Lease. Lessee agrees to keep existing roads on the Property in a good and passable condition where Lessee's operations hereunder have caused said roads to be rendered impassable. If Lessee's operations hereunder require the relocation off existing roads, Lessee will relocate such roads to locations acceptable to Lessor.

7. **COMPLIANCE WITH LAWS.** Lessee shall fully obey and comply with all applicable federal, state and local laws, rules, regulations, orders and ordinances relating to Lessee's operations on the Property. Lessee agrees to indemnify and save harmless Lessor from and against any and all claims, penalties, assessments, damages and any other recoveries arising out of any violation, whether criminal or civil, of any such laws, rules, regulations, orders or ordinances relating to Lessee's operations on the Property.

8. **INDEMNIFICATION AND INSURANCE.** Lessee agrees to indemnify and save harmless Lessor from and against any and all claims, demands, suits or causes of action in law or equity for damages and injuries (including death), or every kind of nature to persons and property occurring on or about the Property and arising out of Lessee's operations hereunder whether in tort, strict liability or otherwise and regardless of any joint or concurrent negligence or fault (but not if caused by the sole negligence of) the Lessor, its contractors, agents or employees. This article shall apply to the above named Lessee regardless of any termination, expiration or assignment of this Agreement, but only as to events, incidents or conditions occurring prior to such termination, expiration or assignment. Lessee shall keep in effect during the term of this lease, and shall provide evidence of same to Lessor at the commencement of this lease, throughout its term and at any time at the request of Lessor, workers compensation insurance, general liability and automobile (owned, non-owned and hired) insurance in the amount of at least \$5 million coverage and in all cases naming Lessor as an additional insured with waiver of subrogation in favor of Lessor and stating that such coverage is primary to and non-contributing with any other insurance of Lessor and that Lessor shall have at least 30 days prior notice of any expiration, termination or modification of such coverage and that such coverage includes coverage for independent contractors, underground, completed operations and contractual liability.

9. LESSEE TO KEEP RECORDS. Lessee covenants and agrees to keep true and accurate records showing the amount of the Clay mined and removed from the Property by Lessee, and such records shall be open to inspection by Lessor during reasonable business hours, with not less than twenty-four (24) hours written notice to Lessee.

10. ASSIGNABILITY OF AGREEMENT. The rights of either party may be assigned in whole or in part and all of the provisions hereof shall be binding upon and shall inure to the benefits of the respective heirs, executors, administrators, successors, and assigns of the parties hereto. Lessee shall provide advance written notice to Lessor of any pending assignment to an unrelated third party who is not a parent or subsidiary of Lessee, and the notice shall be accompanied by a financial statement from the prospective assignee. Lessor shall have 30 days in which to object to any such assignment but may not unreasonably withhold approval of an assignment. Any assignment by Lessee shall be by an instrument in writing and the assignee shall execute and deliver to Lessor an instrument assuming and agreeing to discharge the obligations of the Lessee hereunder. Upon the delivery of such instrument of assumption by the assignee and written approval by Lessor, the assignor will be released and discharged from all further obligation or liability under this Lease, except such as have accrued prior to date of delivery of such instrument of assumption. No change in ownership of the land or any interest therein shall be binding of the Lessee until Lessee shall be furnished with a certified copy of all such recorded instruments, court proceedings and other necessary evidence of any transfer, inheritance, or sale of said rights. The provisions of this paragraph shall not apply to ownership transfers to a parent or subsidiary of Lessee, or to any other entity related to Lessee, in which case, however, Lessee's indemnity obligations under Article 8 shall survive such assignment.

11. DEFAULT BY LESSEE. The failure of Lessee to perform any obligation hereunder, including the failure to pay the royalty or to furnish statements when due, shall not give rise to forfeiture or lease termination, nor be grounds for cancellation hereof in whole or part unless such failure shall be material. Prior to filing suit for any alleged default by Lessee hereunder, Lessor shall first notify Lessee in writing of the facts relied upon as constituting such breach or failure on part of Lessee, and shall provide Lessee with a thirty (30) day period in which to remedy any such default alleged.



12. LESSOR WARRANTS TITLE. Lessor hereby warrants and agrees to defend the title to the Property and to pay before delinquency any and all taxes or other encumbrances securing a monetary obligation affecting the same. Lessee may at its option pay and discharge all taxes, mortgages, or other liens existing, levied, or assessed on or against the Property and in the event that Lessee shall exercise such option, Lessee shall be subrogated to the rights of any holder of such obligation so paid and discharged, and may be reimbursed by applying any royalties accruing under this Lease. Without impairment of Lessee's rights under the warranty in event of failure of title, it is agreed that if Lessor owns an interest in the Clay on, in, or under the Property less than the entire fee simple estate, then the royalties to be paid Lessor shall be reduced proportionately. In the event a claim is made against the title and such claim would hinder the rights of Lessee herein, Lessee agrees to join with Lessor to defend Lessee's rights against said claim. This lease shall, however, be subject to any oil and gas leases on said property.

13. TAXES. Lessee agrees to pay during the term of this Lease, any and all taxes levied or assessed against any improvements placed upon the Property by Lessee or upon any machinery or equipment brought upon the Property by Lessee and further, Lessee agrees to pay any and all ad valorem taxes assessed or levied upon any Clay stockpiled by Lessee for future use.

14. FORCE MAJEURE. Lessee's obligations hereunder (other than the obligation to pay the Royalty) may be suspended and abated by reason of force majeure. The term "force majeure" shall mean any law, ordinance or other governmental regulation, restraint or court order, a lack of market, inability to obtain permits or licenses, scarcity or inability to obtain equipment, water, labor, material, power or fuel, by strike, lockout or industrial disturbance, failure of carriers to transport or furnish facilities for transportation, act of God (including, without limitation, lightning, earthquake, fire, storm, flood, washout, war, rebellion, insurrection, riot), breakage or accident to machinery or facilities, or by any other cause beyond Lessee's control that prohibits Lessee's compliance with the provisions hereof. It is provided, however, that the suspension of Lessee's operations or obligations hereunder due to force majeure, shall not relieve Lessee from the payments of the Royalty as provided hereinabove.



15. LESSOR'S RESERVED RIGHT OF ENTRY. Lessor shall have the right at Lessor's sole risk to enter upon the Property at any time for the purpose of inspection and measuring the quantity of Clay mined or removed provided Lessor does so in a manner which does not unnecessarily or unreasonably hinder or interrupt the operations of Lessee.

16. OPERATIONS.

16.1 In addition to the provisions of Paragraph 6 above, the parties agree and covenant that the facilities to be placed upon the Property shall be confined to those necessary for exploring, prospecting, mining, removing stockpiling, storing and marketing the Clay. All facilities placed on the Property by Lessee shall be removed by the Lessee within ninety (90) days after the termination this Lease, and thereafter any such facilities not so removed shall become the property of Lessor.

16.2 Any roads constructed by Lessee on the Property shall be located at locations mutually agreeable to both Lessor and Lessee, consistent with Lessee's operations hereunder, provided that Lessor shall make no unreasonable objection or unreasonable demand concerning the location thereof. Any such road shall be maintained by the Lessee in such manner as to bear the traffic necessary to Lessee's operations. Upon the termination of this Lease, all roads so constructed shall become the property of Lessor. Lessor shall have the right to use any such road, so long as the use thereof does not interfere with Lessee's use thereof.

16.3 Lessee shall have the right to use water from the Property as reasonable necessary in its operations, provided such water is produced from wells drilled by Lessee at Lessee's expense. Lessee shall have no right to use water from the Lessor's wells, tanks, or surface impoundments, except for such water from Lessee's tanks or surface impoundments as may be reasonably necessary for Lessee's exploratory drilling operations.

16.4 Lessee's operations on the Property shall be conducted insofar as possible so as not to damage any of Lessor's water wells, tanks, or surface impoundments. In the event any of Lessee's operations hereunder result in damage to Lessor's wells, tanks or surface impoundments, Lessee shall use all reasonable precautions to minimize such damage. If, in the conduct of Lessee's operations hereunder, it is necessary to permanently to destroy any well, tank or surface impoundment, now located on the Property, or for all practical purposes, to

render the same useless to Lessor, Lessee agrees to pay damages to Lessor in the amount of the market value of the improvement destroyed or rendered useless.

16.5 Neither the Lessee nor its agents, employees, contractors and subcontractors, nor their agents or employees, shall have any right or privilege whatsoever to hunt or fish on the Property, nor shall it, they or any of them, carry onto the Property, firearms, fishing equipment or other articles ordinarily used for hunting or fishing.

16.6 Lessee agrees that it will pay reasonable compensation for, or replace any roads, fences, buildings, livestock and other personal property of Lessor that may be damaged or destroyed by reason of Lessee's operations hereunder. Should Lessee find it necessary to cut any fence or fences on the Property for the purpose of passage, it agrees that prior to cutting such a fence there will be installed and braced, heavy "corner type" posts at each end of the opening to be made, to which the fence wire will be securely fastened in such a manner as to prevent sagging, and that the Lessee will install a gate of quality acceptable to Lessor in such opening. Lessee agrees that it shall promptly fence all pits, shafts, fixed machinery and other hazards that it may dig, bore, or construct on the leased premises, said fence being capable of turning horses, cattle and other livestock.

