



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

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

Plain Language Summary 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 as required by [Title 30, Texas Administrative Code \(30 TAC\), Chapter 39, Subchapter H](#). Applicants may modify the template as necessary to accurately describe their facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how the applicant will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

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

If you are subject to the alternative language notice requirements in [30 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.

Tyson Farms, Inc. (CN600790968) operates The Center, TX Processing Plant (RN101514636), an Poultry processing facility. The facility is located at 1019 Shelbyville, St., in Center, TX, Shelby County, Texas 75935. This application is being submitted to add an outfall in Stone Dive Creek to discharge treated effluent from the facility to Stone Dive Creek.

Discharges from the facility are expected to contain constituents typical of poultry operations such as Total Suspended Solids, Biological Oxygen Demand, Ammonia, Nitrate, Nitrogen, Oil and Grease, Fecal Coliforms, Copper, Total Dissolved Solids, Chloride, and Sulfate. Stormwater, Process Water, Cooling Tower Blowdown, Boiler Blowdown, Sanitation process water, and water softener back flush will be treated by an onsite WWTP that utilizes a dissolved air flotation system, activated sludge system, aeration system, clarifiers, and disinfection equipment .



COMISIÓN DE CALIDAD AMBIENTAL DE TEXAS

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.

Tyson Farms, Inc. (CN600790968) opera The Center, TX Processing Plant (RN101514636), una instalación de procesamiento de aves de corral. La instalación está ubicada en 1019 Shelbyville, St., en Center, TX, Shelby County, Texas 75935. Esta solicitud se presenta para agregar un desagüe en Stone Dive Creek para descargar el efluente tratado de la instalación a Stone Dive Creek.

Se espera que las descargas de la instalación contengan componentes típicos de las operaciones avícolas, como sólidos suspendidos totales, demanda biológica de oxígeno, amoníaco, nitrato, nitrógeno, aceite y grasa, coliformes fecales, cobre, sólidos disueltos totales, cloruro y sulfato. Las aguas pluviales, el agua de proceso, la purga de la torre de enfriamiento, la purga de la caldera, el agua de proceso de saneamiento y el retrolavado del ablandador de agua serán tratados por una planta de tratamiento de aguas residuales en el sitio que utiliza un sistema de flotación de aire disuelto, un sistema de lodos activados, un sistema de aireación, clarificadores y equipos de desinfección.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0002064000

APPLICATION. Tyson Farms, Inc., 1019 Shelbyville Street, Center, Texas 75935, which owns a poultry processing facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to amend Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0002064000 (EPA I.D. No. TX0072982) to authorize the addition of proposed Outfall 003 to discharge to Stone Dive Creek. The facility is located at 1019 Shelbyville Street, in the city of Center, in Shelby County, Texas 75935. The discharge route is from the plant site via existing Outfalls 001 and 002 to an unnamed tributary of Cedar Creek, thence to Cedar Creek, thence to Prairie Creek, thence to Tenaha Creek, thence to Toledo Bend Reservoir; and via proposed Outfall 003 to Stonedive Creek, thence to Huana Creek, thence to Tenaha Creek, thence to Toledo Bend Reservoir. TCEQ received this application on November 18, 2024. The permit application will be available for viewing and copying at Fannie Brown Booth Memorial Library, 619 Tenaha Street, Center, in Shelby 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=-94.168055,31.793055&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.**

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

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

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

Further information may also be obtained from Tyson Farms, Inc. at the address stated above or by calling Mr. Benjamin Weatherall, Complex Environmental Manager, at 910-723-7320.

Issuance Date: January 23, 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 PERMISO MODIFICACION

PERMISO NO. WQ0002064000

SOLICITUD. Tyson Farms, Inc., 1019 Shelbyville Street, Center, Texas 75935, que posee una planta de procesamiento de aves de corral, ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) para modificar el Permiso No. WQ0002064000 (EPA I.D. No. TX0072982) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la adición del desagüe propuesto 003 para descargar en Stone Dive Creek. La planta está ubicada en 1019 Shelbyville Street, en la ciudad de Center, condado de Shelby, Texas 75935. La ruta de descarga es del sitio de la planta a través de los desagües existentes 001 y 002 hasta un afluente sin nombre de Cedar Creek, de allí a Cedar Creek, de allí a Prairie Creek, de allí a Tenaha Creek, de allí al embalse de Toledo Bend; y a través del desagüe propuesto 003 hasta Stonedive Creek, de allí a Huana Creek, de allí a Teneha Creek, de allí al embalse de Toledo Bend. La TCEQ recibió esta solicitud el 18 de noviembre de 2024. La solicitud para el permiso estará disponible para leerla y copiarla en Biblioteca Fannie Brown Booth Memorial, 619 Tenaha Street, Center, en el condado de Shelby, Texas 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=-94.168055,31.793055&level=18>

AVISO DE IDIOMA ALTERNATIVO. El aviso de idioma alternativo en español está disponible en <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos

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

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

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

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

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. 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 Tyson Farms, Inc. a la dirección indicada arriba o llamando a Sr. Benjamin Weatherall, al 910-723-7320.

Fecha de emisión el 23 de enero de 2025

Jon Niermann, *Chairman*
Bobby Janecka, *Commissioner*
Catarina R. Gonzales, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

November 18, 2024

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

Dear Applicant:

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

ER Account Number: ER034410
Application Reference Number: 706137
Authorization Number: WQ0002064000
Site Name: City of Center Poultry Processing Plant
Regulated Entity: RN101514636 - Tyson Farms
Customer(s): CN600790968 - Tyson Farms, Inc.

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

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

Sincerely,
Applications Review and Processing Team
Water Quality Division

Texas Commission on Environmental Quality
 Update Domestic or Industrial Individual Permit
 WQ0002064000

Site Information (Regulated Entity)

What is the name of the site to be authorized?	CITY OF CENTER POULTRY PROCESSING PLANT
Does the site have a physical address?	Yes
Physical Address	
Number and Street	1019 SHELBYVILLE ST
City	CENTER
State	TX
ZIP	75935
County	SHELBY
Latitude (N) (##.#####)	31.793055
Longitude (W) (-###.#####)	-94.168055
Primary SIC Code	2015
Secondary SIC Code	
Primary NAICS Code	311615
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN101514636
What is the name of the Regulated Entity (RE)?	TYSON FARMS
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	1019 SHELBYVILLE ST
City	CENTER
State	TX
ZIP	75935
County	SHELBY
Latitude (N) (##.#####)	31.780555
Longitude (W) (-###.#####)	-94.163888
Facility NAICS Code	
What is the primary business of this entity?	INDUSTRIAL CHEMICAL MANUFACTURING PLANT

Tyson F-Customer (Applicant) Information (Owner)

How is this applicant associated with this site?	Owner
--	-------

What is the applicant's Customer Number (CN)?	CN600790968
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Tyson Farms, Inc.
Texas SOS Filing Number	4485706
Federal Tax ID	560754148
State Franchise Tax ID	15607541487
State Sales Tax ID	
Local Tax ID	
DUNS Number	31165
Number of Employees	501+
Independently Owned and Operated?	No
I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.	Yes
Responsible Authority Contact	
Organization Name	Tyson Farms, Inc.
Prefix	
First	Michael
Middle	
Last	McDonald
Suffix	
Credentials	
Title	Complex Manager
Responsible Authority Mailing Address	
Enter new address or copy one from list:	RE Physical Address
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	1019 SHELBYVILLE ST
Routing (such as Mail Code, Dept., or Attn:)	
City	CENTER
State	TX
ZIP	75935
Phone (###-###-####)	9365918757
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	michael.mcdonald@tyson.com

Billing Contact

Responsible contact for receiving billing statements:

Select the permittee that is responsible for payment of the annual fee.

Organization Name

CN600790968, Tyson Farms, Inc.

Prefix

TYSON FARMS INC

First

Benjamin

Middle

Last

Weatherall

Suffix

Credentials

Title

Enter new address or copy one from list:

Mailing Address

Address Type

Domestic

Mailing Address (include Suite or Bldg. here, if applicable)

PO BOX 1960

Routing (such as Mail Code, Dept., or Attn:)

City

CENTER

State

TX

ZIP

75935

Phone (###-###-####)

9365918757

Extension

Alternate Phone (###-###-####)

Fax (###-###-####)

E-mail

benjamin.weatherall@tyson.com

Application Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name

Tyson Foods Inc

Prefix

MR

First

Eric

Middle

Last

Rodriquez

Suffix

Credentials

Title

Sr. Area Environmental Manager

Enter new address or copy one from list:

Mailing Address

Address Type

Domestic

Mailing Address (include Suite or Bldg. here, if applicable)

PO BOX 30500

Routing (such as Mail Code, Dept., or Attn:)

City	AMARILLO
State	TX
ZIP	79120
Phone (###-###-####)	8065175317
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	eric.rodriquez@tyson.com

Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	Application Contact
Organization Name	Tyson Foods Inc
Prefix	MR
First	Eric
Middle	
Last	Rodriquez
Suffix	
Credentials	
Title	Sr. Area Environmental Manager

Enter new address or copy one from list:

Mailing Address

Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 30500
Routing (such as Mail Code, Dept., or Attn:)	
City	AMARILLO
State	TX
ZIP	79120
Phone (###-###-####)	8065175317
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	eric.rodriquez@tyson.com

DMR Contact

Person responsible for submitting Discharge Monitoring Report

Forms:

Same as another contact?	Billing Contact
Organization Name	TYSON FARMS INC

Prefix	
First	Benjamin
Middle	
Last	Weatherall
Suffix	
Credentials	
Title	
Enter new address or copy one from list:	
Mailing Address:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 1960
Routing (such as Mail Code, Dept., or Attn:)	
City	CENTER
State	TX
ZIP	75935
Phone (###-###-####)	9107237320
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	benjamin.weatherall@tyson.com

Section 1# Permit Contact

Permit Contact#: 1

Person TCEQ should contact throughout the permit term.

1) Same as another contact?	DMR Contact
2) Organization Name	TYSON FARMS INC
3) Prefix	
4) First	Benjamin
5) Middle	
6) Last	Weatherall
7) Suffix	
8) Credentials	
9) Title	Complex Environmental Manager
Mailing Address	
10) Enter new address or copy one from list	
11) Address Type	Domestic
11.1) Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 1960
11.2) Routing (such as Mail Code, Dept., or Attn:)	
11.3) City	CENTER

11.4) State	TX
11.5) ZIP	75935
12) Phone (###-###-####)	9107237320
13) Extension	
14) Alternate Phone (###-###-####)	
15) Fax (###-###-####)	
16) E-mail	benjamin.weatherall@tyson.com

Owner Information

Owner of Treatment Facility

1) Prefix	
2) First and Last Name	
3) Organization Name	Tyson Farms Inc
4) Mailing Address	1019 Shelbyville St.
5) City	Center
6) State	TX
7) Zip Code	75935
8) Phone (###-###-####)	9107237320
9) Extension	
10) Email	benjamin.weatherall@tyson.com
11) What is ownership of the treatment facility?	Private

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

12) Prefix	
13) First and Last Name	
14) Organization Name	Tyson Farms Inc
15) Mailing Address	1019 Shelbyville St.
16) City	Center
17) State	TX
18) Zip Code	75935
19) Phone (###-###-####)	9107237320
20) Extension	
21) Email	benjamin.weatherall@tyson.com
22) Is the landowner the same person as the facility owner or co-applicant?	Yes

General Information Renewal-Amendment

1) Current authorization expiration date:	06/29/2026
2) Current Facility operational status:	Active
3) Is the facility located on or does the treated effluent cross American	No

Indian Land?

4) What is the application type that you are seeking?	Major Amendment without Renewal
4.1) Describe the proposed changes:	Add outfall in Stone Dive Creek
5) Current Authorization type:	Industrial Wastewater
5.1) What is your EPA facility classification?	Major
5.1.1) Select the applicable fee	Major Amendment - \$2,050
6) What is the classification for your authorization?	TPDES
6.1) What is the EPA Identification Number?	TX0072982
6.2) Is the wastewater treatment facility location in the existing permit accurate?	Yes
6.3) Are the point(s) of discharge and the discharge route(s) in the existing permit correct?	Yes
6.4) City nearest the outfall(s):	Center TX
6.5) County where the outfalls are located:	SHELBY
6.6) Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?	No
6.7) Is the daily average discharge at your facility of 5 MGD or more?	No
7) Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?	No

Public Notice Information

Individual Publishing the Notices

1) Prefix	
2) First and Last Name	Benjamin Weatherall
3) Credential	
4) Title	Complex Enviromental Manager
5) Organization Name	Tyson Farms Inc
6) Mailing Address	1019 SHELBYVILLE ST
7) Address Line 2	
8) City	CENTER
9) State	TX
10) Zip Code	75935
11) Phone (###-###-####)	9107237320
12) Extension	
13) Fax (###-###-####)	
14) Email	benjamin.weatherall@tyson.com

Contact person to be listed in the Notices

15) Prefix	
16) First and Last Name	Benjamin Weatherall
17) Credential	

18) Title	Complex Environmental Manager
19) Organization Name	
20) Phone (###-###-####)	9107237320
21) Fax (###-###-####)	
22) Email	benjamin.weatherall@tyson.com

Bilingual Notice Requirements

23) Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?	Yes
23.1) Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?	Yes
23.2) Do the students at these schools attend a bilingual education program at another location?	No
23.3) Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC 89.1205(g)?	No
23.4) Which language is required by the bilingual program?	Spanish

Section 1# Public Viewing Information**County#: 1**

1) County	SHELBY
2) Public building name	Fannie Brown Booth Memorial Library
3) Location within the building	
4) Physical Address of Building	619 Teneha St.
5) City	Center
6) Contact Name	
7) Phone (###-###-####)	9365985522
8) Extension	
9) Is the location open to the public?	Yes

Plain Language

1) Plain Language

[File Properties]

File Name	LANG_Attachment C - Plain Language Summary.docx
Hash	0DAE996C0B4A4FD9E5FC78D142FD53413616A35574A9BB2F7EF111B29CAF50B8
MIME-Type	application/vnd.openxmlformats-officedocument.wordprocessingml.document

Supplemental Permit Information Form

1) Supplemental Permit Information Form (SPIF)

[File Properties]

File Name	SPIF_2. SPIF.docx
Hash	AE6219D0569352D193C331853FA8E6CB890026350EF5424C86E625DAE469971B
MIME-Type	application/vnd.openxmlformats-officedocument.wordprocessingml.document

Industrial Attachments

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

[File Properties]

File Name	MAP_TX_75MinuteTopo_20240923_181044261000_TM_geo(1).pdf
Hash	22A43EAE5E8495106CE26BA49247DC5A7FDE8C254A5FE7DEB01051DA2CC6EA18
MIME-Type	application/pdf

2) Public Involvement Plan (TCEQ Form 20960)

[File Properties]

File Name	PIP_Attachment D - Public Involvement Plan.pdf
Hash	6832DB699EE9506646FA37844F644A6D6BD4E26C3E09033F2B6A0C01CF2AC4A8
MIME-Type	application/pdf

3) Administrative Report 1.1

[File Properties]

File Name	ARPT_3. Worksheet 1.0 (Need sig Page 16).docx
Hash	A5789EEEE1DD189D97E85FAED48BC643097801D725083AF4047827DE66AEFD8B
MIME-Type	application/vnd.openxmlformats-officedocument.wordprocessingml.document

4) I confirm that all required sections of Technical Report 1.0 are complete and will be included in the Technical Attachment. Yes

4.1) I confirm that Worksheet 4.0 (Receiving Waters) is complete and included in the Technical Attachment. Yes

4.2) Are you planning to include Worksheet 4.1 (Waterbody Physical Characteristics) in the Technical Attachment? No

4.3) Are you planning to include Worksheet 6.0 (Industrial Waste Contribution) in the Technical Attachment? No

4.4) Are you planning to include Worksheet 7.0 (Stormwater Discharges Associated with Industrial Activities) to the Technical Attachment? Yes

4.5) Are you planning to include Worksheet 8.0 (Aquaculture) in the No

Technical Attachment?

- 4.6) Are you planning to include Worksheet 9.0 (Class V Injection Well Inventory/Authorization) in the Technical Attachment? No
- 4.7) Are you planning to include Worksheet 10.0 (Quarries in the John Graves Scenic Riverway) in the Technical Attachment? No
- 4.8) Are you planning to include Worksheet 11.0 (Cooling Water System Information) in the Technical Attachment? No
- 4.9) Are you planning to include Worksheet 11.1 (Impingement Mortality) in the Technical Attachment? No
- 4.10) Are you planning to include Worksheet 11.2 (Source Water Biological Data) in the Technical Attachment? No
- 4.11) Are you planning to include Worksheet 11.3 (Entrainment) in the Technical Attachment? No

4.12) Technical Attachment

[File Properties]

File Name TECH_3. Worksheet 1.0 (Need sig Page 16).docx

Hash A5789EEEE1DD189D97E85FAED48BC643097801D725083AF4047827DE66AEFD8B

MIME-Type application/vnd.openxmlformats-officedocument.wordprocessingml.document

5) Affected Landowners Map

[File Properties]

File Name LANDMP_Combined Map.pdf

Hash 9AACA18B03C224ED50A555D0FEFEB46924327126B8A17262E5DD68017BC5A465

MIME-Type application/pdf

6) Landowners Cross Reference List

[File Properties]

File Name LANDCRL_Attachment G Neighboring Landowner List.xlsx

Hash 66BB5A65F14B87C705524185B530EF482959884FE7DE700473CC44212E61D056

MIME-Type application/vnd.openxmlformats-officedocument.spreadsheetml.sheet

7) Landowner Avery Template

[File Properties]

File Name LANDAT_Attachment G Neighboring Landowner List.xlsx

Hash 66BB5A65F14B87C705524185B530EF482959884FE7DE700473CC44212E61D056

MIME-Type application/vnd.openxmlformats-officedocument.spreadsheetml.sheet

8) Flow Diagram

[File Properties]

File Name FLDIA_WW Drawing.pdf
 Hash 009D4E9B75C396C463A476464C81967ACFF76C1915463919225A6A06B9FFB94B
 MIME-Type application/pdf

[File Properties]

File Name FLDIA_Attachment J - Center Water Balance.pdf
 Hash 4A6893E1FBD3D1777BDD47A56309FB10E02EB0CC7300B70402C9E66F541DF24A
 MIME-Type application/pdf

9) Site Drawing

[File Properties]

File Name SITEDR_Attachment I - Facility Map (Technical Report 1.0).jpg
 Hash 68FE41208FFA1F7E2BFC72E7A28546A37B85A1E02CE4F62B362AB2AAE0BEBD61
 MIME-Type image/jpeg

10) Original Photographs

[File Properties]

File Name ORIGPH_Attachment H - Stream Study & Photos.pdf
 Hash 9463E268E0FD4D4DE6ACB2C6865F17D04A8F42D7ED9F24B8EFF5908E7998CA48
 MIME-Type application/pdf

11) Design Calculations

[File Properties]

File Name DES_CAL_WW Drawing.pdf
 Hash 009D4E9B75C396C463A476464C81967ACFF76C1915463919225A6A06B9FFB94B
 MIME-Type application/pdf

12) Solids Management Plan

13) Water Balance

[File Properties]

File Name WB_Attachment J - Center Water Balance.pdf
 Hash 4A6893E1FBD3D1777BDD47A56309FB10E02EB0CC7300B70402C9E66F541DF24A
 MIME-Type application/pdf

14) Other Attachments

Certification

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

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

1. I am Michael S Mcdonald, the owner of the STEERS account ER102568.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Update Domestic or Industrial Individual Permit WQ0002064000.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER Signature: Michael S Mcdonald OWNER

Customer Number:	CN600790968
Legal Name:	Tyson Farms, Inc.
Account Number:	ER102568
Signature IP Address:	199.66.3.2
Signature Date:	2024-11-15
Signature Hash:	3E52D83AE68B78D84FD9B8F0CEBB81BDFC2EC7225FF7A854B20E4E7A2E399D9E
Form Hash Code at time of Signature:	08274F216C6A3B26DCC9E08CF4DB3FBB485351509B6FAA515E836BC1DDB5C55B

Fee Payment

Transaction by:	The application fee payment transaction was made by ER034410/Eric Rodriquez
Paid by:	The application fee was paid by ERIC RODRIQUEZ
Fee Amount:	\$2000.00
Paid Date:	The application fee was paid on 2024-11-18
Transaction/Voucher number:	The transaction number is 582EA000634868 and the voucher number is 731526

Submission

Reference Number:	The application reference number is 706137
Submitted by:	The application was submitted by ER034410/ Eric Rodriquez
Submitted Timestamp:	The application was submitted on 2024-11-18 at 09:36:54 CST
Submitted From:	The application was submitted from IP address 137.83.245.20
Confirmation Number:	The confirmation number is 583186
Steers Version:	The STEERS version is 6.83
Permit Number:	The permit number is WQ0002064000

Additional Information

Application Creator: This account was created by Eric Rodriquez



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](#)¹ available on the TCEQ website. Please contact the Industrial Permits Team at 512-239-4671 with any questions about this form.