18. NOTICES. Any notice or other communication required or permitted to be given hereunder shall be given by United States mail addressed to Lessor or Lessee, as the case may be, at the following address or at such other address as the party in question may from time to time designate in writing:

To Lessor: King Ranch, Inc.  
ATTN: ~~Frank Perrone~~ *Michael Rhyne*  
3 River Way, Suite 1600  
Houston, Texas 77056

To Lessee: Southern Clay Products, Inc.  
ATTN: Keith Stultz  
1212 Church Street  
Gonzales, Texas 78629.

Any such notice or other communications mailed as aforesaid, shall be deemed to have been given upon the deposit thereof in the United States mails addressed as above provided with postage sufficient to carry same through the mails fully paid.

19. CALCULATION OF WEIGHT. Lessee shall utilize recognized industry-accepted methods to weigh the Clay prior to removal from the Property. The payments or credits, as the case may be, for Clay mined and removed from the Property shall be based on such weight.

IN WITNESS WHEREOF, the parties hereto have hereunto signed their names in duplicate originals and one copy delivered to Lessor and one copy delivered to Lessee on the day and year first above written.

LESSOR:

KING RANCH, INC.

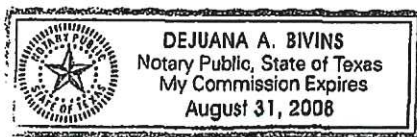
Michael Z. Rhyme  
By: Michael Z. Rhyme  
Title: Asst. Vice President

STATE OF TEXAS

COUNTY OF Harris

§  
§  
§

This instrument was acknowledged before me on the 6<sup>th</sup> day of February, 2008, by Michael Z. Rhyme, the Asst. Vice Pres. of KING RANCH, INC., a Texas corporation on behalf of said corporation.



Dejuana A. Bivins  
Notary Public, State of Texas



LESSEE:

SOUTHERN CLAY PRODUCTS, INC.

By:   
VERNON S. SUMNER, Its President

STATE OF TEXAS

COUNTY OF Gonzales

§  
§  
§

This instrument was acknowledged before me on the 2<sup>nd</sup> day of December, 2005, by  
VERNON S. SUMNER, the President of SOUTHERN CLAY PRODUCES, INC., a  
Texas corporation on behalf of said corporation.

  
Notary Public, State of Texas

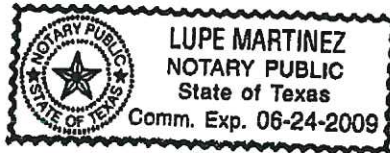


EXHIBIT A

Property as Described in Gonzales County, TX Deed Records vol 264 pp 305-308

\*\*\*\*\*  
20067 WARRANTY DEED \*\*\*\*\*

THE STATE OF TEXAS

COUNTY OF GONZALES

KNOW ALL MEN BY THESE PRESENTS:

That we, W. K. DuBose and Sue Millen DuBose, husband and wife, of the County of Gonzales and State of Texas, for and in consideration of the sum of TWENTY-SIX THOUSAND FOUR HUNDRED TWENTY-EIGHT and 60/100 DOLLARS (\$26,428.60) cash to us in hand paid by J. S. Abercrombie, the receipt of which is hereby acknowledged, have GRANTED, SOLD AND CONVEYED, and by these presents do GRANT, SELL AND CONVEY, unto the said J. S. Abercrombie, of Harris County, Texas, subject to the oil, gas and mineral lease hereinafter mentioned, and subject also the royalty agreement hereinafter mentioned, all of the following described real estate, lying and being situated in Gonzales County, Texas, and described as follows, to-wit:

All that certain tract or parcel of land, lying and being situated in Gonzales County, Texas, out of and part of the Wm. B. Lockhart 1/4 League, Abstract No. 40, the Thos. P. Fowle 640 Acre Survey, Abstract No. 211, the George Menefee Survey, Abstract No. 335, and the Charles Mason Survey, Abstract No. 336, and more especially being parts of that certain tract of 917 acres of land conveyed by H. K. Jones to Jno. W. Moore and W. K. DuBose by deed dated March 26, 1913, recorded in Volume 95, page 132, of the Deed Records of Gonzales County, Texas, and also part of that certain tract of 319 acres conveyed by Anna A. Kennard and husband J. B. Kennard to Jno. W. Moore and

W. K. DuBose by deed dated April 19, 1915, recorded in Volume 100, page 345, of the Deed Records of Gonzales County, Texas, and the particular tract of land hereby intended to be conveyed is described by metes and bounds as follows, to-wit: BEGINNING at a stake set for the Northwest corner of a tract of 100 acres of land heretofore conveyed by Jno. W. Moore and W. K. DuBose to J. A. Tolbert, which point of beginning is located South 12° West 542 varas, North 79° West 288.2 varas from the Northwest corner of the B. D. McClure League: THENCE North 79° West 366.3 varas to a pile of rocks for corner of this tract: THENCE South 70° West 104½ varas the corner of Mrs. F. M. Moorb land, continuing in same course at 241½ varas a stake set for one of the corners of the original 917 acre tract above mentioned, on the east line of a public road, and from which a post oak 12 in. in dia. marked X bears North 15½ varas: THENCE South 20° East 295 varas with east line of said road to a stake set on the north side of the Gonzales & Shiner public road for another of said original 917 acre tract, from which a post oak 20 in. in diameter marked X bears South 37° West 27 varas: THENCE South 70° East 642 varas with the north side of said public road to a stake set for corner between the said 917 acres tract and said 319 acre tract: THENCE South 66° 30' East 1569 varas with the north line of said public road to a stake set for one of the corners of said 319 acre tract: THENCE South 72° East 85.8 varas with the north line of said public road to a stake set for the Southwest corner of the tract of 100 acres of land heretofore conveyed by Jno. W. Moore and W. K. DuBose to J. A. Tolbert as above mentioned: THENCE North 12° East 1955 varas with the west line of said Tolbert tract to the place of beginning, containing within said bounds 482.74 acres of land, more or less, of which there are 117 acres in the Wm. B. Lockhart 1/4 League, 258.74<sup>acres</sup> in the Thos. P. Fowle Survey, 88 acres in the George Menefee Survey, and 19 acres in the Charles Mason Survey, and being the same tract of land described in a deed from John W. Moore and wife Amanda Moore and W. K. DuBose and wife SueDuBose to R. D. Chumchal, dated December 8th, 1924, and recorded in Volume 127, on pages 376-378, of the Deed Records of Gonzales County, Texas, and also including a thirty foot strip of land lying between said tract and the aforesaid Tolbert tract, all of which contains in the aggregate 482.74 acres of land as aforesaid: LESS AND EXCEPTING, however, and not conveying hereby, those three certain parcels of land, containing 2.22 acres of land, more or less, conveyed by John W. Moore and wife Amanda Moore and W. K. DuBose and wife Sue DuBose to the State of Texas, by deed dated January 18th, 1935, recorded in Volume 170, pages 249-250, of the Gonzales County Deed Records, and described by metes and bounds as follows, to-wit:

Tract No. 1: BEGINNING at a point which is the Southwest corner of said tract: THENCE North 20° West 20 feet to a point which is 60 feet to the left of center line of State Highway No. 200: THENCE South 66° 59' West 376 feet parallel to said highway and 60 feet therefrom: THENCE North 68° 15' West 362.7 feet with the north side of the Gonzales to Shiner County road to the place of beginning, and containing 0.06 acres of land, more or less, being a part of the Geo. Menefee Survey.



TRACT NO. 2: BEGINNING at a point which bears South  $66^{\circ} 59'$  East 2150 feet and North  $23^{\circ} 01'$  East 90 feet from the extreme easterly corner of Tract No. 1, and which point also bears South  $65^{\circ}$  East 755 feet from the point where the west line of the T. P. Fowle Survey intersects the North line of the Gonzales to Shiner County road: THENCE South  $66^{\circ} 59'$  East 2030 feet parallel to center line of said Highway No. 200 and 150 feet therefrom: THENCE South  $25^{\circ}$  East 108 feet to the north side of said County Road: THENCE North  $65^{\circ} 01'$  West 2111 feet with the north side of said County road to place of beginning, containing 1.68 acres of land, more or less, out of the T. P. Fowle Survey:

TRACT NO. 3: BEGINNING at a point which bears South  $65^{\circ} 01'$  East 420 feet from the extreme east corner of Tract No. 2 and which point is 60 feet to the left of the center line of State Highway No. 200: THENCE South  $66^{\circ} 59'$  East 900 feet parallel to said Highway No. 200 and 60 feet from the center line: THENCE South  $78^{\circ} 30'$  East 102 feet to a point 80 feet to the left of center line of highway: ~~THENCE South  $66^{\circ} 59'$  East 205 feet to east line of said Moore and DuBose tract:~~

THENCE South 12° West 37 feet to the south east corner of the Moore and DuBose tract: THENCE with the north line of the Gonzales to Shiner County road North 72° West 243 feet: THENCE North 65° 30' West 970 feet to the place of beginning and containing 0.48 acres of land, more or less, out of the T. P. Fowle Survey, and containing in the aggregate in said three tract 2.22 acres of land, more or less.

Leaving as the land intended to be conveyed hereby 480.52 acres of land, more or less.

TO HAVE AND TO HOLD the above described premises, together with all and singular the rights and appurtenances thereto in anywise belonging, unto the said J. S. Abercrombie, his heirs and assigns, forever; and we do hereby bind ourselves, our heirs, executors and administrators, to warrant and forever defend all and singular the said premises unto the said J. S. Abercrombie, his heirs and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof: PROVIDED AND EXCEPT, however, said land being now under an oil, gas and mineral lease heretofore executed by the grantors herein to M. A. Harrell under date of June 28th, 1943, and now of record in Volume 206, on pages 65 to 71, both inclusive, of the Deed Records of Gonzales County, Texas, it is expressly agreed and stipulated that this sale and conveyance is made expressly subject to the terms of said lease, but covers and includes all of oil royalties, gas royalties, casinghead gas and gasoline royalties and royalties on other minerals and products due and to be paid under the terms of such lease, and this sale and conveyance also covers and includes all of the delay rentals which may hereafter be paid to keep said lease in force until a well or drilling operations are begun under the terms of said lease; and PROVIDED AND EXCEPT, further, the grantor W. K. DuBose having by a written agreement dated January 19th, 1939, and now of record in Volume 188, pages 64 and 65, of the Deed Records of Gonzales County, Texas, contracted and agreed to pay over to one John W. Moore one-third of the net proceeds of all royalty and royalty payments made to him under the terms of any kaolin or clay mining lease or leases, all as is more fully set out in the aforesaid contract, it is expressly agreed and stipulated that this sale and conveyance is made expressly subject to the terms of said contract, and to the rights of the said John W. Moore, his heirs and assigns, thereunder.

Witness our hands at Gonzales, Texas, this 4th day of September, A.D. 1950.

I.R.S. \$29.15

W. K. DuBose

Sue Millen DuBose

THE STATE OF TEXAS

COUNTY OF GONZALES

Before me, W. M. Sanders, a Notary Public in and for Gonzales County, Texas, on this day personally appeared W. K. DuBose and Sue Millen DuBose, wife of the said W. K. DuBose, known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they each executed the same for the purposes and consideration therein expressed, and the said Sue Millen DuBose, wife of the said W. K. DuBose, having been examined by me privily and apart from her husband, and having the same fully explained to her, she, the said Sue Millen DuBose, acknowledged such instrument to be her act and deed, and declared that she had willingly signed the same for the purposes and consideration therein expressed, and that she did not wish to retract it.

Given under my hand and seal of office, this 7th day of September, A.D. 1950.

(L.S.)

W. M. Sanders (W. M. Sanders) Notary

Public, Gonzales County, Texas.

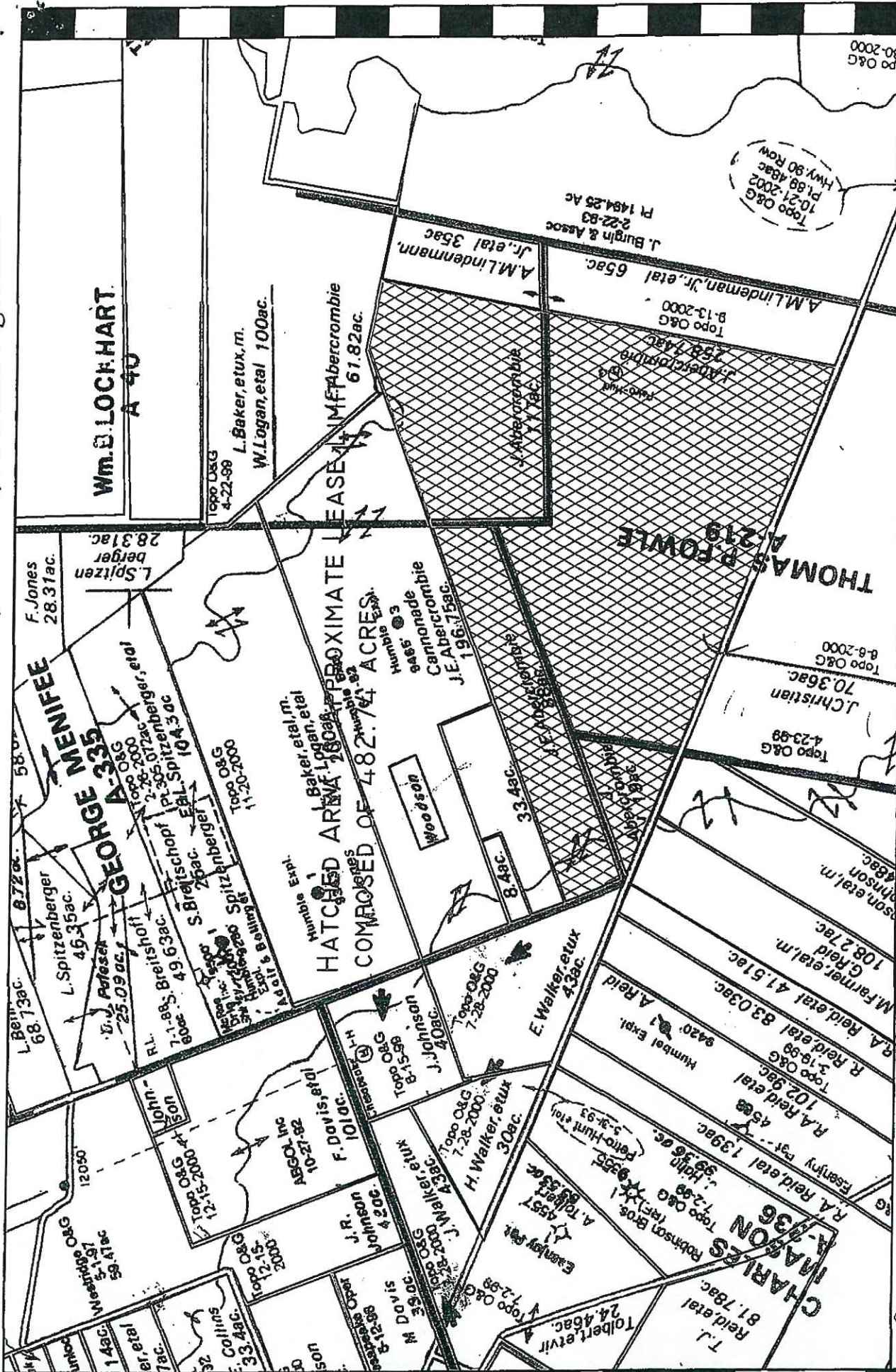
.....F i l l ed September 7, 1950 at 4:00 o'clock P.M.....



.....Recorded September 8, 1950 at 10:45 o'clock A.M.....

\*\*\*\*\*



# Appendix A: King Ranch, Inc. - Southern Clay Products, Inc. Lease Agreement



		<b>Project:</b> King Ranch Proposal  <b>Filename:</b> King Ranch Proposal.dwg	<b>Date:</b> December 1, 2005  <b>Scale:</b> not to scale	<b>Drawn By:</b> T. Serenko  <b>Coordinate System:</b> NA	<b>Approved:</b>  THOMAS J. SERENKO GEOLOGY PROFESSIONAL, N.Y. 212
---	--	---	---	---	---