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

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

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

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

Live poultry are transported to the site where they are sedated, slaughtered, scalded, defeathered, eviscerated, chilled, cut-up, and packaged. Finished product is then shipped to local and national customers.

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

Tyson Farms, Inc. owns and operates a poultry processing facility located in Center, TX. Industrial activities at the facility include the slaughter and processing of broilers for retail consumer markets. City water is purchased and used for the slaughter, scalding, eviscerating, chilling, and cut-up, processes throughout the production shifts (2 per day). Also, during the sanitation shift where all associated equipment and areas within the facility are cleaned and sanitized. The wastewater facility then treats all the process wastewater and some stormwater in an activated sludge treatment plant which is owned and operated by Tyson Farms, Inc. The treated effluent is then returned to the environment via direct discharge to an unnamed tributary of Cedar Creek and via discharge to Stone Dive Creek.

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

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

Materials List

Raw Materials	Intermediate Products	Final Products
Live Poultry		Fresh packed poultry for
		Consumer consumption

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: Attachment I

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 Flood Map, Effective September 4th, 1985.

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: N/A

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

Yes No N/A (renewal only)

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

Yes No

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.

1-T: Screening
2-D: Coagulation
1-H: Flocculation
1-H: Flotation
3-A: Activated Sludge
3-D: Nitrification-Denitrification
1-U: Sedimentation (settling)
2-F: Disinfection (Chlorine)
2-E: De-Chlorination
2-H: Disinfection (Other)
4-C: Reuse/Recycle of Treated Effluent
4-A: Discharge to Surface Water
5-T: Sludge Lagoon
5-P: Land Application

All units associated with outfall 001 & 03 and the discharge is currently treated with either chlorine or UV disinfection.

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: Attachment J

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)	T	T		
Associated Outfall Number	001 / 003	001 / 003		
Liner Type (C) (I) (S) or (A)	C	S		
Alt. Liner Attachment Reference	N/A	N/A		
Leak Detection System, Y/N	N	N		
Groundwater Monitoring Wells, Y/N	N	N		
Groundwater Monitoring Data Attachment	N/A	N/A		
Pond Bottom Located Above The Seasonal High-Water Table, Y/N	Y	Y		
Length (ft)	300	375		
Width (ft)	275	160		
Max Depth From Water Surface (ft), Not Including Freeboard	10	14		

Parameter	Pond #	Pond #	Pond #	Pond #
Freeboard (ft)	2	2		
Surface Area (acres)	1.9	1.65		
Storage Capacity (gallons)	6.181 (MG)	6.28 (MG)		
40 CFR Part 257, Subpart D, Y/N	N	N		
Date of Construction	1976*	1976*		

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: [Click to enter text.](#)

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

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

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

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

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

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

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

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	31.4750	-94.0952
002	31.4752	-94.0952
003	31.74866274	-94.14985288

Outfall Location Description

Outfall No.	Location Description
001	North of Tyson's Onsite WWTP
002	North of Tyson's Onsite WWTP
003	South East of The Tyson Feed Mill Property

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

Outfall No.	Description of sampling point
001	Samples collected at Parshall flume following disinfection (31.47.52; -94.09.51)
002	Sample collected at overflow pipe located south of access road. (31.47.50; -94.09.54)
003	Samples collected at Parshall flume following disinfection (31.47.52; -94.09.51)

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	1.5	2.5	1.5	2.5	Current
003	1.5	2.5	1.5	2.5	9/01/25

Outfall Discharge – Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	N	Y	V-Notch/Parshall Flume
002	N	Y	Calculated
003	Y	N	V-Notch/Parshall Flume or Flow Meter

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	N	Y	N	24	31	12
002	Y	N	Y	Variable	Variable	Variable
003	N	Y	N	24	31	12

Outfall Wastestream Contributions

Outfall No. 001

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Process Wastewater	1.65	93.4%
Cooling Tower Blowdown	0.005	.2%
Stormwater	0.1110	6.28%

Outfall No. 002

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Stormwater	Variable	100%

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

Outfall No. 003

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Process Wastewater	1.65	92.2%
Cooling Tower Blowdown	0.005	.2%
Stormwater	0.1110	6.28%
Boiler Blowdown	.02	1.2%

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

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: [Attachment K](#)

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	6	3024	6192
Boilers	2	10,000	20,000

Item 6. Stormwater Management (Instructions, Page 44)

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

- Yes No

If **yes**, briefly describe the industrial processes and activities that occur outdoors or in a manner which may result in exposure of the activities or materials to stormwater: [Click to enter text.](#)

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: [Click to enter text.](#)
- b. Provide the name and TCEQ, NPDES, or TPDES Permit No. of the waste-disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.
City of Center	NPDES Permit# 0076953 WQ0010063-003

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: 7 Day survival and reproduction Ceriodaphnia, 7 day survival and growth pimephales promelas, 24 hour acute Daphnia pulex and pimephales promelas.

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)
N/A	N/A

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

Yes No

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

Radioactive Materials Present in the Discharge

Radioactive Material Name	Concentration (pCi/L)
N/A	N/A

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)

CWIS ID	N/A	N/A	N/A	N/A
Owner	N/A	N/A	N/A	N/A
Operator	N/A	N/A	N/A	N/A

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. TX2100001

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: [Click to enter text.](#)

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: [Click to enter text.](#)

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*: Not Using CWIS

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

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

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

Yes No

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

- f. Oil and Gas Exploration and Production

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

Yes No

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

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

Yes No

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: [Click to enter text.](#)

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.

The facility is proposing a 3rd outfall (003) which will discharge into Stone Dive Creek. This is being requested as the facility is unable to meet the new TDS limits that were added to the permit in the last permit renewal. Stone Dive Creek limits should be sufficient to handle discharges from the facility.

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: Michael McDonald

Title: Complex Manager

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
Meat and Poultry Products Point Source Category	432 Subpart K

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.

Included in Flow Diagram (Attachment J)

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

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.: **Outfall #1**

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)	ND	ND	ND	ND
CBOD (5-day)	2.15	2.03	-	ND
Chemical oxygen demand	22.3	22.3	ND	ND
Total organic carbon	6.86	7.97	6.92	7.11
Dissolved oxygen	7.90	8.46	7.38	-
Ammonia nitrogen	1.43	.180	.159	.190
Total suspended solids	2.20	2.10	ND	2.00
Nitrate nitrogen	42.9	45.4	37.2	36.9
Total organic nitrogen	ND	ND	ND	ND
Total phosphorus	6.05	6.37	6.65	6.62
Oil and grease	ND	ND	-	-
Total residual chlorine	ND	ND	ND	ND

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
Total dissolved solids	700	740	750	620
Sulfate	31.9	42.5	42.6	36.3
Chloride	99.2	101	103	99.7
Fluoride	1.155	1.10	ND	ND
Total alkalinity (mg/L as CaCO3)	200	205	-	-
Temperature (°F)	70.16	67.28	73.04	-
pH (standard units)	7.36	7.93	7.51	-

Table 2 for Outfall No.: **Outfall #1**

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	.0424	.0572	.0571	.0523	2.5
Antimony, total	ND	ND	ND	ND	5
Arsenic, total	.00141	.00104	.000891	.000668	0.5
Barium, total	.00164	.00167	ND	ND	3
Beryllium, total	ND	ND	ND	ND	0.5
Cadmium, total	ND	ND	ND	ND	1
Chromium, total	ND	ND	ND	ND	3
Chromium, hexavalent	ND	ND	ND	ND	3
Chromium, trivalent	-	-	-	-	N/A
Copper, total	.00188	.00235	.00294	.00232	2
Cyanide, available	ND	ND	ND	ND	2/10
Lead, total	ND	ND	ND	ND	0.5
Mercury, total	ND	ND	ND	ND	0.005/0.0005
Nickel, total	.00225	.00246	.0021	.00206	2
Selenium, total	ND	ND	ND	ND	5
Silver, total	ND	ND	ND	ND	0.5
Thallium, total	ND	ND	ND	ND	0.5
Zinc, total	.00693	.00648	.00784	.00647	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.: [Click to enter text.](#) 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	ND	ND	ND	ND	50
Anthracene	-	-	-	-	10
Benzene	ND	ND	ND	ND	10
Benzdine	-	-	-	-	50
Benzo(a)anthracene	-	-	-	-	5
Benzo(a)pyrene	-	-	-	-	5
Bis(2-chloroethyl)ether	-	-	-	-	10
Bis(2-ethylhexyl)phthalate	-	-	-	-	10
Bromodichloromethane [Dichlorobromomethane]	ND	ND	ND	ND	10
Bromoform	ND	ND	ND	ND	10
Carbon tetrachloride	ND	ND	ND	ND	2
Chlorobenzene	ND	ND	ND	ND	10
Chlorodibromomethane [Dibromochloromethane]	ND	ND	ND	ND	10
Chloroform	ND	ND	ND	ND	10
Chrysene	-	-	-	-	5
m-Cresol [3-Methylphenol]	-	-	-	-	10
o-Cresol [2-Methylphenol]	-	-	-	-	10
p-Cresol [4-Methylphenol]	-	-	-	-	10
1,2-Dibromoethane	ND	ND	ND	ND	10
m-Dichlorobenzene [1,3-Dichlorobenzene]	ND	ND	ND	ND	10
o-Dichlorobenzene [1,2-Dichlorobenzene]	ND	ND	ND	ND	10
p-Dichlorobenzene [1,4-Dichlorobenzene]	ND	ND	ND	ND	10
3,3'-Dichlorobenzidine	-	-	-	-	5
1,2-Dichloroethane	ND	ND	ND	ND	10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
1,1-Dichloroethene [1,1-Dichloroethylene]	-	-	-	-	10
Dichloromethane [Methylene chloride]	ND	ND	ND	ND	20
1,2-Dichloropropane	ND	ND	ND	ND	10
1,3-Dichloropropene [1,3-Dichloropropylene]	ND	ND	ND	ND	10
2,4-Dimethylphenol	-	-	-	-	10
Di-n-Butyl phthalate	-	-	-	-	10
Ethylbenzene	ND	ND	ND	ND	10
Fluoride	1.155	1.10	ND	ND	500
Hexachlorobenzene	-	-	-	-	5
Hexachlorobutadiene	-	-	-	-	10
Hexachlorocyclopentadiene	-	-	-	-	10
Hexachloroethane	-	-	-	-	20
Methyl ethyl ketone	ND	ND	ND	ND	50
Nitrobenzene	-	-	-	-	10
N-Nitrosodiethylamine	-	-	-	-	20
N-Nitroso-di-n-butylamine	-	-	-	-	20
Nonylphenol	ND	ND	1/950	1/864	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	ND	ND	ND	ND	10
Tetrachloroethene [Tetrachloroethylene]	-	-	-	-	10
Toluene	ND	ND	ND	ND	10
1,1,1-Trichloroethane	-	-	-	-	10
1,1,2-Trichloroethane	-	-	-	-	10
Trichloroethene [Trichloroethylene]	ND	ND	ND	ND	10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
2,4,5-Trichlorophenol	-	-	-	-	50
TTHM (Total trihalomethanes)	ND	ND	ND	ND	10
Vinyl chloride	ND	ND	ND	ND	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.: [Click to enter text.](#) 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.: [Click to enter text.](#) 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.: [Click to enter text.](#) 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 type="checkbox"/>					400
Color (PCU)	<input type="checkbox"/>	<input type="checkbox"/>					—
Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>					—
Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>					—
Sulfite (as SO3)	<input type="checkbox"/>	<input type="checkbox"/>					—
Surfactants	<input type="checkbox"/>	<input type="checkbox"/>					—
Boron, total	<input type="checkbox"/>	<input type="checkbox"/>					20
Cobalt, total	<input type="checkbox"/>	<input type="checkbox"/>					0.3
Iron, total	<input type="checkbox"/>	<input type="checkbox"/>					7
Magnesium, total	<input type="checkbox"/>	<input type="checkbox"/>					20
Manganese, total	<input type="checkbox"/>	<input type="checkbox"/>					0.5
Molybdenum, total	<input type="checkbox"/>	<input type="checkbox"/>					1
Tin, total	<input type="checkbox"/>	<input type="checkbox"/>					5
Titanium, total	<input type="checkbox"/>	<input 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.: [Click to enter text.](#) 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.: [Click to enter text.](#) 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.: [Click to enter text.](#) 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.: [Click to enter text.](#) 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: [Click to enter text.](#)

TABLE 12 (DIOXINS/FURAN COMPOUNDS)

Complete of Table 12 **is required** for **external outfalls**, as directed below. (Instructions, Pages 59-60)

Indicate which compound(s) are manufactured or used at the facility and provide a brief description of the conditions of its/their presence at the facility (check all that apply).

- 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) CASRN 93-76-5
- 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP) CASRN 93-72-1
- 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) CASRN 136-25-4
- 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel) CASRN 299-84-3
- 2,4,5-trichlorophenol (TCP) CASRN 95-95-4
- hexachlorophene (HCP) CASRN 70-30-4
- None of the above

Description: [Click to enter text.](#)

Does the applicant or anyone at the facility know or have any reason to believe that 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) or any congeners of TCDD may be present in the effluent proposed for discharge?

- Yes No

Description: [Click to enter text.](#)

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

Table 12 for Outfall No.: [Click to enter text.](#) 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.: [Click to enter text.](#) 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 checked="" 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:

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: [Click to enter text.](#)

b. List and cross reference all water wells located on or within 500 feet of the disposal site, wastewater ponds, or property boundaries in the following table. Attach additional pages as necessary to include all of the wells.

Well and Map Information Table

Well ID	Well Use	Producing? Y/N/U	Open, cased, capped, or plugged?	Proposed Best Management Practice

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

c. Groundwater monitoring wells or lysimeters are/will be installed around the land application site or wastewater ponds.

- Yes No

If **yes**, provide the existing/proposed location of the monitoring wells or lysimeters on the site map attached for Item 4.a. Additionally, attach information on the depth of the wells or lysimeters, sampling schedule, and monitoring parameters for TCEQ review, possible modification, and approval.

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

d. Attach a short groundwater technical report using *30 TAC § 309.20(a)(4)* as guidance.

Attachment:

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): [Click to enter text.](#)
- b. Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Complete Tables 15 and 16.

Table 15 for Outfall No.: [Click to enter text.](#) 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 ₃)				
Temperature (°F)				
pH (standard units)				

Table 16 for Outfall No.: [Click to enter text.](#) 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: [Click to enter text.](#)

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

a. Provide the following information on the irrigation operations:

Area under irrigation (acres): [Click to enter text.](#)

Design application rate (acre-ft/acre/yr): [Click to enter text.](#)

Design application frequency (hours/day): [Click to enter text.](#)

Design application frequency (days/week): [Click to enter text.](#)

Design total nitrogen loading rate (lbs nitrogen/acre/year): [Click to enter text.](#)

Average slope of the application area (percent): [Click to enter text.](#)

Maximum slope of the application area (percent): [Click to enter text.](#)

Irrigation efficiency (percent): [Click to enter text.](#)

Effluent conductivity (mmhos/cm): [Click to enter text.](#)

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

Curve number: [Click to enter text.](#)

Describe the application method and equipment: [Click to enter text.](#)

- b. Attach a detailed engineering report which includes a water balance, storage volume calculations, and a nitrogen balance. **Attachment:** [Click to enter text.](#)

Item 3. Evaporation Ponds (Instructions, Page 74)

- a. Daily average effluent flow into ponds: [Click to enter text.](#) gallons per day
- b. Attach a separate engineering report of evaporation calculations for average long-term and worst-case critical conditions. **Attachment:** [Click to enter text.](#)

Item 4. Evapotranspiration Beds (Instructions, Page 74)

- a. Provide the following information on the evapotranspiration beds:
- Number of beds: [Click to enter text.](#)
- Area of bed(s) (acres): [Click to enter text.](#)
- Depth of bed(s) (feet): [Click to enter text.](#)
- Void ratio of soil in the beds: [Click to enter text.](#)
- Storage volume within the beds (include units): [Click to enter text.](#)
- Description of any lining to protect groundwater: [Click to enter text.](#)
- b. Attach a certification by a licensed Texas professional engineer that the liner meets TCEQ requirements. **Attachment:** [Click to enter text.](#)
- c. Attach a separate engineering report with water balance, storage volume calculations, and description of the liner. **Attachment:** [Click to enter text.](#)

Item 5. Overland Flow (Instructions, Page 74)

- a. Provide the following information on the overland flow:
- Area used for application (acres): [Click to enter text.](#)
- Slopes for application area (percent): [Click to enter text.](#)
- Design application rate (gpm/foot of slope width): [Click to enter text.](#)
- Slope length (feet): [Click to enter text.](#)
- Design BOD5 loading rate (lbs BOD5/acre/day): [Click to enter text.](#)
- Design application frequency (hours/day): [Click to enter text.](#)
- Design application frequency (days/week): [Click to enter text.](#)
- b. Attach a separate engineering report with the method of application and design requirements according to 30 TAC § 217.212. **Attachment:** [Click to enter text.](#)

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: [Click to enter text.](#)
- b. Provide the following information on the irrigation operations:
- Application area (acres): [Click to enter text.](#)
- Area of drainfield (square feet): [Click to enter text.](#)
- Application rate (gal/square ft/day): [Click to enter text.](#)
- Depth to groundwater (feet): [Click to enter text.](#)
- Area of trench (square feet): [Click to enter text.](#)
- Dosing duration per area (hours): [Click to enter text.](#)
- Number of beds: [Click to enter text.](#)
- Dosing amount per area (inches/day): [Click to enter text.](#)
- Soil infiltration rate (inches/hour): [Click to enter text.](#)
- Storage volume (gallons): [Click to enter text.](#)
- Area of bed(s) (square feet): [Click to enter text.](#)
- Soil classification: [Click to enter text.](#)
- c. Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation. **Attachment:** [Click to enter text.](#)

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: [Click to enter text.](#)
- b. The owner of the land where the WWTF is/will be located is the same as the owner of the WWTF.
 Yes No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the WWTF is/will be located: [Click to enter text.](#)

- c. Provide the legal name of the owner of the SADDS: [Click to enter text.](#)
- d. The owner of the SADDS is the same as the owner of the WWTF or the site where the WWTF is/will be located.
 Yes No

If **no**, identify the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.c: [Click to enter text.](#)

- e. Provide the legal name of the owner of the land where the SADDS is located: [Click to enter text.](#)

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

Yes No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.e: [Click to enter text.](#)

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: [Click to enter text.](#)

b. Attach a description of the SADDs proposed/used by the facility (see instructions for guidance). **Attachment:** [Click to enter text.](#)

c. Provide the following information on the SADDs:

Application area (acres): [Click to enter text.](#)

Soil infiltration rate (inches/hour): [Click to enter text.](#)

Average slope of the application area: [Click to enter text.](#)

Maximum slope of the application area: [Click to enter text.](#)

Storage volume (gallons): [Click to enter text.](#)

Major soil series: [Click to enter text.](#)

Depth to groundwater (feet): [Click to enter text.](#)

Effluent conductivity (mmhos/cm): [Click to enter text.](#)

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

Yes No

If **yes**, the facility may propose a hydraulic application rate up to, but not to exceed, 0.1 gal/ft²/day.