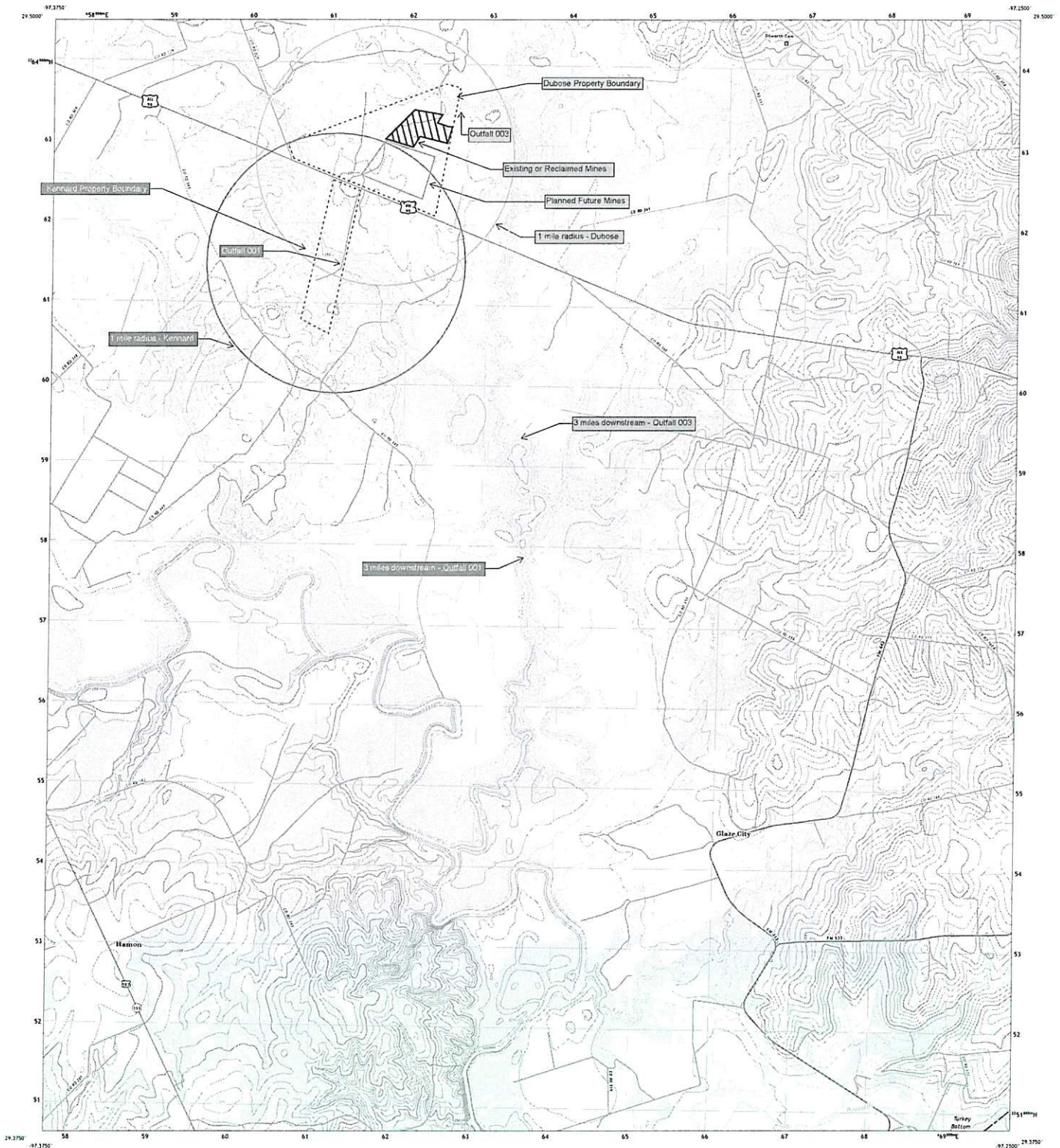


U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY

# Attachment B - 1 Kennard Dubose Topographic Map



HAMON QUADRANGLE  
TEXAS  
7.5-MINUTE SERIES

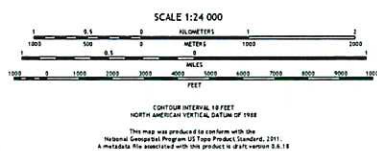


Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84) Projection and  
1:250,000 scale horizontal and vertical datum. Contour interval  
This map is not a legal document. Boundaries may be  
generalized for this map scale. Please check with the appropriate  
authorities for the most accurate information. Obtain permission before  
reproducing this map.

Product	U.S. Census Bureau	Year
Hydrography	1982	2013
Topography	1982	2013
Cartography	1982	2013
Boundaries	1982	2013
Water	1982	2013

Watermark: U.S. Geological Survey



1	2	3
4	5	6
7	8	9

Legend for the 3x3 grid:

- 1. Contour North
- 2. Contour
- 3. Contour South
- 4. Contour
- 5. Contour
- 6. Contour
- 7. Contour
- 8. Contour
- 9. Contour

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

HAMON, TX  
2019



**Attachment C – 1 Kennard Dubose Affected Landowner Names and Mailing  
Addresses Cross Reference**

Affected Landowners identified from the Gonzales County Appraisal District from an online property search (<http://www.gonzalescad.org>) whose land parcels surround the Dubose Lease and BYK USA Inc. Kennard site.

# Owner / Address

- |   |   |
|---|---|
| 1. King Ranch Inc.<br>Tax Department<br>3 Riverway Ste. 160<br>Houston, TX 77056-1967 | 12. Kyle & Christy Day<br>7892 US HWY 90A East<br>Gonzales, TX 78629                          |
| 2. Hacienda Uno Mas J, LP<br>1379 Bellesop Blvd.<br>New Braunfels, TX 78130           | 13. Zettie & Joyce Woodson<br>242 CR 228<br>Gonzales, TX 78629                                |
| 3. Michael & Robert J Springs<br>1766 Sunflower Bluff<br>New Braunfels, TX 78130      | 14. Robert & Michelle Pyssen<br>PO BOX 787<br>Gonzales, TX 78629                              |
| 4. Roy & Robbie Glass<br>27 CR 343<br>Gonzales, TX 78629                              | 15. Robert & Michelle Pyssen<br>PO BOX 787<br>Gonzales, TX 78629                              |
| 5. Francis & Darrah Thomas<br>8427 HWY 90A E<br>Gonzales, TX 78629                    | 16. Felix & Christine Gonzales<br>150 Stone Creek Dr.<br>Gonzales TX, 78629                   |
| 6. Lee Porter<br>796M Russel Palmer Rd.<br>Kingwood TX 77339                          | 17. Felix & Christine Gonzales<br>150 Stone Creek Dr.<br>Gonzales TX, 78629                   |
| 7. Clark Thomas<br>225 S. Vermillion Ave Unit 90<br>Brownsville, TX 78521             | 18. Fernando & Maria Grifaldo<br>244 Stone Creek Dr.<br>Gonzales TX, 78629                    |
| 8. Alan Thomas<br>8425 US HWY 90A E<br>Gonzales, TX 78629                             | 19. Dennis & Christina Jahns<br>PO BOX 903<br>Gonzales, TX 78629                              |
| 9. John & Carol Munsch<br>PO BOX 61<br>Shiner, TX 77984                               | 20. Jose & Federico Gallegos<br>c/o Catalina Castillo<br>7604 FM 2091 N<br>Gonzales, TX 78629 |
| 10. Bryan & Celia Glass<br>383 FM 532<br>Gonzales, TX 78629                           | 21. Adam Sanchez<br>335 Stone Creek Drive<br>Gonzales, TX 78629                               |
| 11. Antonio & Sevilla Mar<br>615 Buffalo Run<br>Harwood, TX 78632                     |   |



22. Gregorio & Sandra Gonzalez  
376 Stone Creek Dr.  
Gonzales, TX 78629

23. Aaron & Kathryn Wendt  
402 Stone Creek Dr.  
Gonzales, TX 78629

24. Vanessa Esparza  
1228 N Knowles Dr.  
Fort Worth, TX 76179

25. Vanessa Esparza  
1228 N Knowles Dr.  
Fort Worth, TX 76179

Attachment C – 2 Address Labels

King Ranch Inc.  
Tax Department  
3 Riverway Ste. 160  
Houston, TX 77056-1967

Hacienda Uno Mas J, LP  
1379 Bellesop Blvd.  
New Braunfels, TX 78130

Michael & Robert J Springs  
1766 Sunflower Bluff  
New Braunfels, TX 78130

Roy & Robbie Glass  
27 CR 343  
Gonzales, TX 78629

Francis & Darrah Thomas  
8427 HWY 90A E  
Gonzales, TX 78629

Lee Porter  
796M Russel Palmer Rd.  
Kingwood TX 77339

Clark Thomas  
225 S. Vermillion Ave Unit 90  
Brownsville, TX 78521

Alan Thomas  
8425 US HWY 90A E  
Gonzales, TX 78629

John & Carol Munsch  
PO BOX 61  
Shiner, TX 77984

Bryan & Celia Glass  
383 FM 532  
Gonzales, TX 78629

Antonio & Sevilla Mar  
615 Buffalo Run  
Harwood, TX 78632

Kyle & Christy Day  
7892 US HWY 90A East  
Gonzales, TX 78629

Zettie & Joyce Woodson  
242 CR 228  
Gonzales, TX 78629

Robert & Michelle Pyssen  
PO BOX 787  
Gonzales, TX 78629

Robert & Michelle Pyssen  
PO BOX 787  
Gonzales, TX 78629

Zettie & Joyce Woodson  
242 CR 228  
Gonzales, TX 78629

Robert & Michelle Pyssen  
PO BOX 787  
Gonzales, TX 78629

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PO BOX 787  
Gonzales, TX 78629

Felix & Christine Gonzales  
150 Stone Creek Dr.  
Gonzales TX, 78629

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150 Stone Creek Dr.  
Gonzales TX, 78629

Fernando & Maria Grifaldo  
244 Stone Creek Dr.  
Gonzales TX, 78629

Dennis & Christina Jahns  
PO BOX 903  
Gonzales, TX 78629

Jose & Federico Gallegos  
c/o Catalina Castillo  
7604 FM 2091 N  
Gonzales, TX 78629

Adam Sanchez  
335 Stone Creek Drive  
Gonzales, TX 78629

Gregorio & Sandra Gonzalez  
376 Stone Creek Dr.  
Gonzales, TX 78629

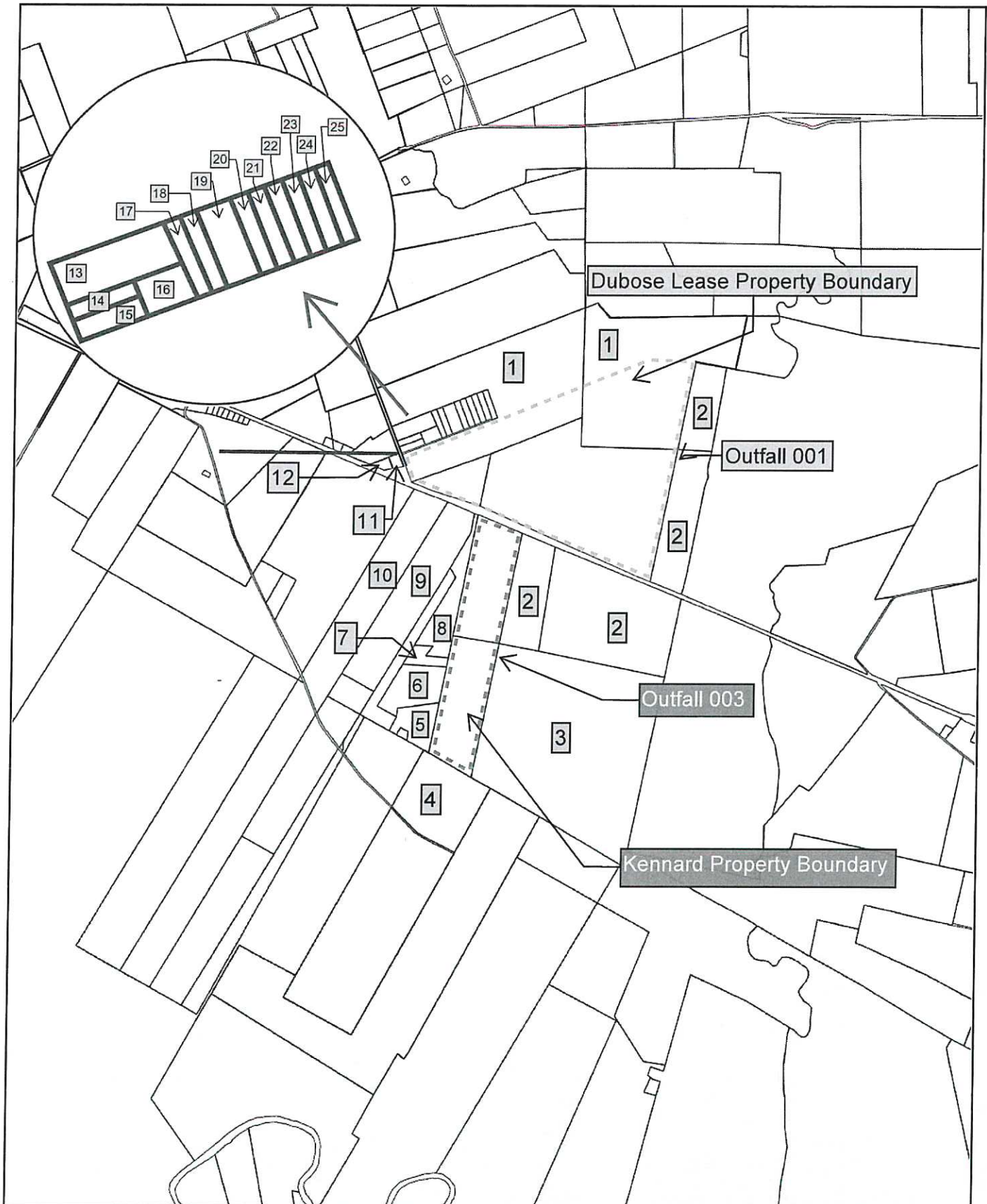
Aaron & Kathryn Wendt  
402 Stone Creek Dr.  
Gonzales, TX 78629

Vanessa Esparza  
1228 N Knowles Dr.  
Fort Worth, TX 76179

Vanessa Esparza  
1228 N Knowles Dr.  
Fort Worth, TX 76179

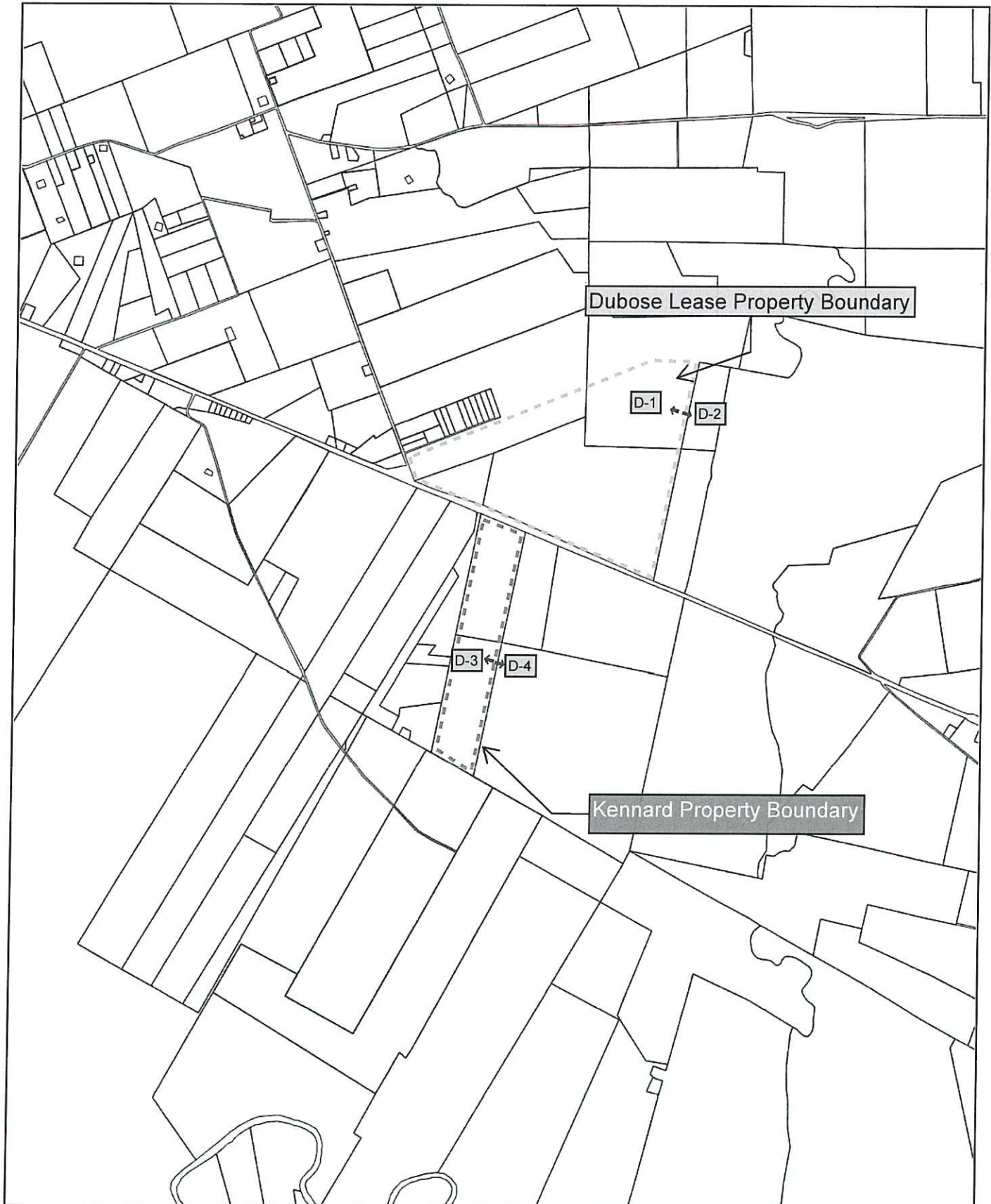


## Attachment C – 3 Kennard Dubose Affected Parcels Landowner Map



This product is for informational purposes and may not have been prepared for or be suitable for legal, engineering, or surveying purposes. It does not represent an on-the-ground survey and represents only the approximate relative location of property boundaries.

## Attachment D – 5 Kennard Dubose Photo Plot Plan



This product is for informational purposes and may not have been prepared for or be suitable for legal, engineering, or surveying purposes. It does not represent an on-the-ground survey and represents only the approximate relative location of property boundaries.