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

Yes No

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

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

Yes No

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

- Hydraulic application rate (gal/square foot/day): [Click to enter text.](#)
- Nitrogen application rate (gal/square foot/day): [Click to enter text.](#)

g. Provide the following dosing information:

Number of doses per day: [Click to enter text.](#)

Dosing duration per area (hours): [Click to enter text.](#)

Rest period between doses (hours): [Click to enter text.](#)

Dosing amount per area (inches/day): [Click to enter text.](#)

Number of zones: [Click to enter text.](#)

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

Yes No

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

- A vegetation survey by a certified arborist describing the percent canopy cover and relative percentage of major overstory and understory plant species.
Attachment: [Click to enter text.](#)
- Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation.
Attachment: [Click to enter text.](#)

Item 4. Required Plans (Instructions, Page 78)

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

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

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

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

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

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

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

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

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: [Click to enter text.](#)

If **yes**, describe how the site will be protected from inundation: [Click to enter text.](#)

b. Is the existing/proposed SADDs within a designated floodway?

- Yes No

If **yes**, attach either the FEMA flood map or alternate information used to make this determination. **Attachment:** [Click to enter text.](#)

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

b. The facility has or plans to request a buffer variance from water wells or waters in the state?

- Yes No

If **yes**, attach the additional information required in *30 TAC § 222.81(c)*. **Attachment:** [Click to enter text.](#)

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: [Click to enter text.](#)
2. The distance and direction from the outfall to the drinking water supply intake: [Click to enter text.](#)

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

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

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: [Click to enter text.](#)

- c. Are there sea grasses within the vicinity of the point of discharge?

Yes No

If **yes**, provide the distance and direction from the outfall(s) to the grasses: [Click to enter text.](#)

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: Stone Dive Creek & Unnamed Tributary to Cedar Creek

b. Check the appropriate description of the immediate receiving waters:

Lake or Pond

- Surface area (acres): Click to enter text.
- Average depth of the entire water body (feet): Click to enter text.
- Average depth of water body within a 500-foot radius of the discharge point (feet): Click to enter text.

Man-Made Channel or Ditch

New Stream (Not Existing Stream) 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: Stream Study* (This is for StoneDive Creek, Not the existing Stream)

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

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

* Existing Outfall (001) Yes No

If **yes**, describe how: The City of Center WWTP discharges .4 miles downstream from outfall (001)

- f. General observations of the water body during normal dry weather conditions: Click to enter text.

Date and time of observation: Click to enter text.

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

Yes No

If **yes**, describe how: Click to enter text.

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 type="checkbox"/> oil field activities	<input checked="" type="checkbox"/> urban runoff
<input type="checkbox"/> agricultural runoff	<input type="checkbox"/> septic tanks
<input type="checkbox"/> upstream discharges	<input type="checkbox"/> other, specify: <u>Click to enter text.</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>Click to enter text.</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

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

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

Length of stream evaluated (ft): [Click to enter text.](#)

Number of lateral transects made: [Click to enter text.](#)

Average stream width (ft): [Click to enter text.](#)

Average stream depth (ft): [Click to enter text.](#)

Average stream velocity (ft/sec): [Click to enter text.](#)

Instantaneous stream flow (ft³/sec): [Click to enter text.](#)

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

Flow fluctuations (i.e., minor, moderate, or severe): [Click to enter text.](#)

Size of pools (i.e., large, small, moderate, or none): [Click to enter text.](#)

Maximum pool depth (ft): [Click to enter text.](#)

Total number of stream bends: [Click to enter text.](#)

 Number well defined: [Click to enter text.](#)

 Number moderately defined: [Click to enter text.](#)

 Number poorly defined: [Click to enter text.](#)

Total number of riffles: [Click to enter text.](#)

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:** [Attachment L](#)

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: [Click to enter text.](#)

b. Provide the following information for each disposal site:

Disposal site name: 3rd Party Contract By Bid

TCEQ Permit/Registration Number: Variable

County where disposal site is located: Variable

c. Method of sewage sludge transportation:

truck train pipe other: [Click to enter text.](#)

TCEQ Hauler Registration Number: Variable

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	
SIU - Non-categorical	N/A	
Other IU	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: [Click to enter text.](#)

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

Yes No

If **yes**, identify the date(s), duration, pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass-through event. Include the names of the IU(s) that may have caused the pass-through: [Click to enter text.](#)

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

Yes No

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

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

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: [Click to enter text.](#)

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.: [Click to enter text.](#) First/Last Name: [Click to enter text.](#)
 Organization Name: [Click to enter text.](#) SIC Code: [Click to enter text.](#)
 Phone number: [Click to enter text.](#) Email address: [Click to enter text.](#)
 Physical Address: [Click to enter text.](#) City/State/ZIP Code: [Click to enter text.](#)

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

- b. Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (e.g., process and non-process wastewater): 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	
Non-process Wastewater	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			
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): Click to enter text.

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 7.0: STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges consisting of **either**: 1) solely of stormwater discharges associated with industrial activities, as defined in *40 CFR § 122.26(b)(14)(i-xi)*, **or** 2) stormwater discharges associated with industrial activities and any of the listed allowable non-stormwater discharges, as defined in the MSGP (TXR05000), Part II, Section A, Item 6.

Discharges of stormwater as defined in *40 CFR § 122.26 (b)(13)* are not required to obtain authorization under a TPDES permit (see exceptions at *40 CFR §§ 122.26(a)(1)* and *(9)*). Authorization for discharge may be required from a local municipal separate storm sewer system.

Item 1. Applicability (Instructions, Page 89)

Do discharges from any of the existing/proposed outfalls consist either 1) solely of stormwater discharges associated with industrial activities **or** 2) stormwater discharges associated with industrial activities and any of the allowable non-stormwater discharges?

Yes No

If **no**, stop here. If **yes**, proceed as directed.

Item 2. Stormwater Coverage (Instructions, Page 89)

List each existing/proposed stormwater outfall at the facility and indicate which type of authorization covers or is proposed to cover discharges.

Authorization Coverage

Outfall	Authorization under MSGP	Authorized Under Individual Permit
002	<input type="checkbox"/>	<input checked="" 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: Attachment I

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

a. Provide the area of impervious surface and the total area drained by each stormwater outfall requested for authorization by this permit application.

Impervious Surfaces

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)
002	25.5 acres	36.5 acres

- b. Provide the following local area rainfall information and the source of the information.
 Wettest month: December
 Average rainfall for wettest month (total inches): 5.43
 25-year, 24-hour rainfall (inches): 8.5
 Source: US Climate Data
- c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:** Wood Pallets, Poultry Litter, Poultry Scrap, Scrap Metal, Trucks and Equipment, Chemicals.
- d. Attach narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff (see instructions for guidance). **Attachment:** Click to enter text.
- e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility: Click to enter text.

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): Click to enter text.
- b. Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Complete Table 17 as directed on page 92 of the Instructions.

Table 17 for Outfall No.: Click to enter text.

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

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: [Click to enter text.](#)

Duration of storm event (minutes): [Click to enter text.](#)

Total rainfall during storm event (inches): [Click to enter text.](#)

Number of hours the between beginning of the storm measured and the end of the previous measurable storm event (hours): [Click to enter text.](#)

Maximum flow rate during rain event (gallons/minute): [Click to enter text.](#)

Total stormwater flow from rain event (gallons): [Click to enter text.](#)

Provide a description of the method of flow measurement or estimate:

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			

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

Raceway Descriptions

Number of Raceways	Dimensions (include units)
N/A	

Fabricated Tank Descriptions

Number of Tanks	Dimensions (include units)
N/A	

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

- Yes No

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

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

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

- Yes No

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

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

d. Provide the number of aquaculture facilities located within 25-miles of this facility: [Click to enter text.](#)

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				

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

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

Program ID: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

2. Agent/Consultant Contact Information

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

3. Owner/Operator Contact Information

Owner Operator

Owner/Operator Name: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

4. Facility Contact Information

Facility Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

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

Facility Contact Person: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

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

Latitude: [Click to enter text.](#)

Longitude: [Click to enter text.](#)

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

Attach topographic quadrangle map as attachment A.

6. Well Information

Type of Well Construction, select one:

- Vertical Injection
- Subsurface Fluid Distribution System
- Infiltration Gallery
- Temporary Injection Points
- Other, Specify: [Click to enter text.](#)

Number of Injection Wells: [Click to enter text.](#)

7. Purpose

Detailed Description regarding purpose of Injection System:

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: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

License Number: [Click to enter text.](#)

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				
Tubing	N/A				
Screen	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 WTPP 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				
DIF (include units)	N/A			
AIF (include units)	N/A			
Intake Flow Use(s) (%)	N/A			
Contact cooling	N/A			
Non-contact cooling	N/A			
Process Wastewater	N/A			
Other	N/A			
Latitude (decimal degrees)	N/A			
Longitude (decimal degrees)	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				
Source Waterbody	N/A			
Mean Annual Flow	N/A			
Source	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: [Click to enter text.](#)

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

Cooling Tower ID				
COCs	N/A			

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

Calculated COCs Prior to Blowdown

Cooling Tower ID				
COCs	N/A			

- Describe conditions that may limit the number of COCs prior to blowdown, if any, including but not limited to permit conditions: 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: [Click to enter text.](#)

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			

- 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			

Attachment: N/A

- 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			

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:** Click to enter text.

Table 19 for Outfall No.: Click to enter text. 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			
Potassium	N/A			
Sodium	N/A			

*Indicate units if different from mg/L.



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

Plain Language Summary 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 as required by [Title 30, Texas Administrative Code \(30 TAC\), Chapter 39, Subchapter H](#). Applicants may modify the template as necessary to accurately describe their facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how the applicant will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

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

If you are subject to the alternative language notice requirements in [30 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.

Tyson Farms, Inc. (CN600790968) operates The Center, TX Processing Plant (RN101514636), an Poultry processing facility. The facility is located at 1019 Shelbyville, St., in Center, TX, Shelby County, Texas 75935. This application is being submitted to add an outfall in Stone Dive Creek to discharge treated effluent from the facility to Stone Dive Creek.

Discharges from the facility are expected to contain constituents typical of poultry operations such as Total Suspended Solids, Biological Oxygen Demand, Ammonia, Nitrate, Nitrogen, Oil and Grease, Fecal Coliforms, Copper, Total Dissolved Solids, Chloride, and Sulfate. Stormwater, Process Water, Cooling Tower Blowdown, Boiler Blowdown, Sanitation process water, and water softener back flush will be treated by an onsite WWTP that utilizes a dissolved air flotation system, activated sludge system, aeration system, clarifiers, and disinfection equipment .

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

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

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

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

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

INSTRUCTIONS

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

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

Example

Individual Industrial Wastewater Application

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

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

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

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

Cooling water and boiler make-up water are supplied by Lake Starr Reservoir. The City of Austin municipal water plant (CN600000000, PWS 00000) supplies the facility’s potable water and serves as an alternate source of boiler make-up water. Water from the Lake Starr Reservoir is withdrawn at the intake structure and treated with sodium hypochlorite to prevent biofouling and sodium bromide as a chlorine enhancer to improve efficacy and then passed through condensers and auxiliary equipment on a once-through basis to cool equipment and condense exhaust steam.

Low-volume wastewater from blowdown of boiler Units 1 and 2 and metal-cleaning wastes receive no treatment prior to discharge via Outfall 101. Plant floor and equipment drains and stormwater runoff from diked oil storage areas, yards, and storm drains are routed through an oil and water separator prior to discharge via Outfall 101. Domestic wastewater, blowdown, and backwash water from the service water filter, clarifier, and sand filter are routed to the Starr Creek Domestic Sewage Treatment Plant, TPDES Permit No. WQ0010000001, for treatment and disposal. Metal-cleaning waste from equipment cleaning is generally disposed of off-site.



Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

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

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

Section 1. Preliminary Screening

New Permit or Registration Application

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

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

Section 2. Secondary Screening

Requires public notice,

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

Located within any of the following geographical locations:

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

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

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

This application is for a facility that is not located in the geographical areas listed in TCEQ-20960. Additionally, significant public interest is not expected with this application.

Section 5. Community and Demographic Information

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

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

(City)

(County)

(Census Tract)

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

City

County

Census Tract

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

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

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

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

- (e) Languages commonly spoken in area by percentage

- (f) Community and/or Stakeholder Groups

- (g) Historic public interest or involvement

Section 6. Planned Public Outreach Activities

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

Yes No

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

Yes No

If Yes, please describe.

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

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

Yes No

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

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

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

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

Yes No

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

Yes No

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

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

Section 7. Voluntary Submittal

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

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

Yes No

What types of notice will be provided?

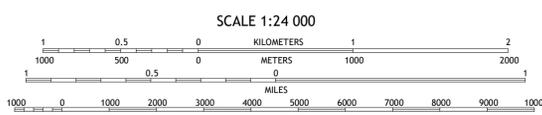
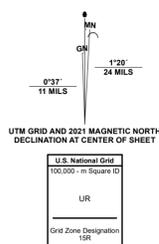
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- Other (specify)



Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid/Universal Transverse Mercator, Zone 15R
Data is provided by The National Map (TNM), is the best available at the time of map
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CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988
CONTOUR SMOOTHNESS = Medium



7.5-MINUTE TOPO, TX
2024

Pooled Water From Dam

Legend

-  Clarifier
-  Complete Mix Aeration System
-  Eq Basin
-  Material Handling Areas
-  Outfall
-  Oxidation Ditch
-  Processing Areas
-  RED RIVER NATIONAL WILDLIFE REFUGE
-  Sludge Pond
-  Truck Maintenance Area
-  Tyson Foods Inc.
-  Water Intake Structure - Water Tower
-  WW Collection Sump
-  WWTP

Eq Basin

Complete Mix Aeration System

Clarifier

Oxidation Ditch

Sludge Pond

Tyson WWTP

WW Collection Sump

Outfall

Water Intake Structure - Water Tower

Tyson Foods Inc.