**Attachment D – Photographs**



*D - 1 Dubose Outfall 003, facing downstream*





*D – 2 Dubose Outfall 003, facing upstream*



D - 3 Dubose Outfall 001, facing downstream

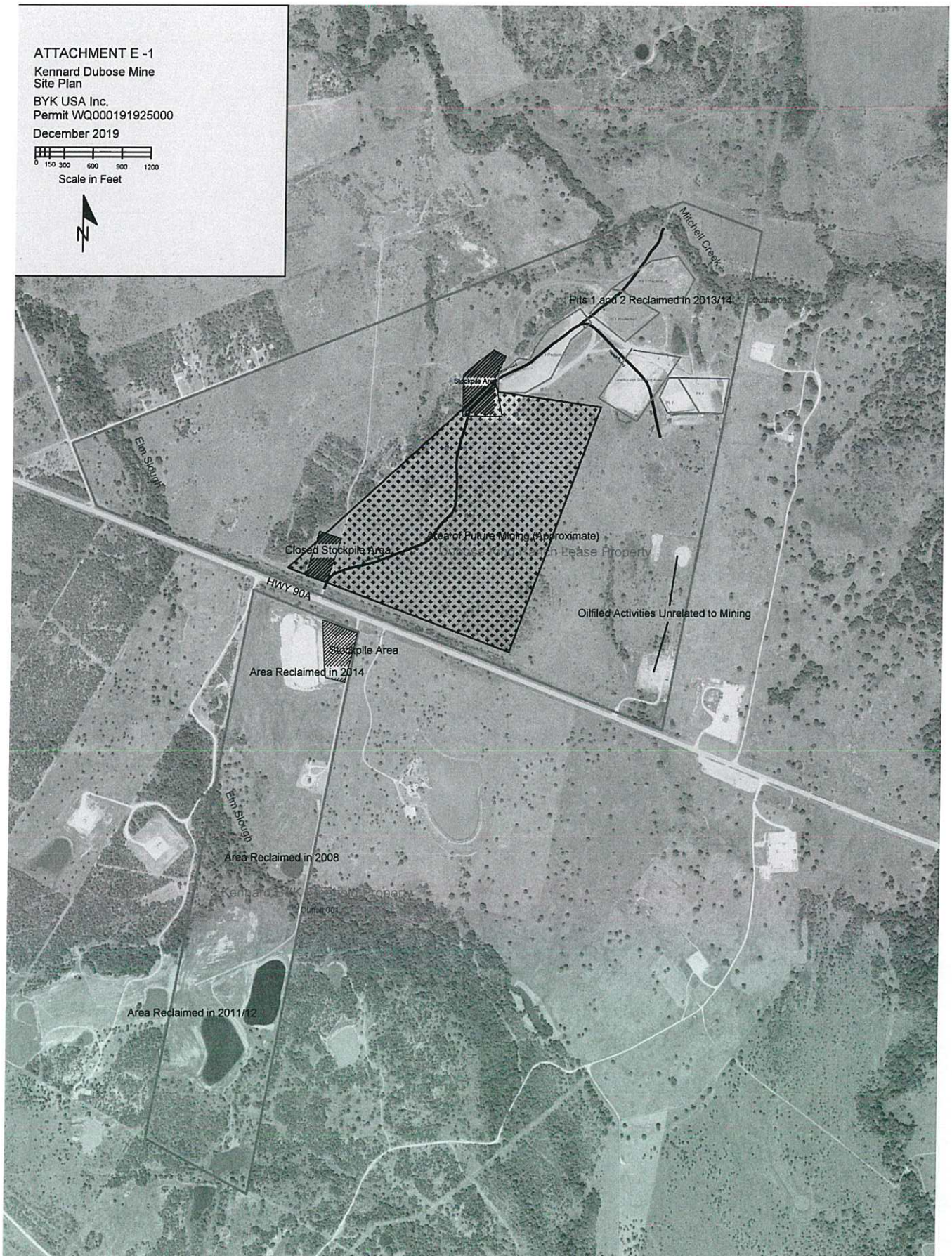
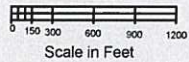




*D - 4 Kennard Outfall 001, facing upstream*



ATTACHMENT E -1  
Kennard Dubose Mine  
Site Plan  
BYK USA Inc.  
Permit WQ000191925000  
December 2019





## NOTES TO USERS

To obtain more detailed information on areas where Basic Flood Elevations (BFEs) and/or floodways have been determined, users are encouraged to consult the Flood Profiles and Floodway Data and/or Summary of Calculator Elevations Letters contained within the Flood Insurance Study (FIS) report that incorporates the data. Users should be aware that BFEs shown on the FIRM represent rounded, mean-high elevations. These BFEs are intended for flood insurance rating purposes only and should not be used as the sole source of flood hazard information. For more detailed information presented in the FIS report should be obtained, consultation with the FIRM for purposes of flood studies and/or floodway determination is advised.

The projection used in the preparation of this map was Gauss South Central zone (FISCHER 2304). The horizontal datum was NAD83. FISCHER (1999) explained: "Differences in datum, adjustment, projection or zones used in the production of files for adjacent jurisdictions may result in slight positional differences in map features across jurisdiction boundaries. These differences do not affect the accuracy of the file."

ACS Information Services  
NOMA, H482512  
National Geographic Society  
SSAC-3, 60227  
1115 East-West Highway  
Silver Spring, MD 20910-3292

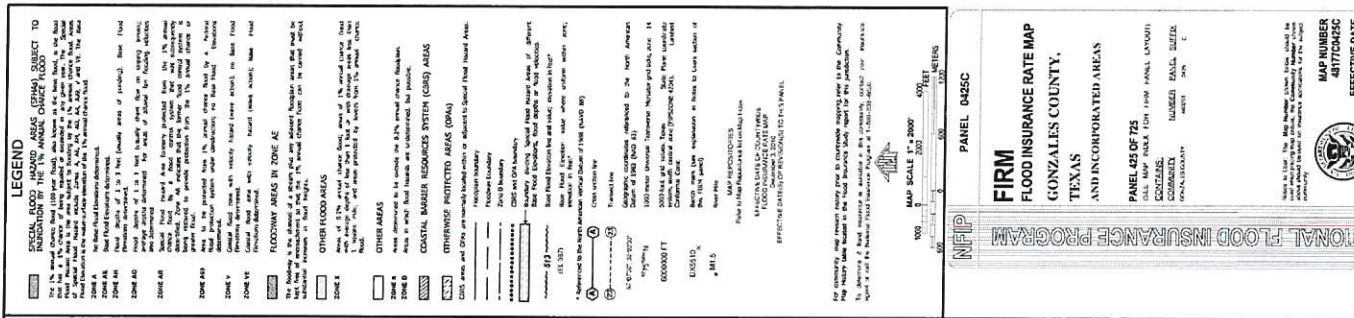
This map reflects more detailed and up-to-date stream channel configurations than those shown on the previous FIRM for this jurisdiction. The floodproofing and floodways that were transferred from the previous FIRM may have been adjusted to conform to these new stream channel configurations. As a result, the Flood Profiles and Floodway Data sections of this FIRM may differ from those of the previous FIRM.

Please refer to the separately printed **Map Index** for an overview map of the county showing the layout of map panels, community map repository addresses, and a listing of Communities at Risk containing National Flood Insurance Program data for each community as well as a listing of the panels on which each community is located.

Available products associated with this field. Available products may include previously issued Letters of Map Change, a Flood Insurance Study report, and/or digital versions of this map. The Flood Map Service Center may also be reached by fax at 1-303-254-2029 and its website at <http://www.floodmap.gov>.

© 2005 Blackwell Publishing Ltd, *Journal of Internal Medicine* 258: 103–110

100



**NATIONAL**

**EFFECTIVE DATE**  
**DECEMBER 3, 2010**

**Federal Emergency Management Agency**

## Candice Calhoun

---

**From:** Frederick, Charles <Charles.Frederick@altana.com>  
**Sent:** Wednesday, April 16, 2025 11:13 AM  
**To:** Candice Calhoun  
**Cc:** Brecosky, Gary  
**Subject:** RE: Application for Permit No. WQ0001925000 - Notice of Deficiency  
**Attachments:** NOD Response Letter signed.pdf; Industrial Discharge Renewal Spanish NORI.docx; wq0001925000-nod1.docx; WQ0001925000 Kennard 2025 10400.pdf; WQ0001925000 Kennard 2025 10411\_2024.pdf; WQ0001925000 Kennard map screenshot.pdf

Hello Candace,

I have attached our NOD Response letter along with the attachments minus the Larger Hardcopy Topographic Map which will come in the mail. The hardcopies are going into the mail today. If you need anything else, please let me know.

Best regards,  
Charles

Charles Frederick  
Environmental Engineer

BYK USA Inc.  
1212 Church Street  
Gonzales, TX 78629  
830-672-1907  
[www.byk.com](http://www.byk.com)

A member of ALTANA



This E-mail is intended only for the use of the addressee and may contain confidential and/or legally privileged information. If you are not the intended recipient, you are hereby notified that any use, review, retransmission, dissemination, distribution, reproduction or any action taken in reliance upon this communication is strictly prohibited. If you receive this transmission in error, please contact the sender and delete the information from any computer.

---

**From:** Candice Calhoun <Candice.Calhoun@tceq.texas.gov>  
**Sent:** Thursday, April 3, 2025 2:32 PM  
**To:** Frederick, Charles <Charles.Frederick@altana.com>  
**Cc:** Brecosky, Gary <Gary.Brecosky@altana.com>  
**Subject:** Application for Permit No. WQ0001925000 - Notice of Deficiency  
**Importance:** High

**! External E-Mail !** Please do not open attachments or click on links from an unknown or suspicious origin.

Good afternoon, Mr. Frederick,



The attached Notice of Deficiency (NOD) letter dated April 3, 2025, requests additional information needed to declare the application administratively complete. Please send complete response no later than April 17, 2025.

Please let me know if you have any 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](mailto:candice.calhoun@tceq.texas.gov)

How is our customer service? Fill out our online customer satisfaction survey at  
[www.tceq.texas.gov/customersurvey](http://www.tceq.texas.gov/customersurvey)

April 15, 2025

Applications Review and Processing Team  
Water Quality Division MC 148  
Texas Commission on Environmental Quality  
Austin, Texas 78753

*Re: BYK USA, Inc. – Kennard Dubose Mine  
Application for Renewal  
TCEQ Wastewater Permit WQ0001925000  
TCEQ Customer Reference Number: CN605351204  
TCEQ Regulated Entity Number: RN102334968*

Dear Ms. Calhoun:

Thank you for your comments. I have provided the responses to your comments in the subsequent pages of this letter and the accompanying attachments. BYK is submitting one original hardcopy and one electronic copy of the complete response.

If you have any questions about this submittal or require additional information, please contact me or Mr. Gary Brecosky, EHS Manager at (830) 672-1960.

Sincerely,

A handwritten signature in blue ink, appearing to read "Charles Frederick".

Charles Frederick  
Environmental Engineer  
BYK USA Inc.  
Office Direct : 830-672-1907  
Charles.Frederick@altana.com

Enclosure

1. Thank you for submitting the Domestic Wastewater Permit Application. However, the application has been submitted on an outdated form. According to TCEQ policy, outdated versions of the application forms cannot be used. Please resubmit all pages of the administrative report on the most current version of the TCEQ form number 10411.

*A current version of TCEQ form number 10411 has been filled out and is submitted as an attachment in this response.*

2. Core Data Form (CDF) – Section III, Item 23: the street address of the regulated entity listed differs from what is listed in the current permit. Please provide clarification on the correct address of the regulated entity. Also, please provide an updated CDF, if applicable.

*The Address in the permit is the correct one. BYK is submitting a corrected and updated Core Data Form as an attachment in this response.*

3. USGS Topographic Map: the USGS map provided is illegible. Please submit a legible USGS map).

*A larger map has been printed alongside a zoomed in printout of the map and has been sent as an attachment.*

4. 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. BYK USA Inc, 1212 Church Street, Gonzales, Texas 78629, which owns a bentonite clay mine and storage site, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0001925000 (EPA I.D. No. TX0057274) to authorize the discharge of treated wastewater and stormwater at a volume not to exceed a daily maximum flow of 300,000 gallons per day. The facility is located at 8627 US HIGHWAY 90A, near the city of Gonzales, in Gonzales County, Texas 78629. The discharge route is from the plant site via Outfall 001 to Elm Slough; thence to Peach Creek; thence to the Guadalupe River Below San Marcos River; and via Outfall 003 to Mitchell Creek; thence to Peach Creek; thence to Guadalupe River Below San Marcos River. TCEQ received this application on March 31, 2025. The permit application will be available for viewing and copying at Robert Lee Brothers, Jr. Memorial Library, bookshelf on back wall in Resource Section of library, 301 Saint Joseph Street, Gonzales, in Gonzales 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=-97.335833,29.481111&level=18>

Further information may also be obtained from BYK USA Inc at the address stated above or by calling Mr. Charles Frederick, Environmental Engineer, at 830-672-1907.

5. 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.

*Attached is the Spanish template with the first and last paragraphs filled out.*

**KENNARD DUBOSE MINE**  
**PERMIT NUMBER WQ0001925000**  
**RESPONSE TO NOD**  
ATTACHMENT LIST

Original NOD letter with item 4 filled out

Corrected Core Data Form

Update TCEQ form number 10411

Revised USGS 7.5 minute topographic map

Zoomed in topographic map



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

**Complete and submit this checklist with the industrial wastewater permit application.**

APPLICANT NAME: BYK USA INC

PERMIT NUMBER (If new, leave blank): WQ00 1925000

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

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 8.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Administrative Report 1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 9.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 10.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary of Application (PLS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Involvement Plan Form	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Worksheet 11.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Affected Landowners Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landowner Disk or Labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flow Diagram	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Original Photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 4.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Design Calculations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 4.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 6.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

For TCEQ Use Only

Segment Number \_\_\_\_\_ County \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Region \_\_\_\_\_



Permit Number \_\_\_\_\_



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## INDUSTRIAL WASTEWATER PERMIT APPLICATION

### ADMINISTRATIVE REPORT 1.0

This report is required for all applications for TPDES permits and TLAPs, except applications for oil and gas extraction operations subject to 40 CFR Part 435. Contact the Applications Review and Processing Team at 512-239-4671 with any questions about completing this report.

Applications for oil and gas extraction operations subject to 40 CFR Part 435 must use Oil and Gas Exploration and Production Administrative Report ([TCEQ Form-20893 and 20893-inst<sup>1</sup>](#)).

#### Item 1. Application Information and Fees (Instructions, Page 26)

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

Applicant Name: BYK USA INC

Permit No.: WQ0001925000

EPA ID No.: TX0057274

Expiration Date: 10/7/2025

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

☐ Reverse Osmosis Water Treatment (reverse osmosis water treatment wastewaters only)

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

☒ Active

☐ Inactive

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

☒ TPDES Permit

☐ TLAP

☐ TPDES with TLAP component

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

☐ New

☐ Renewal with changes

☒ Renewal without changes

☐ Major amendment with renewal

☐ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

- f. If applying for an amendment or modification, describe the request: N/A

For TCEQ Use Only

Segment Number \_\_\_\_\_ County \_\_\_\_\_

Expiration Date \_\_\_\_\_ Region \_\_\_\_\_

Permit Number \_\_\_\_\_

<sup>1</sup> [https://www.tceq.texas.gov/publications/search\\_forms.html](https://www.tceq.texas.gov/publications/search_forms.html)





g. Application Fee

EPA Classification	New	Major Amend. (with or without renewal)	Renewal (with or without changes)	Minor Amend. / Minor Mod. (without renewal)
Minor facility not subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$315	<input type="checkbox"/> \$150
Minor facility subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input checked="" type="checkbox"/> \$1,215	<input type="checkbox"/> \$150
Major facility	N/A <sup>2</sup>	<input type="checkbox"/> \$2,050	<input type="checkbox"/> \$2,015	<input type="checkbox"/> \$450

h. Payment Information

***Mailed***

Check or money order No.: N/A

Check or money order amt.: N/A

Named printed on check or money order: N/A

***Epay***

Voucher number: 29001684

Copy of voucher attachment: H

**Item 2. Applicant Information (Instructions, Pages 26)**

a. Customer Number, if applicant is an existing customer: CN605351204

**Note:** Locate the customer number using the [TCEQ's Central Registry Customer Search](#)<sup>3</sup>.

b. Legal name of the entity (applicant) applying for this permit: BYK USA INC

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

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

Prefix: Mr. Full Name (Last/First Name): West Glenn

Title: Site Manager

Credential: N/A

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

☒ Yes ☐ No

<sup>2</sup> All facilities are designated as minors until formally classified as a major by EPA.

<sup>3</sup> <https://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

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

### Item 3. Co-applicant Information (Instructions, Page 27)

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

a. Legal name of the entity (co-applicant) applying for this permit: N/A

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

b. Customer Number (if applicant is an existing customer): CNN/A

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

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

Prefix: N/A Full Name (Last/First Name): N/A

Title: N/A Credential: N/A

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

☐ Yes ☐ No

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

### Item 4. Core Data Form (Instructions, Pages 27)

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

### Item 5. Application Contact Information (Instructions, Page 27)

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

a. ☒ Administrative Contact ☒ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Frederick Charles

Title: Environmental Engineer Credential: N/A

Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1907

Email: charles.frederick@altana.com

b. ☒ Administrative Contact ☒ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Brecosky Gary

Title: EHS Manager Credential: N/A

Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1960 Email: Gary.Brecosky@altana.com

Attachment: N/A

### Item 6. Permit Contact Information (Instructions, Page 28)

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

a. Prefix: Mr. Full Name (Last/First Name): Frederick Charles

Title: Environmental Engineer Credential: N/A

Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1907

Email: charles.frederick@altana.com

b. Prefix: Mr. Full Name (Last/First Name): Brecosky Gary

Title: EHS Manager

Credential: N/A

Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1960

Email: Gary.Brecosky@altana.com

Attachment: N/A

### Item 7. Billing Contact Information (Instructions, Page 28)

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

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

Prefix: Mr. Full Name (Last/First Name): Frederick Charles

Title: Environmental Engineer Credential: N/A

Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1907

Email: charles.frederick@altana.com

### Item 8. DMR/MER Contact Information (Instructions, Page 28)

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

Prefix: Mr. Full Name (Last/First Name): Frederick Charles

Title: Environmental Engineer Credential: N/A

Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629



Phone No: (830) 672-1907

Email: charles.frederick@altana.com

## Item 9. Notice Information (Instructions, Pages 28)

### a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Frederick Charles

Title: Environmental Engineer Credential: N/A

Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1907

Email: charles.frederick@altana.com

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

☒ E-mail: charles.frederick@altana.com

☐ Fax: Click to enter text.

☐ Regular Mail (USPS)

Mailing Address: N/A

City/State/Zip Code: N/A

### c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Frederick Charles

Title: Environmental Engineer Credential: N/A

Organization Name: BYK USA INC

Phone No: (830) 672-1907

Email: charles.frederick@altana.com

### d. Public Viewing Location Information

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

Public building name: Robert Lee Brothers, Jr. Memorial Library Location within the building: Bookshelf on back wall in Resource Section of Library

Physical Address of Building: 301 St. Joseph Street

City: Gonzales County: Gonzales

### e. Bilingual Notice Requirements

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

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

Call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine if an alternative language notice(s) is required.