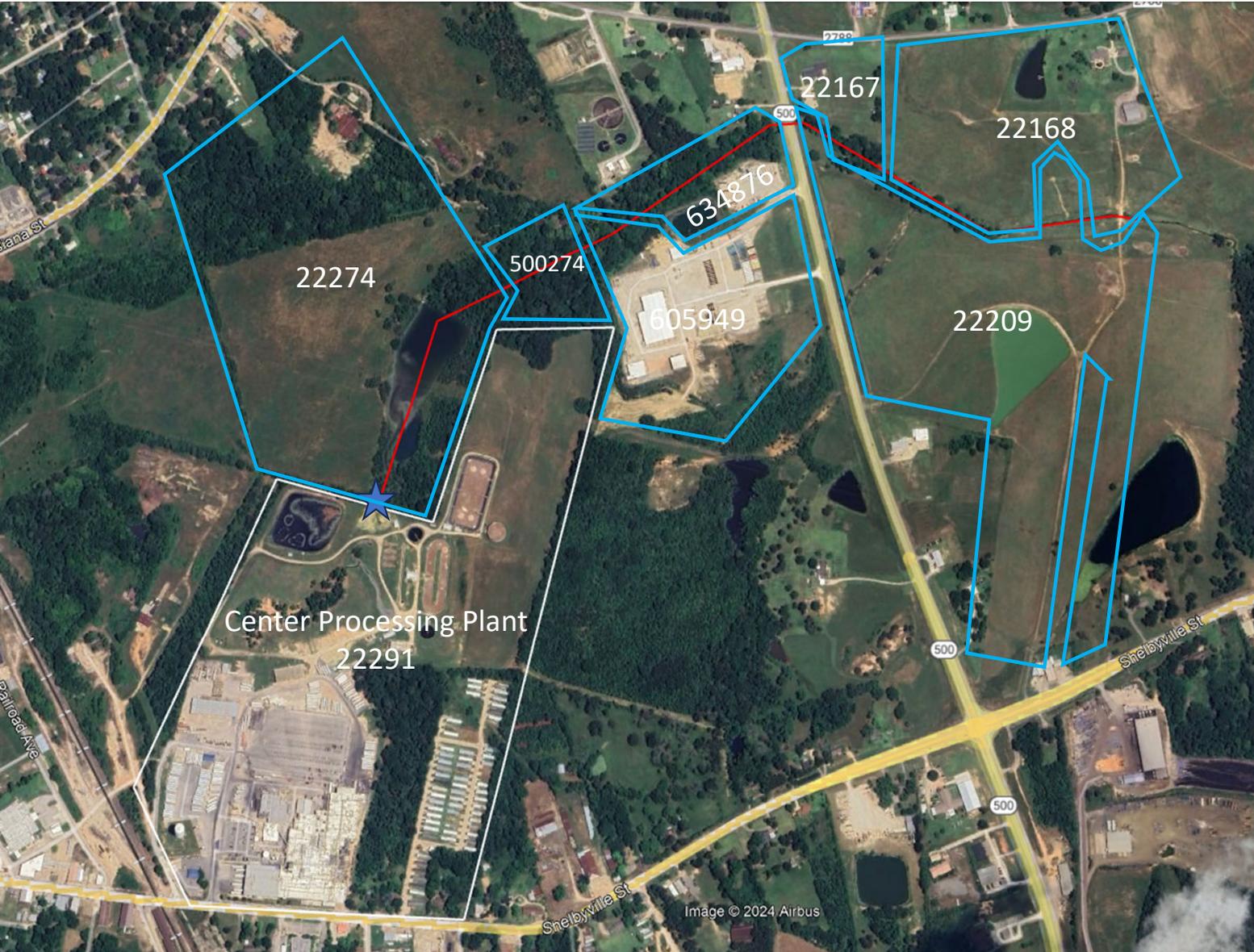


Tyson Farms, Inc.
Center Processing Plant
Current Outfall + 1 mile

LEGEND

★ Outfall 001

— 1 mile of Cedar Creek



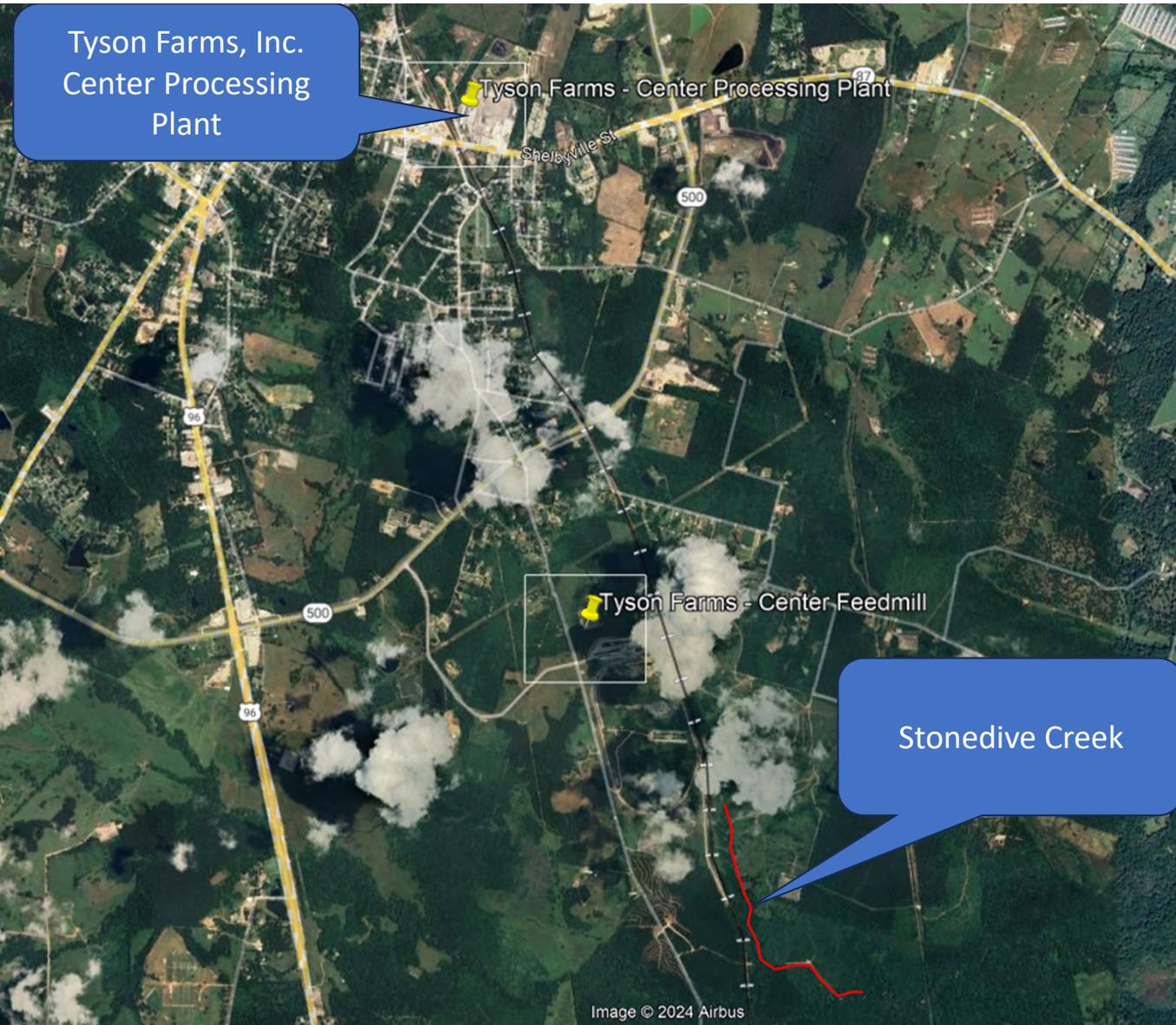
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Center Processing Plant
Current Outfall + 1 mile**

Property ID	Owners	Address of Owners
22291	Tyson Foods, Inc	1019 Shelbyville Street, Center, TX 75935
22274	Martin Middleton	30111 Torrey Pines Circle, Georgetown, TX 78628
500274	City of Center	PO Box 1744, Center, TX 75935
605949	MG Real Properties, LTD	PO Box 790, Beaumont, TX 77701
634876	C3M Services, LLC	7926 FM 2609, Nacogdoches, TX 75965
22167	Primera Iglesia Bautista of Center Texas	615 Loop 500, Center, TX 75935
22209	J B Raymond	944 FM 2788, Center, TX 75935
22168	J B Raymond	944 FM 2788, Center, TX 75935

LEGEND

★ Outfall 001

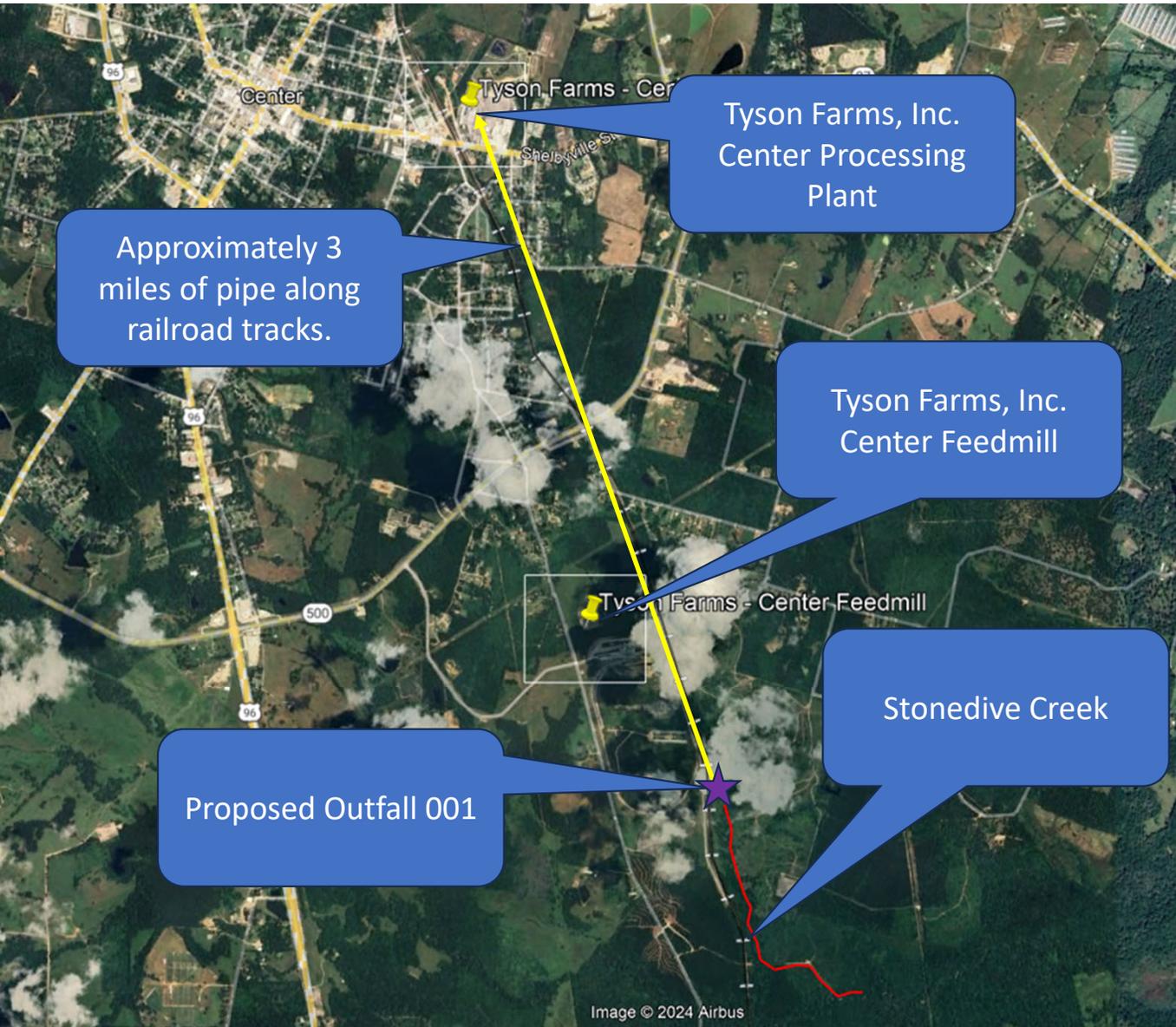
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Tyson Farms, Inc.
Center Processing Plant
Proposed Outfall + 1 mile

LEGEND

- ★ Proposed Outfall 001
- 1 mile of Stonedive Creek



Tyson Farms, Inc.
Center Processing Plant
Proposed Outfall + 1 mile

LEGEND

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- 1 mile of Stonedive Creek

Tyson Farms, Inc.
Center Processing Plant
Proposed Outfall + 1 mile



LEGEND

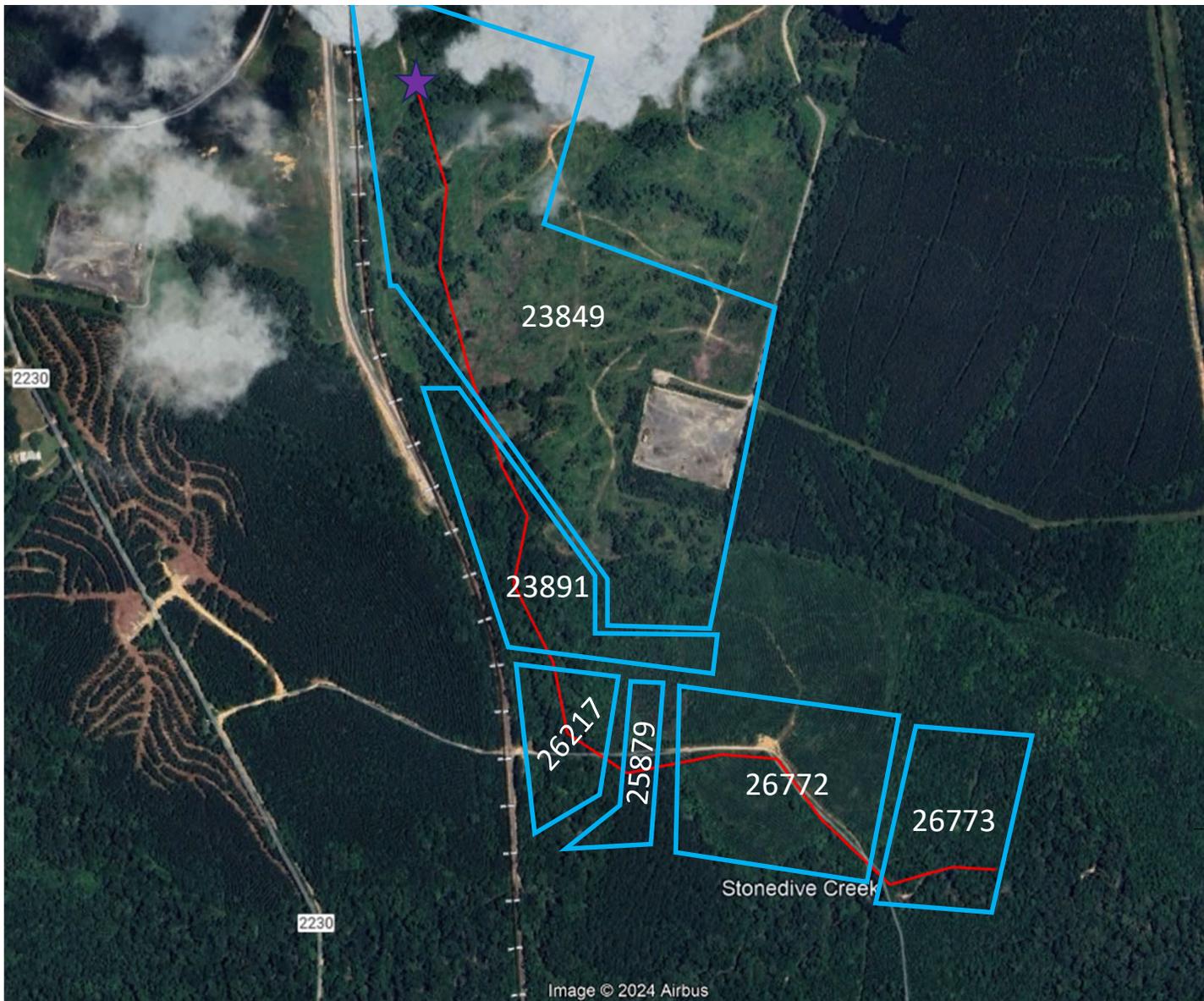
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- 1 mile of Stonedive Creek

Tyson Farms, Inc.
Center Processing Plant
Proposed Outfall + 1 mile

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23849	William Warren	PO Box 1833, Center, TX 75935
23891	Carthage Timberlands TX LP C/O Hancock Natural Resource Group, INC.	6425 Youree Drive, Ste 160, Shreveport, LA 71105
26217	Carthage Timberlands TX LP C/O Hancock Natural Resource Group, INC.	6425 Youree Drive, Ste 160, Shreveport, LA 71105
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26773	Oliver Wardlow	9113 US HWY 96 S., Center, TX 75935

LEGEND

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Tyson Farms, Inc.
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Current Outfall + 1 mile

LEGEND

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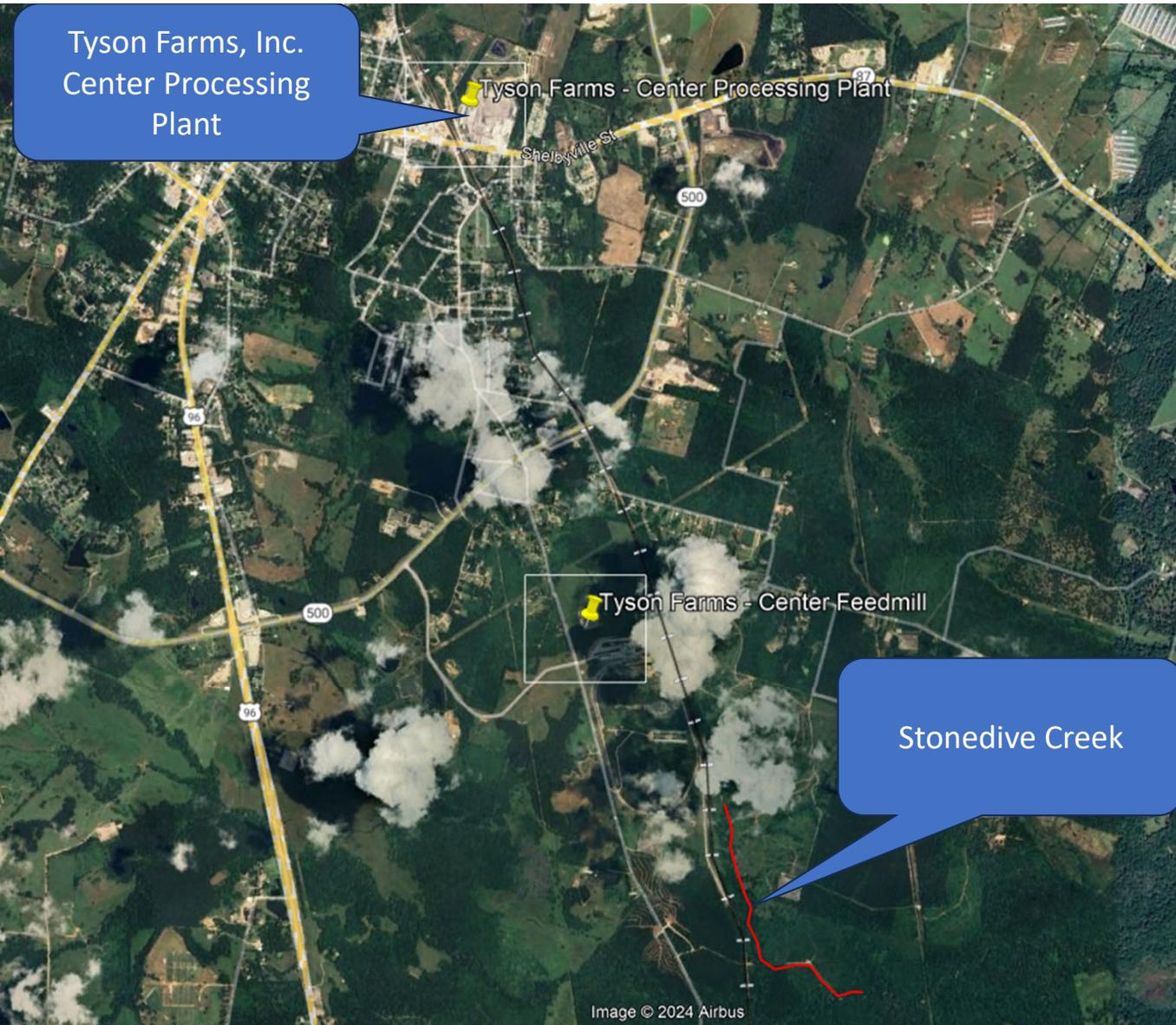
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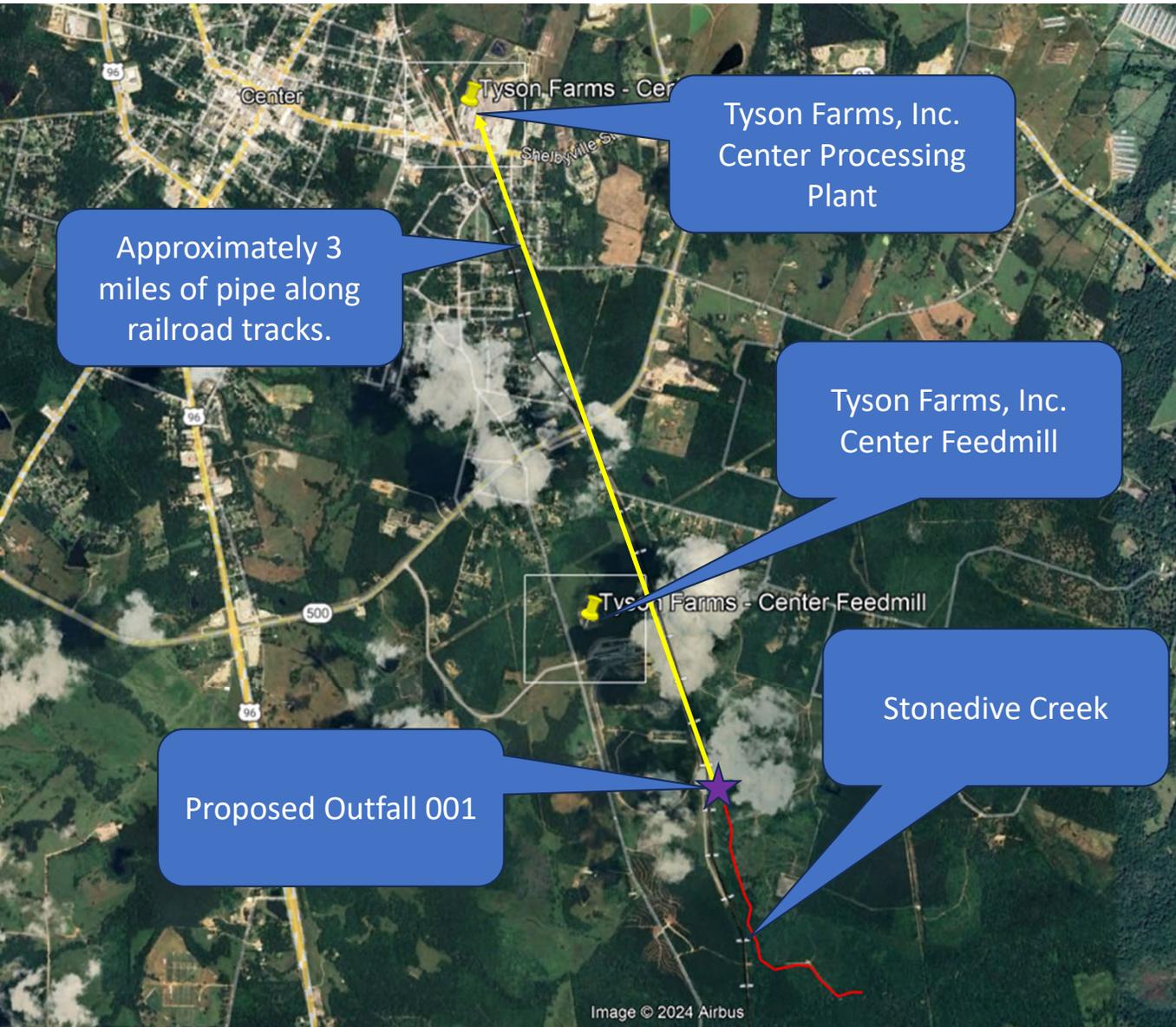
— 1 mile of Cedar Creek



Tyson Farms, Inc.
Center Processing Plant
Proposed Outfall + 1 mile

LEGEND

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Current Outfall + 1 mile

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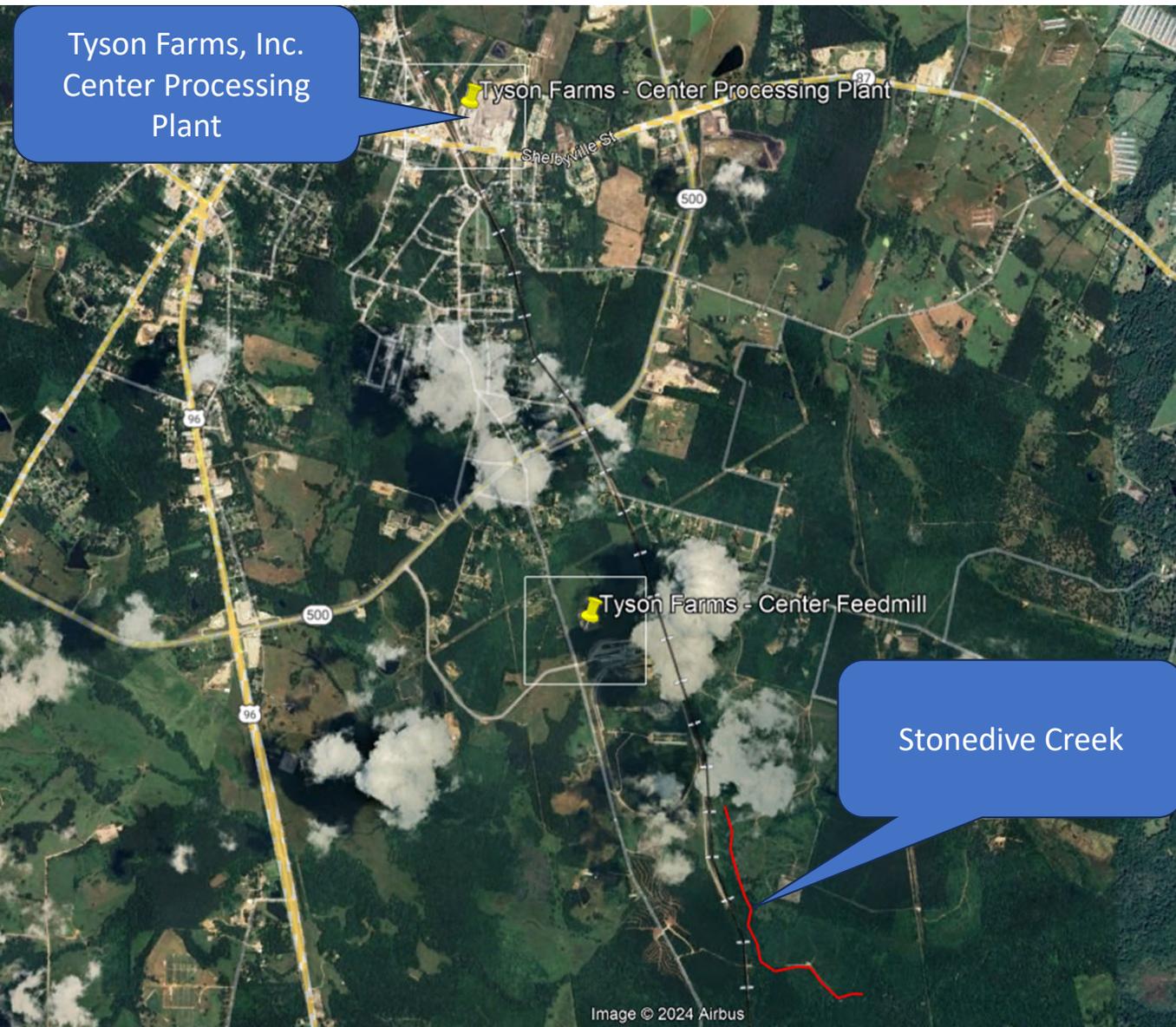
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LEGEND

★ Outfall 001

— 1 mile of Cedar Creek



Tyson Farms, Inc.
Center Processing
Plant

Tyson Farms - Center Processing Plant

Shelbyville St

500

500

96

Tyson Farms - Center Feedmill

Stonedive Creek

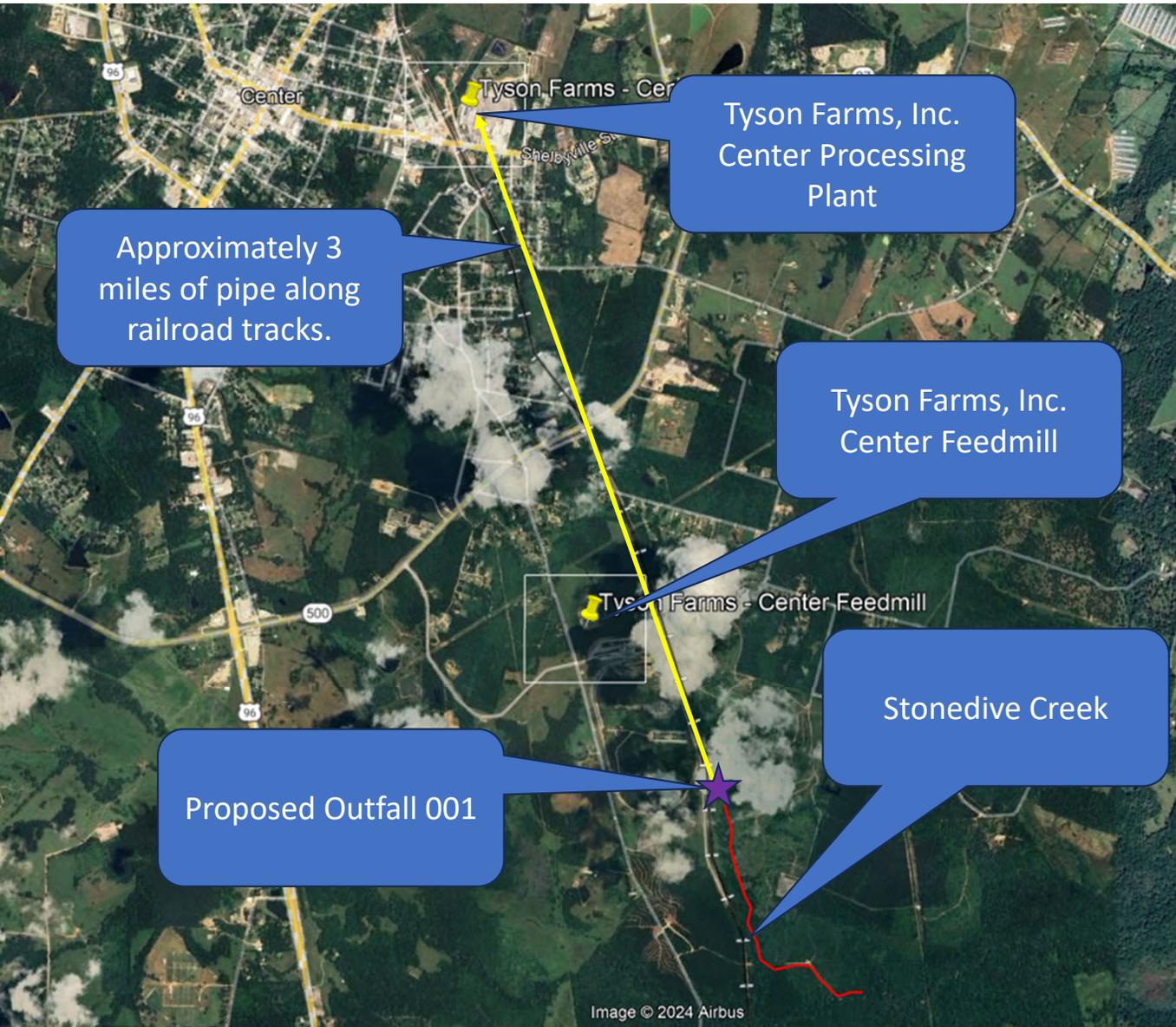
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Tyson Farms, Inc.
Center Processing Plant
Proposed Outfall + 1 mile

LEGEND

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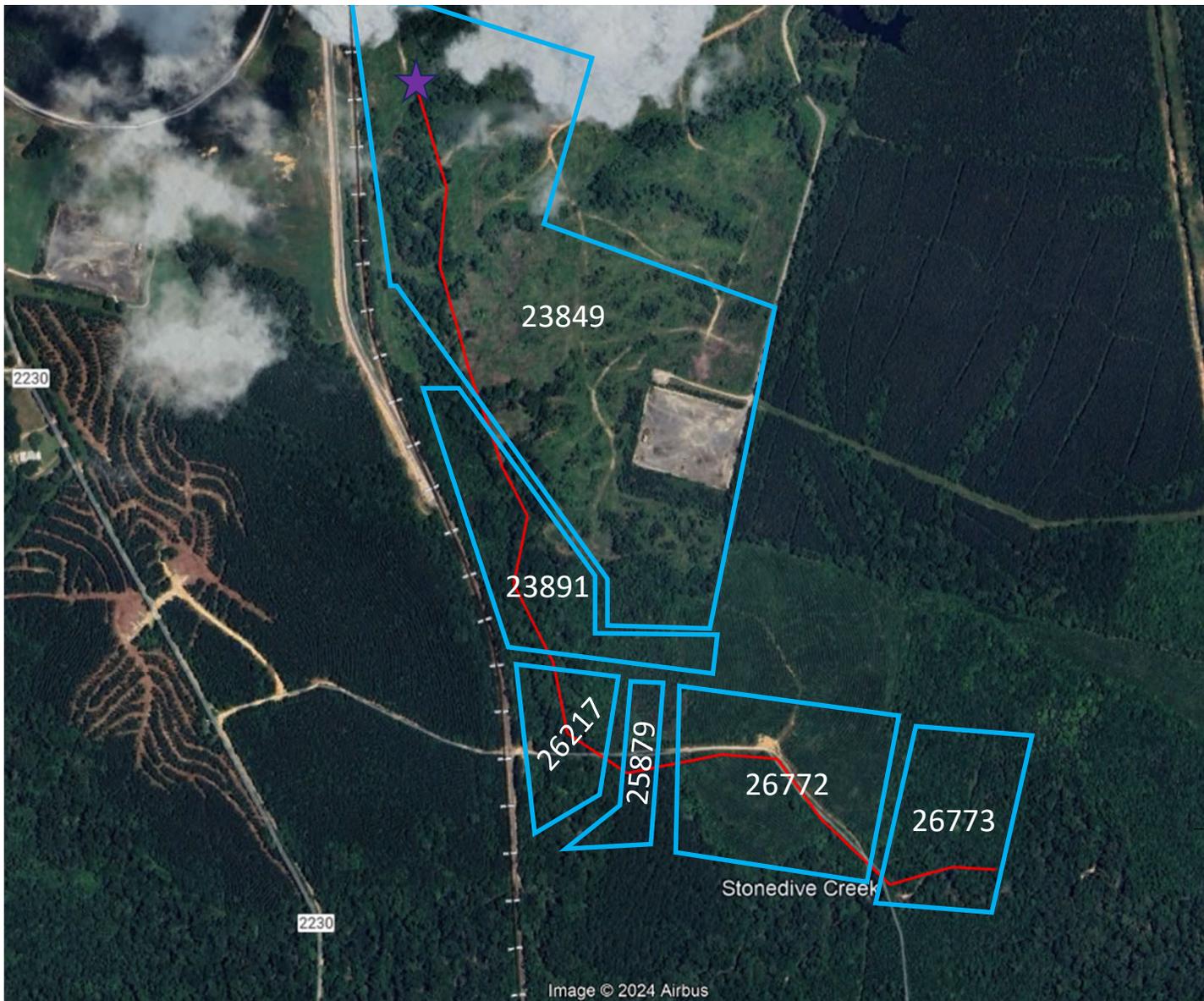
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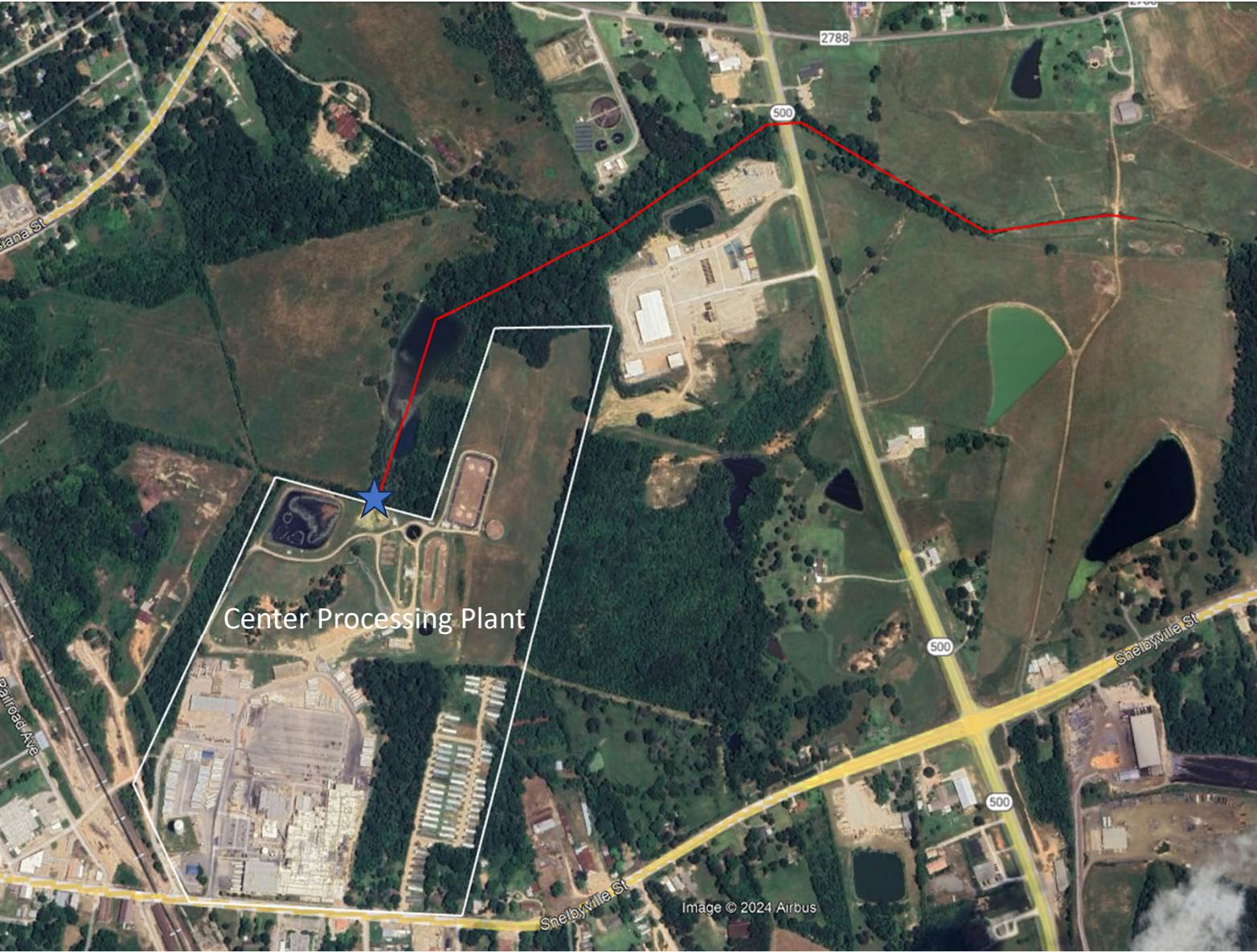
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Current Outfall + 1 mile

LEGEND

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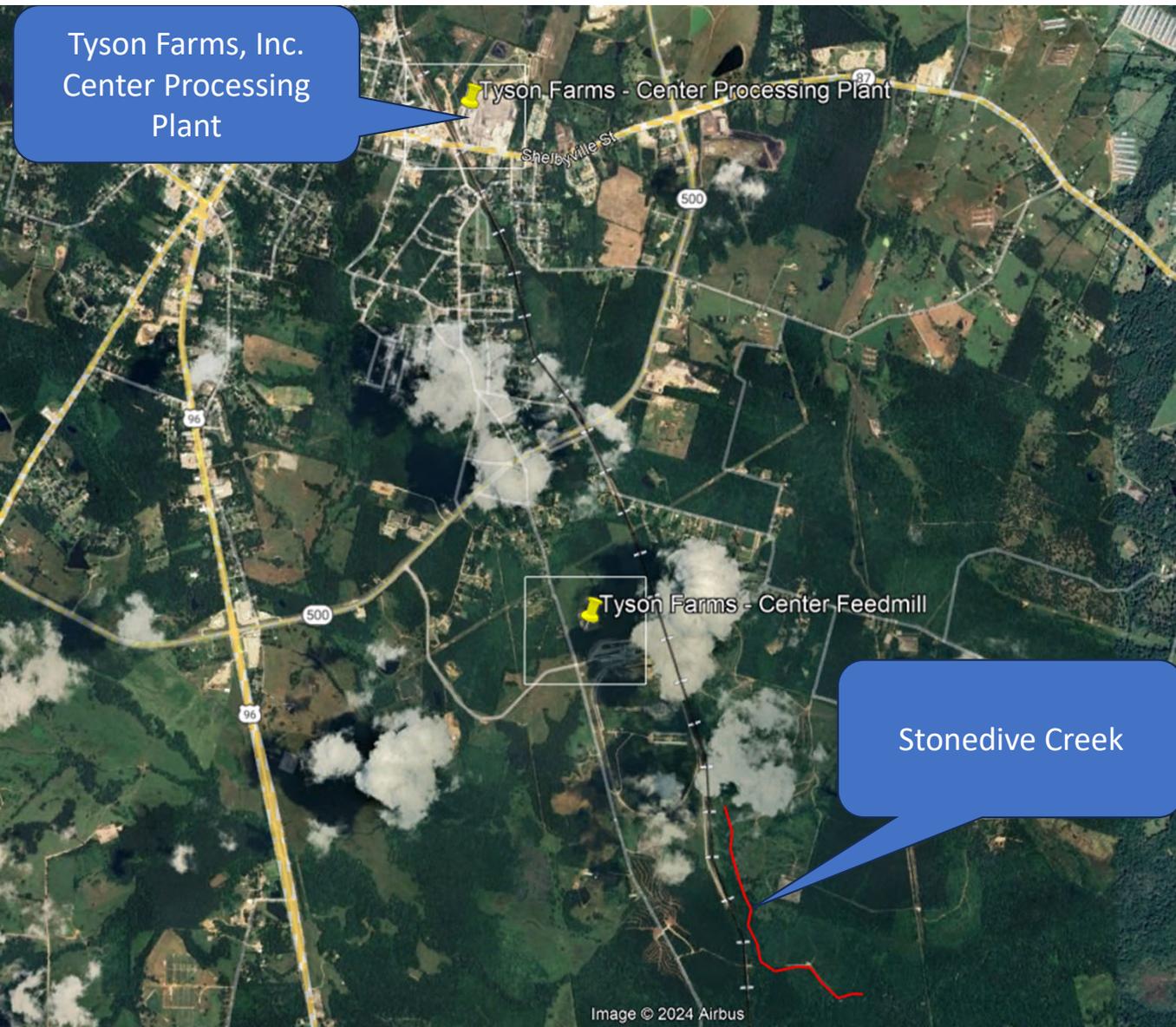
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LEGEND

★ Outfall 001

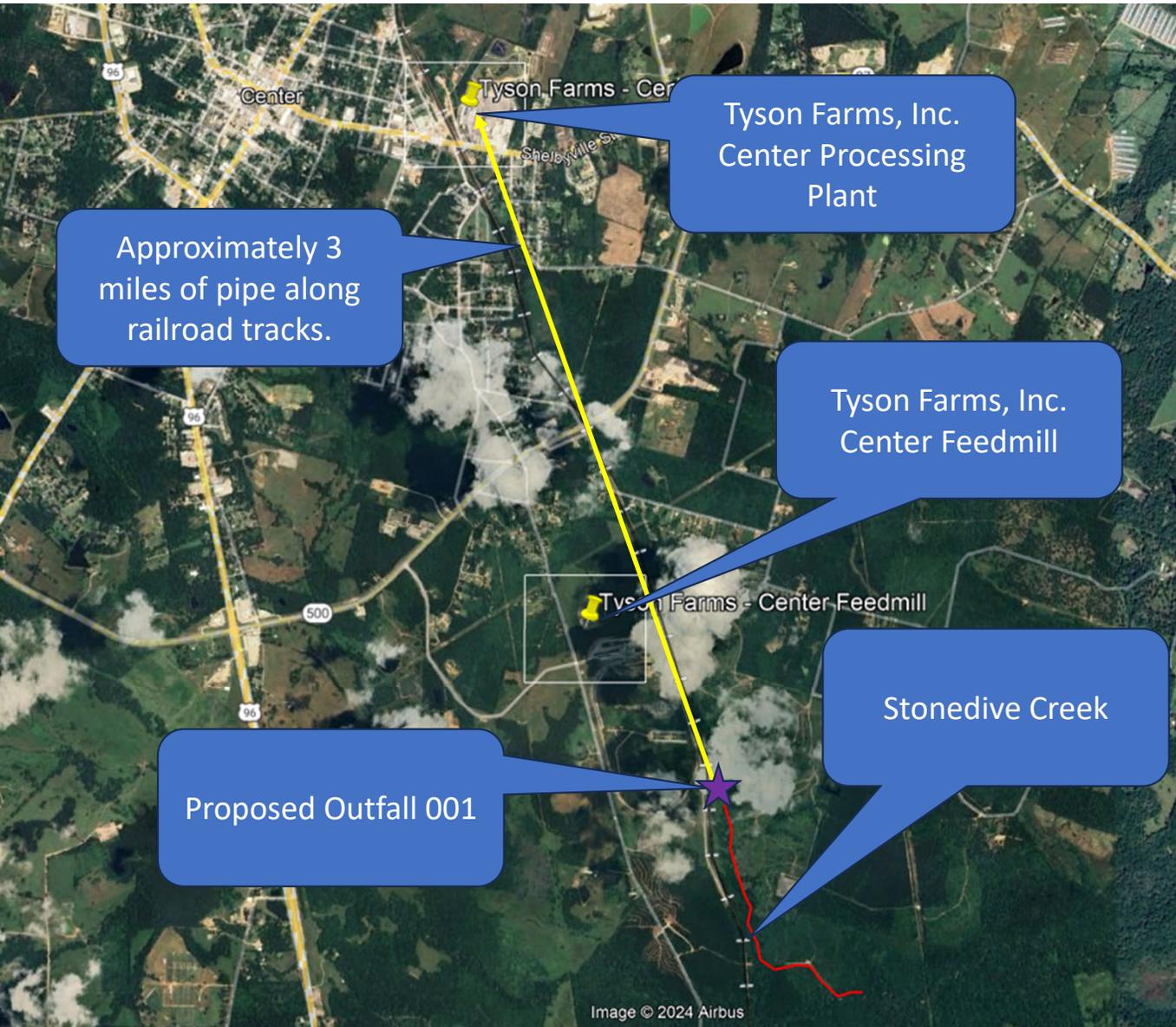
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Tyson Farms, Inc.
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LEGEND

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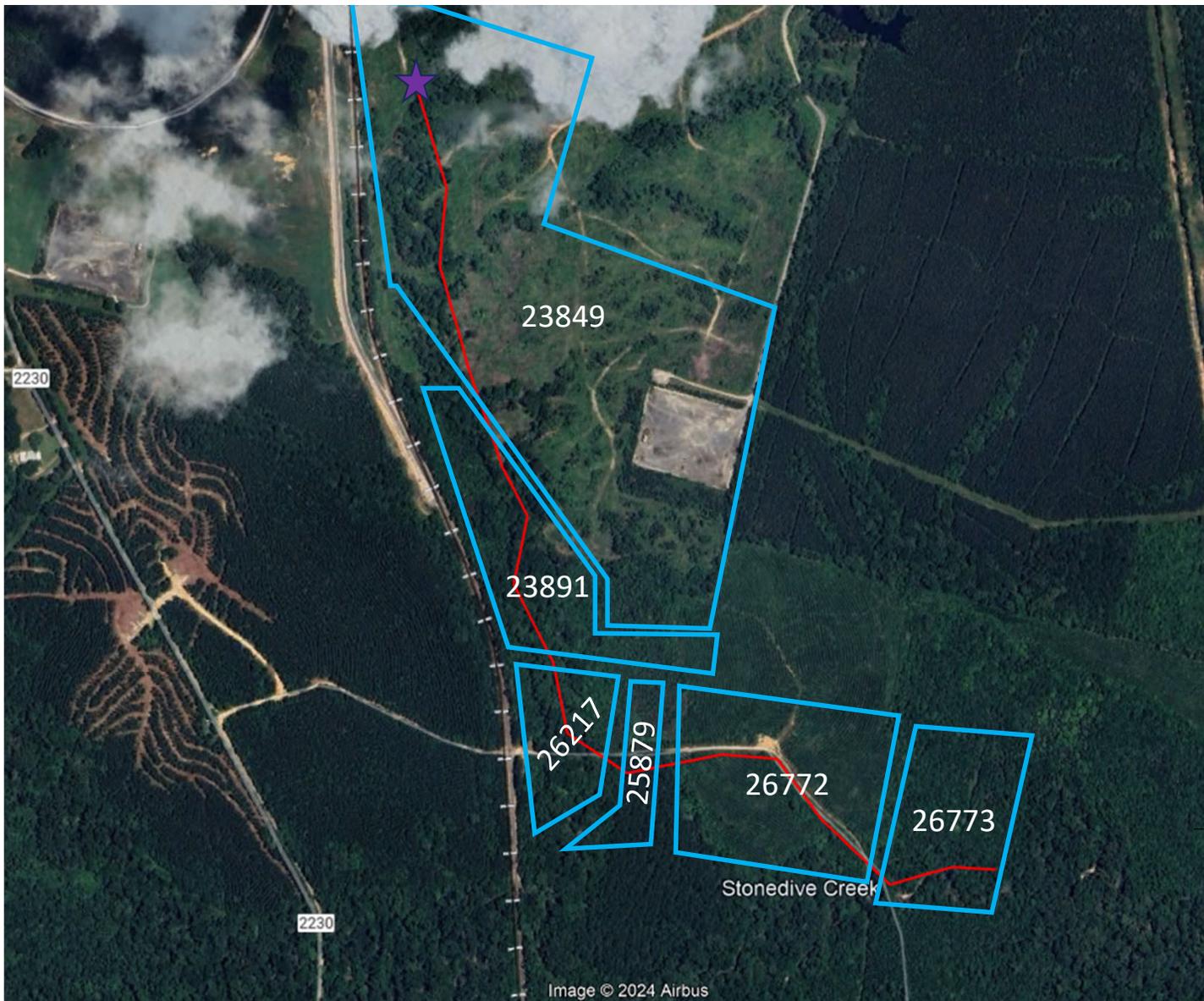
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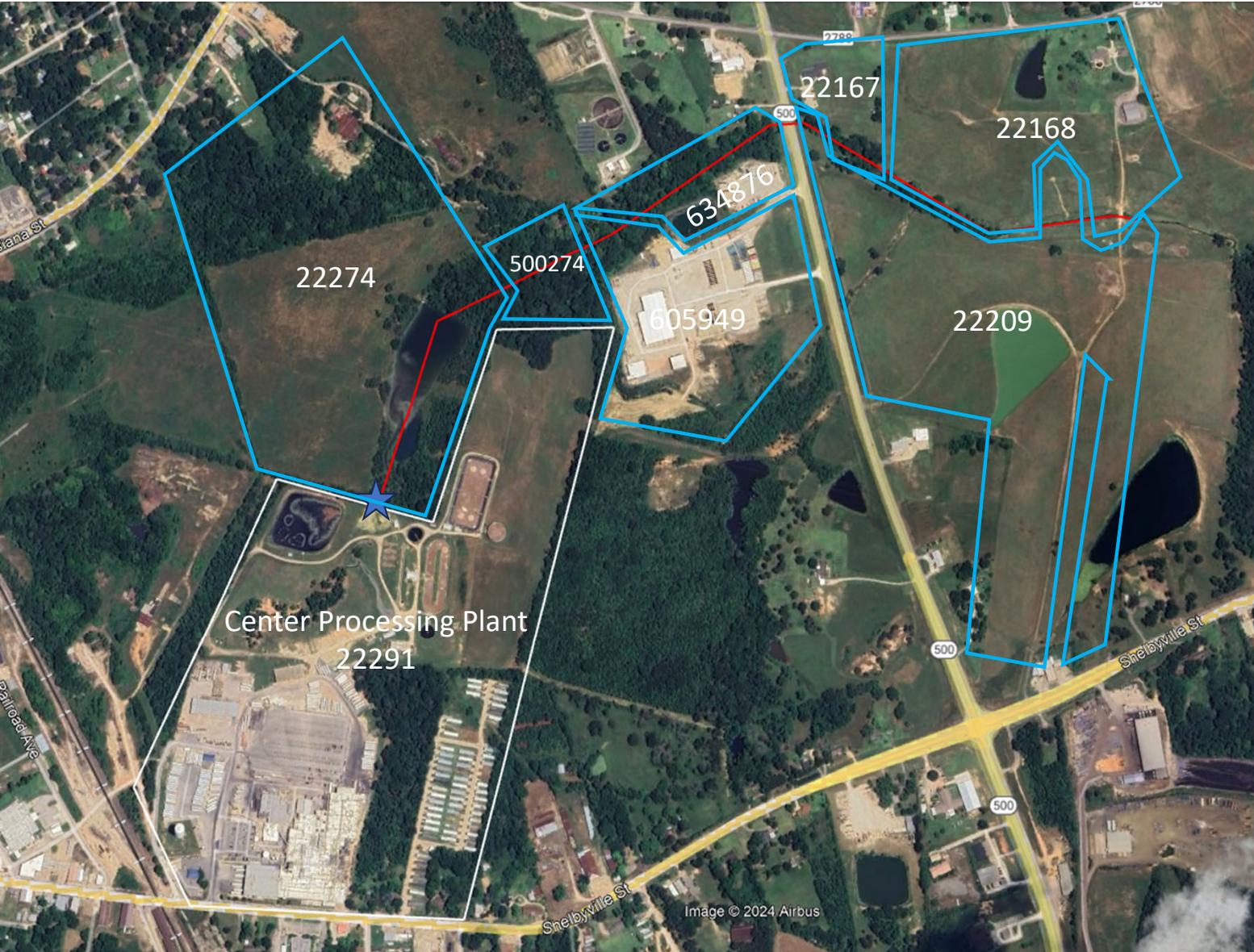


Tyson Farms, Inc.
Center Processing Plant
Current Outfall + 1 mile

LEGEND

★ Outfall 001

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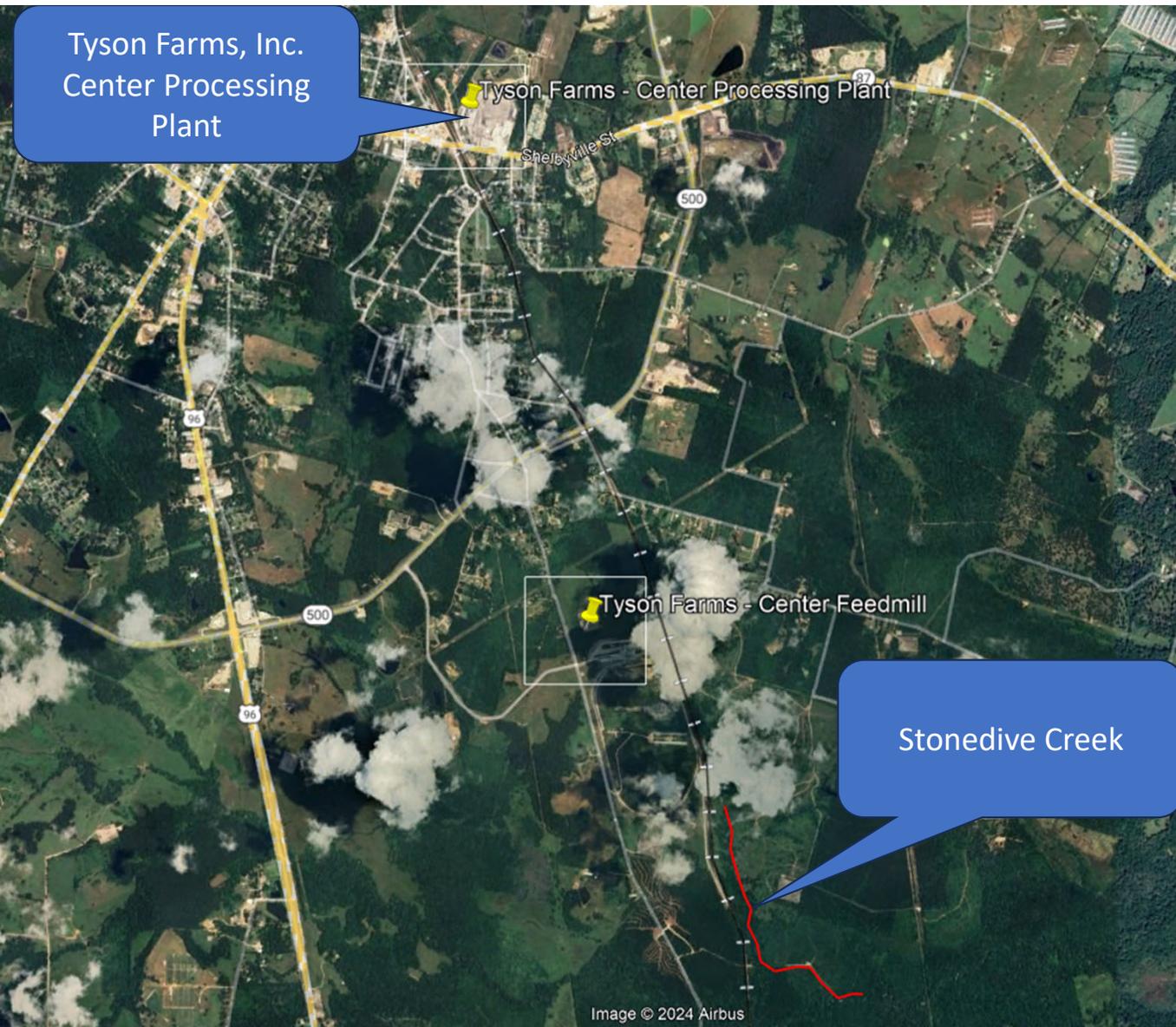
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LEGEND

★ Outfall 001

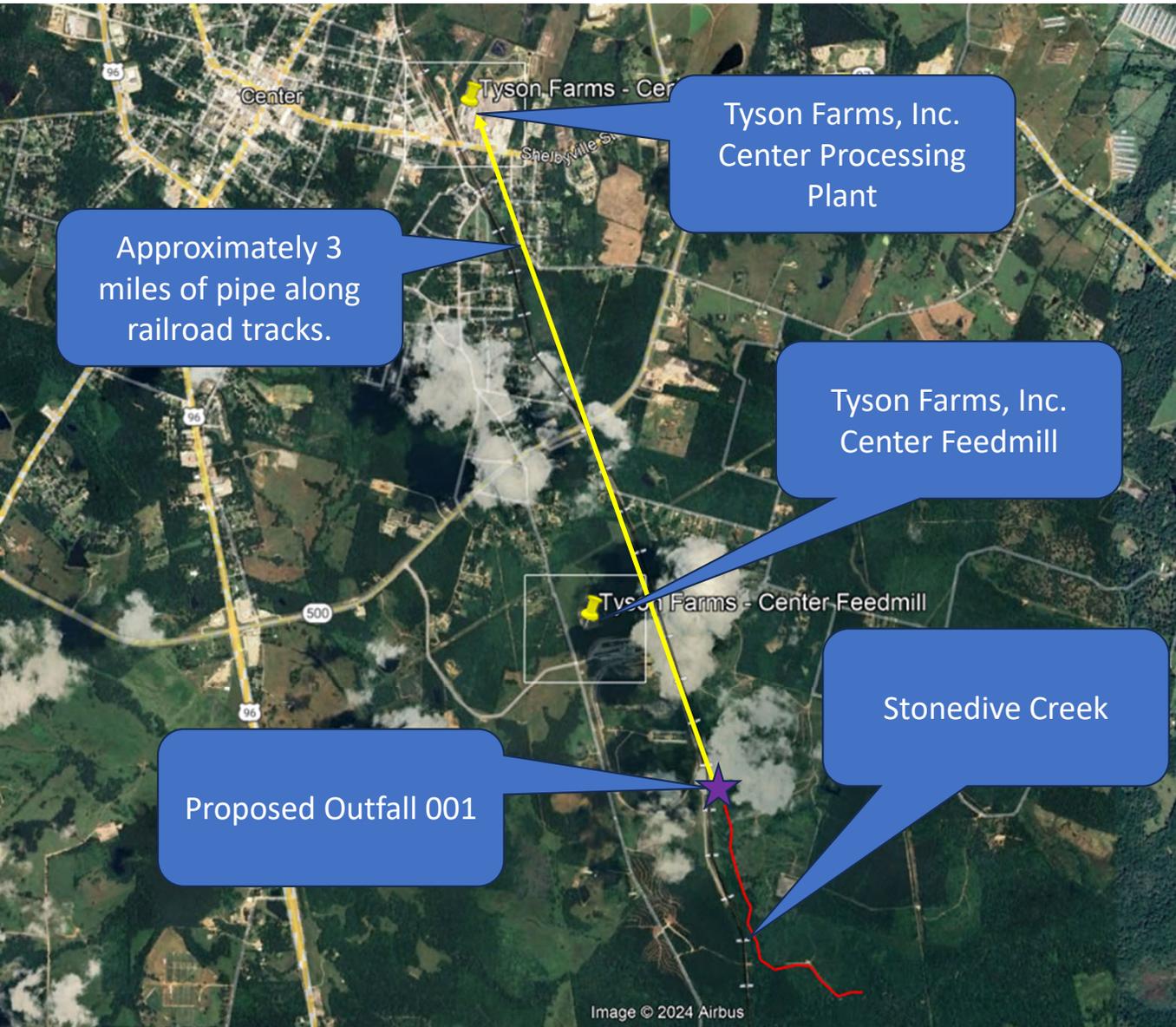
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Tyson Farms, Inc.
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LEGEND

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Tyson Farms, Inc.
Center Processing Plant
Proposed Outfall + 1 mile

LEGEND

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Tyson Farms, Inc.
Center Processing Plant
Proposed Outfall + 1 mile



LEGEND

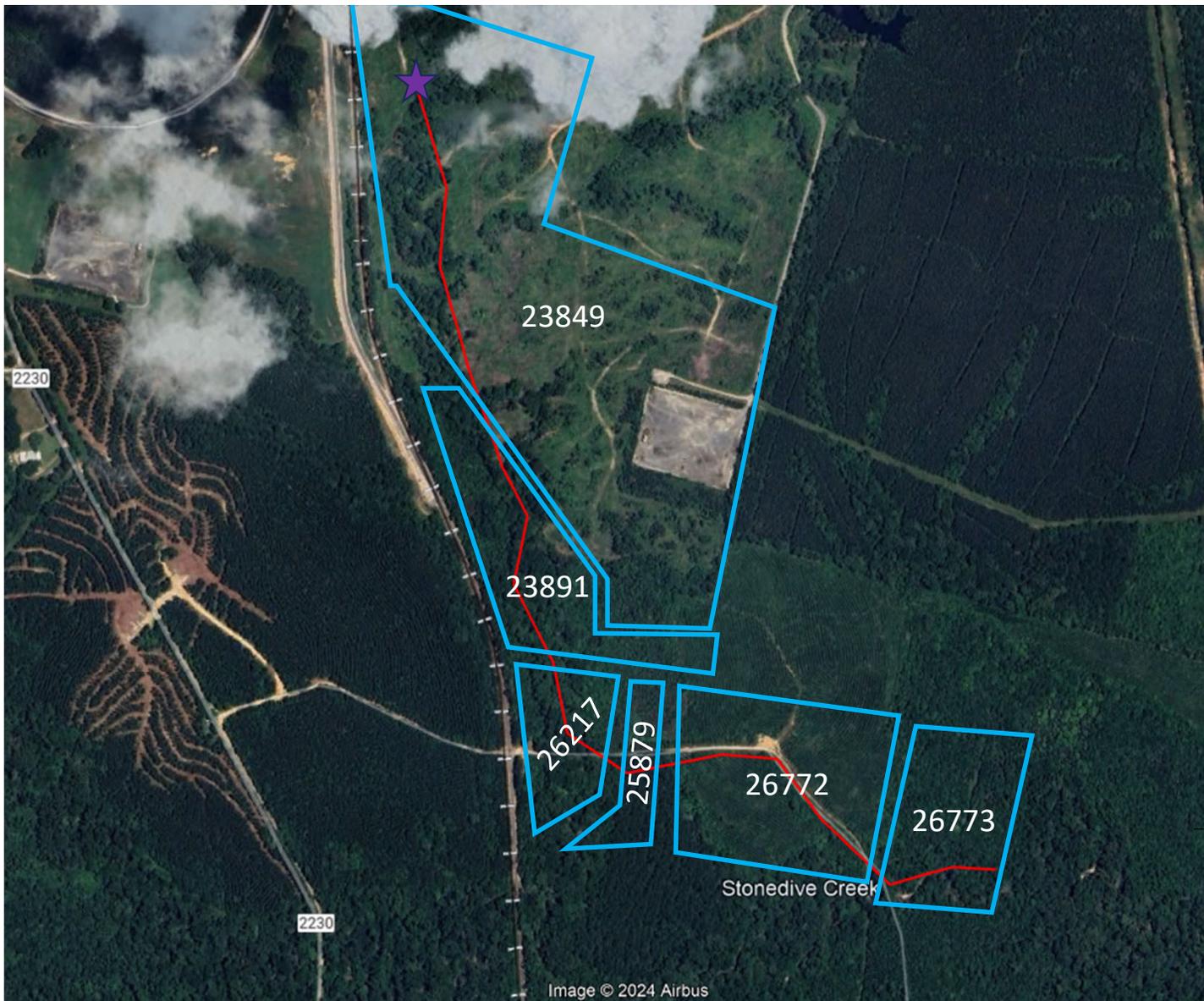
- ★ Proposed Outfall 001
- 1 mile of Stonedive Creek

Tyson Farms, Inc.
Center Processing Plant
Proposed Outfall + 1 mile

Property ID	Owners	Address of Owners
23849	William Warren	PO Box 1833, Center, TX 75935
23891	Carthage Timberlands TX LP C/O Hancock Natural Resource Group, INC.	6425 Youree Drive, Ste 160, Shreveport, LA 71105
26217	Carthage Timberlands TX LP C/O Hancock Natural Resource Group, INC.	6425 Youree Drive, Ste 160, Shreveport, LA 71105
25879	Carthage Timberlands TX LP C/O Hancock Natural Resource Group, INC.	6425 Youree Drive, Ste 160, Shreveport, LA 71105
26772	Carthage Timberlands TX LP C/O Hancock Natural Resource Group, INC.	6425 Youree Drive, Ste 160, Shreveport, LA 71105
26773	Oliver Wardlow	9113 US HWY 96 S., Center, TX 75935

LEGEND

- ★ Proposed Outfall 001
- 1 mile of Stonedive Creek





Tyson Farms, Inc.
Center Processing Plant
Current Outfall + 1 mile

LEGEND

★ Outfall 001

— 1 mile of Cedar Creek



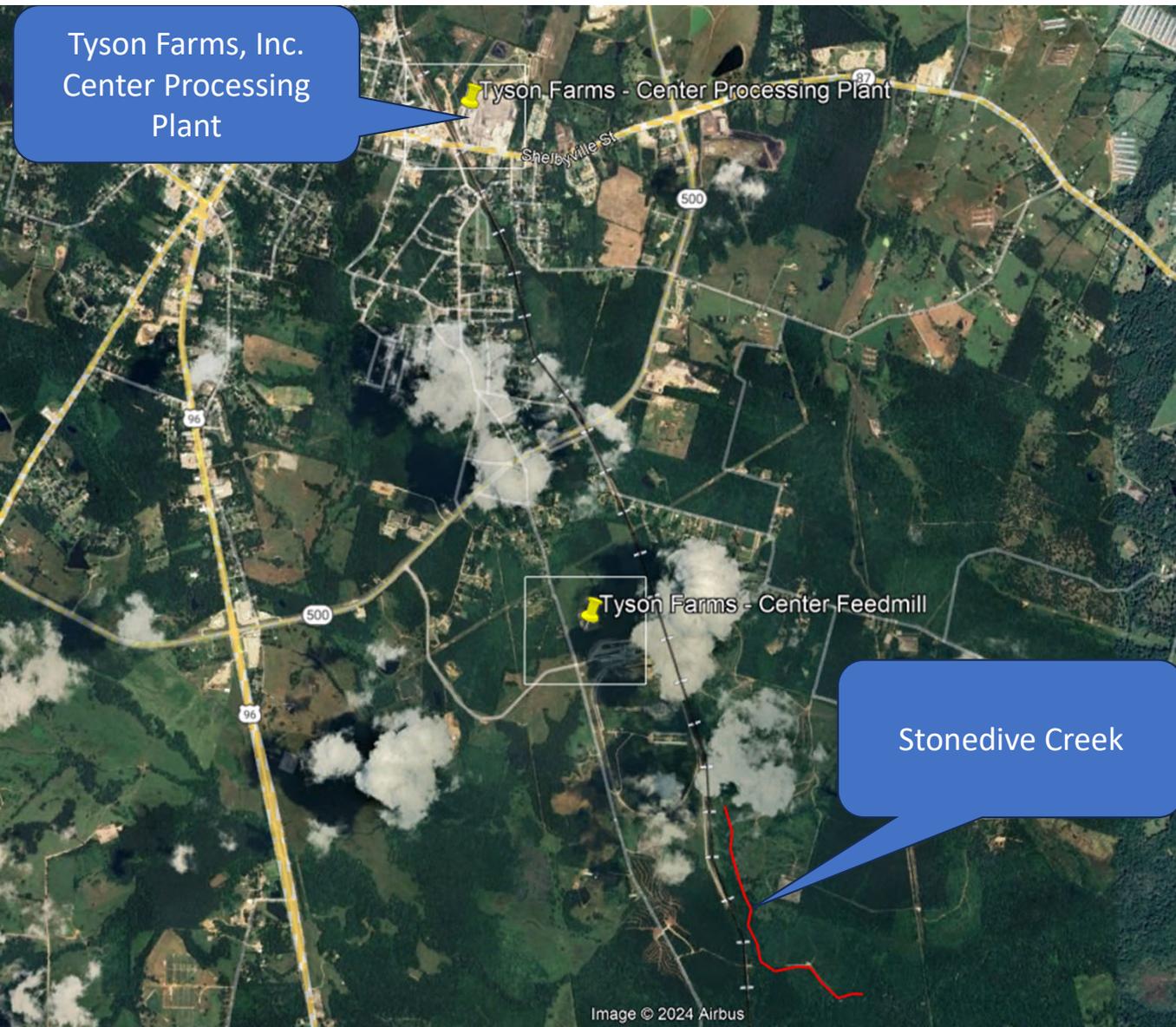
**Tyson Farms, Inc.
Center Processing Plant
Current Outfall + 1 mile**

Property ID	Owners	Address of Owners
22291	Tyson Foods, Inc	1019 Shelbyville Street, Center, TX 75935
22274	Martin Middleton	30111 Torrey Pines Circle, Georgetown, TX 78628
500274	City of Center	PO Box 1744, Center, TX 75935
605949	MG Real Properties, LTD	PO Box 790, Beaumont, TX 77701
634876	C3M Services, LLC	7926 FM 2609, Nacogdoches, TX 75965
22167	Primera Iglesia Bautista of Center Texas	615 Loop 500, Center, TX 75935
22209	J B Raymond	944 FM 2788, Center, TX 75935
22168	J B Raymond	944 FM 2788, Center, TX 75935

LEGEND

★ Outfall 001

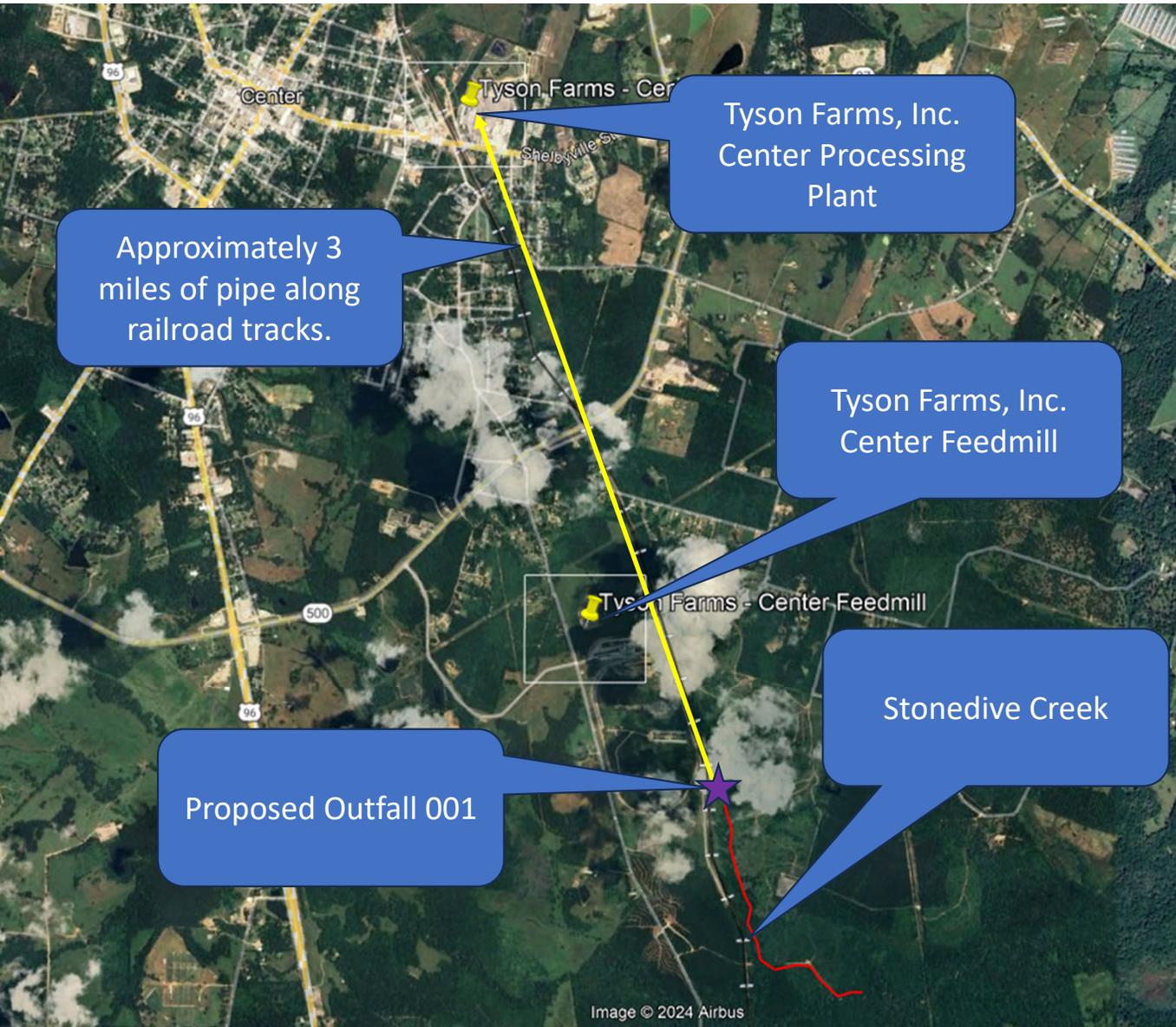
— 1 mile of Cedar Creek



Tyson Farms, Inc.
Center Processing Plant
Proposed Outfall + 1 mile

LEGEND

- ★ Proposed Outfall 001
- 1 mile of Stonedive Creek



Tyson Farms, Inc.
Center Processing Plant
Proposed Outfall + 1 mile

LEGEND

- ★ Proposed Outfall 001
- 1 mile of Stonedive Creek

Tyson Farms, Inc.
Center Processing Plant
Proposed Outfall + 1 mile



LEGEND

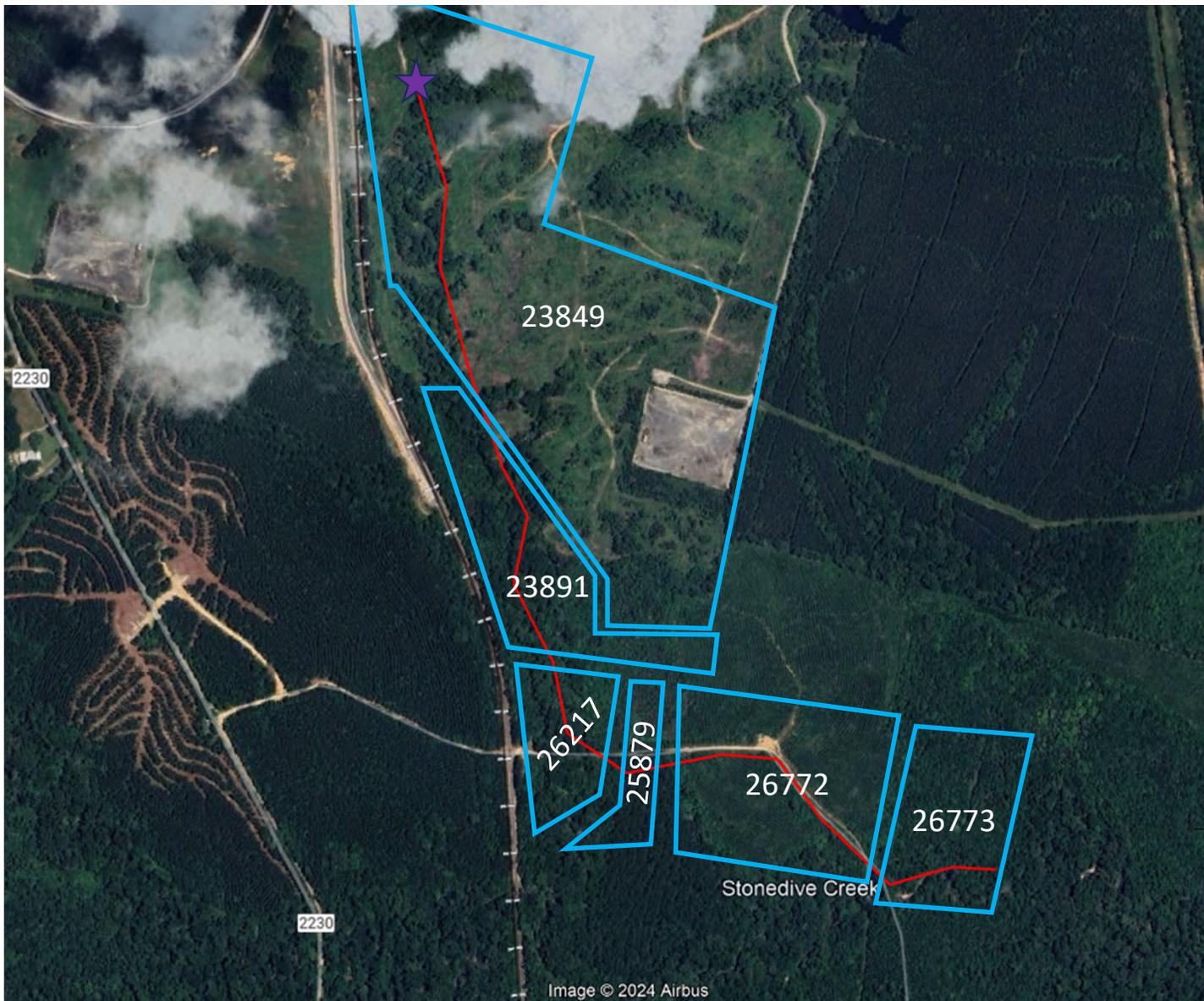
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Tyson Farms, Inc.
Center Processing Plant
Proposed Outfall + 1 mile

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26772	Carthage Timberlands TX LP C/O Hancock Natural Resource Group, INC.	6425 Youree Drive, Ste 160, Shreveport, LA 71105
26773	Oliver Wardlow	9113 US HWY 96 S., Center, TX 75935

LEGEND

- ★ Proposed Outfall 001
- 1 mile of Stonedive Creek



Tyson Farms, Inc. - Center Processing Plant - Surrounding Properties

Property ID	Owners	Address of Owners
22291	Tyson Foods, Inc	1019 Shelbyville Street, Center, TX 75935
22012	Dixie Dellinger	1027 Shelbyville Street, Center TX 75935
22014	Hidden Creek, LLC	1111 Shelbyville Street, #100, Center, TX 75935
634873	MG Real Properties, Ltd	PO Box 790, Beaumont, TX 77701
605949	MG Real Properties, Ltd	PO Box 790, Beaumont, TX 77701
500274	Martin Middleton	30111 Torrey Pines Circle, Georgetown, TX 78628
22274	Martin Middleton	30111 Torrey Pines Circle, Georgetown, TX 78628
22273	ETA Holdings, LLC	813 N Timerbland Drive, Lufkin, TX 75901
22289	Tree Harvesting, LLC	306 Industrial Drive, Center, TX 75935
22796	Tree Harvesting, LLC	306 Industrial Drive, Center, TX 75935
21998	Center ISD	PO Box 1689, Center, TX 75935
22008	City of Center	1004 Shelbyville Street, Center, TX 75935
21999	Eddie Boykins	205 Cemetery Road, Center, TX 75935
22000	City of Center Police Station	1020 Shelbyville Street, Center, TX 75935
22002	Noel Pacheco	PO Box 821, Center, TX 75935

Tyson Farms, Inc. - Center Processing Plant - Current Outfall Surrounding Properties

Property ID	Owners	Address of Owners
22291	Tyson Foods, Inc	1019 Shelbyville Street, Center, TX 75935
22274	Martin Middleton	30111 Torrey Pines Circle, Georgetown, TX 78628
500274	City of Center	PO Box 1744, Center, TX 75935
605949	MG Real Properties, LTD	PO Box 790, Beaumont, TX 77701
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22209	J B Raymond	944 FM 2788, Center, TX 75935
22168	J B Raymond	944 FM 2788, Center, TX 75935

Tyson Farms, Inc. - Center Processing Plant - Proposed Outfall Surrounding Properties

Property ID	Owners	Address of Owners
23849	William Warren	PO Box 1833, Center, TX 75935
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Tyson Farms, Inc. - Center Processing Plant - Proposed Outfall Surrounding Properties

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23849	William Warren	PO Box 1833, Center, TX 75935
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26773	Oliver Wardlow	9113 US HWY 96 S., Center, TX 75935

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)**

**FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL
TPDES WASTEWATER PERMIT APPLICATIONS**

TCEQ USE ONLY:

Application type: Renewal Major Amendment Minor Amendment New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

Texas Historical Commission

U.S. Fish and Wildlife

Texas Parks and Wildlife Department

U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Tyson Farms, Inc.

Permit No. WQ00 02064000

EPA ID No. TX 0072982

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

1019 Shelbyville St.; Center, TX 75935

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

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

First and Last Name: Eric Rodriguez

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

Title: Sr. Environmental Manager

Mailing Address: 1019 Shelbyville St.

City, State, Zip Code: 75935

Phone No.: 806-517-5317 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: eric.rodriquez@tyson.com

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

001 & 002: to an unnamed tributary of Cedar Creek, thence to Cedar Creek, thence to Prairie Creek, thence to Tenaha Creek, thence to Toledo Bend Reservoir in Segment No. 0504 of the Sabine River Basin

003: to Stonedive Creek, thence to Huana Creek, thence to Teneha Creek, thence to Toledo Bend Reservoir in Segment No. 0504 of the Sabine River [REDACTED]

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):

If approved, Tyson proposes to install a pipeline from the existing facility to StoneDive Creek. The pipeline should be 4 miles or less and would involve excavation to install the pipeline and any necessary lift stations. The depth of excavation will be consistent with normal engineering practices. The project will not include sealing of caves or Karst features.

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

Existing vegetation is grasses and trees. The optimal path for the pipeline will follow the railroad track that runs alongside Stonedive Creek. Land use is a mix of industrial, urban and rural.

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:

1976 Is the best estimated date for construction at the facility.

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

The facility was constructed by Holly Farms and was later purchased by Tyson Foods. The name of the architect and builder is unknown.



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](#)¹ available on the TCEQ website. Please contact the Industrial Permits Team at 512-239-4671 with any questions about this form.

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

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

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

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

Live poultry are transported to the site where they are sedated, slaughtered, scalded, defeathered, eviscerated, chilled, cut-up, and packaged. Finished product is then shipped to local and national customers.

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

Tyson Farms, Inc. owns and operates a poultry processing facility located in Center, TX. Industrial activities at the facility include the slaughter and processing of broilers for retail consumer markets. City water is purchased and used for the slaughter, scalding, eviscerating, chilling, and cut-up, processes throughout the production shifts (2 per day). Also, during the sanitation shift where all associated equipment and areas within the facility are cleaned and sanitized. The wastewater facility then treats all the process wastewater and some stormwater in an activated sludge treatment plant which is owned and operated by Tyson Farms, Inc. The treated effluent is then returned to the environment via direct discharge to an unnamed tributary of Cedar Creek and via discharge to Stone Dive Creek.

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

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

Materials List

Raw Materials	Intermediate Products	Final Products
Live Poultry		Fresh packed poultry for
		Consumer consumption

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: Attachment I

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 Flood Map, Effective September 4th, 1985.

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: N/A

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

Yes No N/A (renewal only)

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

Yes No

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.

1-T: Screening
2-D: Coagulation
1-H: Flocculation
1-H: Flotation
3-A: Activated Sludge
3-D: Nitrification-Denitrification
1-U: Sedimentation (settling)
2-F: Disinfection (Chlorine)
2-E: De-Chlorination
2-H: Disinfection (Other)
4-C: Reuse/Recycle of Treated Effluent
4-A: Discharge to Surface Water
5-T: Sludge Lagoon
5-P: Land Application

All units associated with outfall 001 & 03 and the discharge is currently treated with either chlorine or UV disinfection.

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: Attachment J

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)	T	T		
Associated Outfall Number	001 / 003	001 / 003		
Liner Type (C) (I) (S) or (A)	C	S		
Alt. Liner Attachment Reference	N/A	N/A		
Leak Detection System, Y/N	N	N		
Groundwater Monitoring Wells, Y/N	N	N		
Groundwater Monitoring Data Attachment	N/A	N/A		
Pond Bottom Located Above The Seasonal High-Water Table, Y/N	Y	Y		
Length (ft)	300	375		
Width (ft)	275	160		
Max Depth From Water Surface (ft), Not Including Freeboard	10	14		

Parameter	Pond #	Pond #	Pond #	Pond #
Freeboard (ft)	2	2		
Surface Area (acres)	1.9	1.65		
Storage Capacity (gallons)	6.181 (MG)	6.28 (MG)		
40 CFR Part 257, Subpart D, Y/N	N	N		
Date of Construction	1976*	1976*		

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: [Click to enter text.](#)

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

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

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

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

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

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

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

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	31.4750	-94.0952
002	31.4752	-94.0952
003	31.74866274	-94.14985288

Outfall Location Description

Outfall No.	Location Description
001	North of Tyson's Onsite WWTP
002	North of Tyson's Onsite WWTP
003	South East of The Tyson Feed Mill Property

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

Outfall No.	Description of sampling point
001	Samples collected at Parshall flume following disinfection (31.47.52; -94.09.51)
002	Sample collected at overflow pipe located south of access road. (31.47.50; -94.09.54)
003	Samples collected at Parshall flume following disinfection (31.47.52; -94.09.51)

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	1.5	2.5	1.5	2.5	Current
003	1.5	2.5	1.5	2.5	9/01/25

Outfall Discharge – Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	N	Y	V-Notch/Parshall Flume
002	N	Y	Calculated
003	Y	N	V-Notch/Parshall Flume or Flow Meter

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	N	Y	N	24	31	12
002	Y	N	Y	Variable	Variable	Variable
003	N	Y	N	24	31	12

Outfall Wastestream Contributions

Outfall No. 001

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Process Wastewater	1.65	93.4%
Cooling Tower Blowdown	0.005	.2%
Stormwater	0.1110	6.28%

Outfall No. 002

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Stormwater	Variable	100%

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

Outfall No. 003

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Process Wastewater	1.65	92.2%
Cooling Tower Blowdown	0.005	.2%
Stormwater	0.1110	6.28%
Boiler Blowdown	.02	1.2%

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

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: [Attachment K](#)

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	6	3024	6192
Boilers	2	10,000	20,000

Item 6. Stormwater Management (Instructions, Page 44)

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

- Yes No

If **yes**, briefly describe the industrial processes and activities that occur outdoors or in a manner which may result in exposure of the activities or materials to stormwater: [Click to enter text.](#)

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: [Click to enter text.](#)
- b. Provide the name and TCEQ, NPDES, or TPDES Permit No. of the waste-disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.
City of Center	NPDES Permit# 0076953 WQ0010063-003

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: 7 Day survival and reproduction Ceriodaphnia, 7 day survival and growth pimephales promelas, 24 hour acute Daphnia pulex and pimephales promelas.

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)
N/A	N/A

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

Yes No

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

Radioactive Materials Present in the Discharge

Radioactive Material Name	Concentration (pCi/L)
N/A	N/A

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)

CWIS ID	N/A	N/A	N/A	N/A
Owner	N/A	N/A	N/A	N/A
Operator	N/A	N/A	N/A	N/A

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. TX2100001

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: [Click to enter text.](#)

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: [Click to enter text.](#)

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*: Not Using CWIS

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

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

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

Yes No

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

- f. Oil and Gas Exploration and Production

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

Yes No

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

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

Yes No

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: [Click to enter text.](#)

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.

The facility is proposing a 3rd outfall (003) which will discharge into Stone Dive Creek. This is being requested as the facility is unable to meet the new TDS limits that were added to the permit in the last permit renewal. Stone Dive Creek limits should be sufficient to handle discharges from the facility.

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: Michael McDonald

Title: Complex Manager

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
Meat and Poultry Products Point Source Category	432 Subpart K

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.

Included in Flow Diagram (Attachment J)

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

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.: **Outfall #1**

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)	ND	ND	ND	ND
CBOD (5-day)	2.15	2.03	-	ND
Chemical oxygen demand	22.3	22.3	ND	ND
Total organic carbon	6.86	7.97	6.92	7.11
Dissolved oxygen	7.90	8.46	7.38	-
Ammonia nitrogen	1.43	.180	.159	.190
Total suspended solids	2.20	2.10	ND	2.00
Nitrate nitrogen	42.9	45.4	37.2	36.9
Total organic nitrogen	ND	ND	ND	ND
Total phosphorus	6.05	6.37	6.65	6.62
Oil and grease	ND	ND	-	-
Total residual chlorine	ND	ND	ND	ND

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
Total dissolved solids	700	740	750	620
Sulfate	31.9	42.5	42.6	36.3
Chloride	99.2	101	103	99.7
Fluoride	1.155	1.10	ND	ND
Total alkalinity (mg/L as CaCO3)	200	205	-	-
Temperature (°F)	70.16	67.28	73.04	-
pH (standard units)	7.36	7.93	7.51	-

Table 2 for Outfall No.: **Outfall #1**

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	.0424	.0572	.0571	.0523	2.5
Antimony, total	ND	ND	ND	ND	5
Arsenic, total	.00141	.00104	.000891	.000668	0.5
Barium, total	.00164	.00167	ND	ND	3
Beryllium, total	ND	ND	ND	ND	0.5
Cadmium, total	ND	ND	ND	ND	1
Chromium, total	ND	ND	ND	ND	3
Chromium, hexavalent	ND	ND	ND	ND	3
Chromium, trivalent	-	-	-	-	N/A
Copper, total	.00188	.00235	.00294	.00232	2
Cyanide, available	ND	ND	ND	ND	2/10
Lead, total	ND	ND	ND	ND	0.5
Mercury, total	ND	ND	ND	ND	0.005/0.0005
Nickel, total	.00225	.00246	.0021	.00206	2
Selenium, total	ND	ND	ND	ND	5
Silver, total	ND	ND	ND	ND	0.5
Thallium, total	ND	ND	ND	ND	0.5
Zinc, total	.00693	.00648	.00784	.00647	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.: [Click to enter text.](#) 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	ND	ND	ND	ND	50
Anthracene	-	-	-	-	10
Benzene	ND	ND	ND	ND	10
Benzdine	-	-	-	-	50
Benzo(a)anthracene	-	-	-	-	5
Benzo(a)pyrene	-	-	-	-	5
Bis(2-chloroethyl)ether	-	-	-	-	10
Bis(2-ethylhexyl)phthalate	-	-	-	-	10
Bromodichloromethane [Dichlorobromomethane]	ND	ND	ND	ND	10
Bromoform	ND	ND	ND	ND	10
Carbon tetrachloride	ND	ND	ND	ND	2
Chlorobenzene	ND	ND	ND	ND	10
Chlorodibromomethane [Dibromochloromethane]	ND	ND	ND	ND	10
Chloroform	ND	ND	ND	ND	10
Chrysene	-	-	-	-	5
m-Cresol [3-Methylphenol]	-	-	-	-	10
o-Cresol [2-Methylphenol]	-	-	-	-	10
p-Cresol [4-Methylphenol]	-	-	-	-	10
1,2-Dibromoethane	ND	ND	ND	ND	10
m-Dichlorobenzene [1,3-Dichlorobenzene]	ND	ND	ND	ND	10
o-Dichlorobenzene [1,2-Dichlorobenzene]	ND	ND	ND	ND	10
p-Dichlorobenzene [1,4-Dichlorobenzene]	ND	ND	ND	ND	10
3,3'-Dichlorobenzidine	-	-	-	-	5
1,2-Dichloroethane	ND	ND	ND	ND	10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
1,1-Dichloroethene [1,1-Dichloroethylene]	-	-	-	-	10
Dichloromethane [Methylene chloride]	ND	ND	ND	ND	20
1,2-Dichloropropane	ND	ND	ND	ND	10
1,3-Dichloropropene [1,3-Dichloropropylene]	ND	ND	ND	ND	10
2,4-Dimethylphenol	-	-	-	-	10
Di-n-Butyl phthalate	-	-	-	-	10
Ethylbenzene	ND	ND	ND	ND	10
Fluoride	1.155	1.10	ND	ND	500
Hexachlorobenzene	-	-	-	-	5
Hexachlorobutadiene	-	-	-	-	10
Hexachlorocyclopentadiene	-	-	-	-	10
Hexachloroethane	-	-	-	-	20
Methyl ethyl ketone	ND	ND	ND	ND	50
Nitrobenzene	-	-	-	-	10
N-Nitrosodiethylamine	-	-	-	-	20
N-Nitroso-di-n-butylamine	-	-	-	-	20
Nonylphenol	ND	ND	1/950	1/864	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	ND	ND	ND	ND	10
Tetrachloroethene [Tetrachloroethylene]	-	-	-	-	10
Toluene	ND	ND	ND	ND	10
1,1,1-Trichloroethane	-	-	-	-	10
1,1,2-Trichloroethane	-	-	-	-	10
Trichloroethene [Trichloroethylene]	ND	ND	ND	ND	10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
2,4,5-Trichlorophenol	-	-	-	-	50
TTHM (Total trihalomethanes)	ND	ND	ND	ND	10
Vinyl chloride	ND	ND	ND	ND	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.: [Click to enter text.](#) 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.: [Click to enter text.](#) 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.: [Click to enter text.](#) 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 type="checkbox"/>					400
Color (PCU)	<input type="checkbox"/>	<input type="checkbox"/>					—
Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>					—
Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>					—
Sulfite (as SO3)	<input type="checkbox"/>	<input type="checkbox"/>					—
Surfactants	<input type="checkbox"/>	<input type="checkbox"/>					—
Boron, total	<input type="checkbox"/>	<input type="checkbox"/>					20
Cobalt, total	<input type="checkbox"/>	<input type="checkbox"/>					0.3
Iron, total	<input type="checkbox"/>	<input type="checkbox"/>					7
Magnesium, total	<input type="checkbox"/>	<input type="checkbox"/>					20
Manganese, total	<input type="checkbox"/>	<input type="checkbox"/>					0.5
Molybdenum, total	<input type="checkbox"/>	<input type="checkbox"/>					1
Tin, total	<input type="checkbox"/>	<input type="checkbox"/>					5
Titanium, total	<input type="checkbox"/>	<input 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.: [Click to enter text.](#) 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.: [Click to enter text.](#) 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.: [Click to enter text.](#) 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.: [Click to enter text.](#) 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: [Click to enter text.](#)

TABLE 12 (DIOXINS/FURAN COMPOUNDS)

Complete of Table 12 **is required** for **external outfalls**, as directed below. (Instructions, Pages 59-60)

Indicate which compound(s) are manufactured or used at the facility and provide a brief description of the conditions of its/their presence at the facility (check all that apply).

- 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) CASRN 93-76-5
- 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP) CASRN 93-72-1
- 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) CASRN 136-25-4
- 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel) CASRN 299-84-3
- 2,4,5-trichlorophenol (TCP) CASRN 95-95-4
- hexachlorophene (HCP) CASRN 70-30-4
- None of the above

Description: [Click to enter text.](#)

Does the applicant or anyone at the facility know or have any reason to believe that 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) or any congeners of TCDD may be present in the effluent proposed for discharge?

- Yes No

Description: [Click to enter text.](#)

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

Table 12 for Outfall No.: [Click to enter text.](#) 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.: [Click to enter text.](#) 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 checked="" 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:

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: [Click to enter text.](#)

b. List and cross reference all water wells located on or within 500 feet of the disposal site, wastewater ponds, or property boundaries in the following table. Attach additional pages as necessary to include all of the wells.

Well and Map Information Table

Well ID	Well Use	Producing? Y/N/U	Open, cased, capped, or plugged?	Proposed Best Management Practice

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

c. Groundwater monitoring wells or lysimeters are/will be installed around the land application site or wastewater ponds.

- Yes No

If **yes**, provide the existing/proposed location of the monitoring wells or lysimeters on the site map attached for Item 4.a. Additionally, attach information on the depth of the wells or lysimeters, sampling schedule, and monitoring parameters for TCEQ review, possible modification, and approval.

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

d. Attach a short groundwater technical report using *30 TAC § 309.20(a)(4)* as guidance.

Attachment:

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): [Click to enter text.](#)
- b. Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Complete Tables 15 and 16.

Table 15 for Outfall No.: [Click to enter text.](#) 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 ₃)				
Temperature (°F)				
pH (standard units)				

Table 16 for Outfall No.: [Click to enter text.](#) 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: [Click to enter text.](#)

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

a. Provide the following information on the irrigation operations:

Area under irrigation (acres): [Click to enter text.](#)

Design application rate (acre-ft/acre/yr): [Click to enter text.](#)

Design application frequency (hours/day): [Click to enter text.](#)

Design application frequency (days/week): [Click to enter text.](#)

Design total nitrogen loading rate (lbs nitrogen/acre/year): [Click to enter text.](#)

Average slope of the application area (percent): [Click to enter text.](#)

Maximum slope of the application area (percent): [Click to enter text.](#)

Irrigation efficiency (percent): [Click to enter text.](#)

Effluent conductivity (mmhos/cm): [Click to enter text.](#)

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

Curve number: [Click to enter text.](#)

Describe the application method and equipment: [Click to enter text.](#)

- b. Attach a detailed engineering report which includes a water balance, storage volume calculations, and a nitrogen balance. **Attachment:** [Click to enter text.](#)

Item 3. Evaporation Ponds (Instructions, Page 74)

- a. Daily average effluent flow into ponds: [Click to enter text.](#) gallons per day
- b. Attach a separate engineering report of evaporation calculations for average long-term and worst-case critical conditions. **Attachment:** [Click to enter text.](#)

Item 4. Evapotranspiration Beds (Instructions, Page 74)

- a. Provide the following information on the evapotranspiration beds:
- Number of beds: [Click to enter text.](#)
- Area of bed(s) (acres): [Click to enter text.](#)
- Depth of bed(s) (feet): [Click to enter text.](#)
- Void ratio of soil in the beds: [Click to enter text.](#)
- Storage volume within the beds (include units): [Click to enter text.](#)
- Description of any lining to protect groundwater: [Click to enter text.](#)
- b. Attach a certification by a licensed Texas professional engineer that the liner meets TCEQ requirements. **Attachment:** [Click to enter text.](#)
- c. Attach a separate engineering report with water balance, storage volume calculations, and description of the liner. **Attachment:** [Click to enter text.](#)

Item 5. Overland Flow (Instructions, Page 74)

- a. Provide the following information on the overland flow:
- Area used for application (acres): [Click to enter text.](#)
- Slopes for application area (percent): [Click to enter text.](#)
- Design application rate (gpm/foot of slope width): [Click to enter text.](#)
- Slope length (feet): [Click to enter text.](#)
- Design BOD5 loading rate (lbs BOD5/acre/day): [Click to enter text.](#)
- Design application frequency (hours/day): [