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

☒ Yes ☐ No

If no, publication of an alternative language notice is not required; skip to Item 8 (Regulated Entity and Permitted Site Information.)

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No ☐ N/A

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

- f. Summary of Application in Plain Language Template – Complete and attach the Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS. Attachment: 3
- g. Complete and attach one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment. Attachment: N/A

## Item 10. Regulated Entity and Permitted Site Information (Instructions Page 29)

- a. TCEQ issued Regulated Entity Number (RN), if available: RN102334968

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

- b. Name of project or site (name known by the community where located): Kennard Dubose Mine

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

☒ Yes ☐ No ☐ N/A (new permit)

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

- d. Owner of treatment facility:

Prefix: N/A Full Name (Last/First Name): N/A

or Organization Name: BYK USA INC

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1986

Email: Glenn.West@altana.com

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

f. Owner of land where treatment facility is or will be: BYK USA INC & King Ranch Inc

Prefix: N/A Full Name (Last/First Name): N/A

or Organization Name: BYK USA INC & King Ranch Inc

Mailing Address: 1212 Church Street

City/State/Zip: Gonzales, TX 78629

Phone No: (830) 672-1986

Email: Glenn.West@altana.com

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

g. Owner of effluent TLAP disposal site (if applicable): N/A

Prefix: N/A Full Name (Last/First Name): N/A

or Organization Name: N/A

Mailing Address: N/A

City/State/Zip: N/A

Phone No: N/A

Email: N/A

**Note:** If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: N/A

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

Prefix: N/A

Full Name (Last/First Name): N/A

or Organization Name: N/A

Mailing Address: N/A

City/State/Zip: N/A

Phone No: N/A

Email: N/A

**Note:** If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: N/A

## Item 11. TDPES Discharge/TLAP Disposal Information (Instructions, Page 31)

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

☐ Yes ☒ No

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

☒ One-mile radius

☒ Three-miles downstream information

☒ Applicant's property boundaries

☐ Treatment facility boundaries

☒ Labeled point(s) of discharge

☒ Highlighted discharge route(s)

☐ Effluent disposal site boundaries

☒ All wastewater ponds

☐ Sewage sludge disposal site

☐ New and future construction

Attachment: B-1



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

☐ Yes ☒ No or New Permit

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

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

☒ Yes ☐ No or New Permit

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

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

☒ Yes ☐ No or New Permit

If no, or a new permit, provide an accurate description of the discharge route: N/A

f. City nearest the outfall(s): Gonzales

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

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

☐ Yes ☒ No

If yes, indicate by a check mark if: ☐ Authorization granted ☐ Authorization pending

For new and amendment applications, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: N/A

For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: Discharge < 5 MGD

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

☐ Yes ☐ No or New Permit ☒ N/A

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

j. City nearest the disposal site: N/A

k. County in which the disposal site is located: N/A

l. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site: N/A

m. For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: N/A

## Item 12. Miscellaneous Information (Instructions, Page 33)

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

☐ Yes ☒ No

If yes, list each person: N/A

- b. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account no.: N/A

Total amount due: N/A

- c. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Enforcement order no.: N/A

Amount due: N/A

### Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ0001925000

Applicant Name: BYK USA INC

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

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

Signatory name (typed or printed): Glenn West

Signatory title: Site Manager

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Use blue ink)

Subscribed and Sworn to before me by the said \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

[SEAL]

\_\_\_\_\_  
County, Texas

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



# INDUSTRIAL WASTEWATER PERMIT APPLICATION

## ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

### Item 1. Affected Landowner Information (Instructions, Page 35)

- a. Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.
- ☒ The applicant's property boundaries.
  - ☒ The facility site boundaries within the applicant's property boundaries.
  - ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone.
  - ☒ The property boundaries of all landowners surrounding the applicant's property. (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
  - ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream.
  - ☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge.
  - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides.
  - ☐ The boundaries of the effluent disposal site (e.g., irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property.
  - ☐ The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located.
  - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners within one-quarter mile of the applicant's property boundaries where the sewage sludge land application site is located.
  - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (e.g., sludge surface disposal site or sludge monofil) is located.
- Attachment: C-3
- b. ☒ that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).
- c. Check this box to confirm a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided. Provide the source of the landowners' names and mailing addresses: Gonzales County Appraisal District

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

☐ Yes ☒ No

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

## **Item 2. Original Photographs (Instructions, Page 37)**

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

- ☐ At least one original photograph of the new or expanded treatment unit location.
- ☒ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- ☐ At least one photograph of the existing/proposed effluent disposal site.
- ☐ A plot plan or map showing the location and direction of each photograph.

Attachment: D-1 through D-5

# **INDUSTRIAL WASTEWATER PERMIT APPLICATION**

## **SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)**

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

**Attachment:** Attachment I



# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

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

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

**Mail this form and the check or money order to:**

*BY REGULAR U.S. MAIL*

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

*BY OVERNIGHT/EXPRESS MAIL*

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

**Fee Code: WQP**      **Permit No: WQ000N/A**

1. Check or Money Order Number: N/A
2. Check or Money Order Amount: N/A
3. Date of Check or Money Order: N/A
4. Name on Check or Money Order: N/A

**5. APPLICATION INFORMATION**

Name of Project or Site: N/A

Physical Address of Project or Site: N/A

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

Attachment: N/A

**Staple Check or Money Order in This Space**

# ATTACHMENT 1

## INDIVIDUAL INFORMATION

### Item 1. Individual information (Instructions, Page 38)

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

Prefix (Mr., Ms., or Miss): N/A

Full legal name (first, middle, and last): N/A

Driver's License or State Identification Number: N/A

Date of Birth: N/A

Mailing Address: N/A

City, State, and Zip Code: N/A

Phone No.: N/A

Fax No.: N/A

E-mail Address: N/A

CN: N/A

# INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

- ☒ Core Data Form (TCEQ Form No. 10400)  
*(Required for all applications types. Must be completed in its entirety and signed.  
Note: Form may be signed by applicant representative.)*
- ☒ Correct and Current Industrial Wastewater Permit Application Forms  
*(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)*
- ☒ Water Quality Permit Payment Submittal Form (Page 14)  
*(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)*
- ☒ 7.5 Minute USGS Quadrangle Topographic Map Attached  
*(Full-size map if seeking "New" permit.  
8 ½ x 11 acceptable for Renewals and Amendments.)*
- ☐ N/A ☒ Current/Non-Expired, Executed Lease Agreement or Easement Attached
- ☐ N/A ☒ Landowners Map  
*(See instructions for landowner requirements.)*

## Things to Know:

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

- ☐ N/A ☒ Landowners Labels and Cross Reference List  
*(See instructions for landowner requirements.)*
- ☒ Electronic Application Submittal  
*(See application submittal requirements on page 23 of the instructions.)*
- ☐ Original signature per 30 TAC § 305.44 – Blue Ink Preferred  
*(If signature page is not signed by an elected official or principle executive officer,  
a copy of signature authority/delegation letter must be attached.)*



☒ Summary of Application (in Plain Language)



# 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

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 605351204		RN 102334968

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)			
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
BYK USA INC					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)
0003624806		11319780067		131978006	05-806-3707
<b>11. Type of Customer:</b>		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input checked="" type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
<b>15. Mailing Address:</b>	1212 Church Street				
	<b>City</b>	Gonzales	<b>State</b>	TX	<b>ZIP</b> 78629 <b>ZIP + 4</b>
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				Glenn.West@altana.com	

<b>18. Telephone Number</b>	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b>
( 830 ) 672-1986		( 830 ) 672-1924

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.)								
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)								
KENNARD DUBOSE MINE								
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)	8627 US HIGHWAY 90A							
	<b>City</b>	Gonzales	<b>State</b>	TX	<b>ZIP</b>	78629	<b>ZIP + 4</b>	
<b>24. County</b>								

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

<b>25. Description to Physical Location:</b>								
<b>26. Nearest City</b>						<b>State</b>	<b>Nearest ZIP Code</b>	
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
<b>27. Latitude (N) In Decimal:</b>		29.481044			<b>28. Longitude (W) In Decimal:</b>		-97.335744	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)			<b>32. Secondary NAICS Code</b> (5 or 6 digits)		
1459			212325					
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)								
Montmorillonite clay mining								
<b>34. Mailing Address:</b>	1212 Church Street							
	<b>City</b>	Gonzales	<b>State</b>	TX	<b>ZIP</b>	78629	<b>ZIP + 4</b>	
<b>35. E-Mail Address:</b>								
<b>36. Telephone Number</b>			<b>37. Extension or Code</b>			<b>38. Fax Number (if applicable)</b>		
( 830 ) 672-1907						( ) -		



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

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Wastewater	<input checked="" type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
		WQ0001925000		

## **SECTION IV: Preparer Information**

<b>40. Name:</b>	Charles Frederick	<b>41. Title:</b>	Environmental Engineer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 830 ) 672-1907		( 830 ) 672-1920	charles.frederick@altana.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.

<b>Company:</b>	BYK USA INC	<b>Job Title:</b>	Site Manager
<b>Name (In Print):</b>	Glenn West	<b>Phone:</b>	( 830 ) 672- 1986
<b>Signature:</b>		<b>Date:</b>	

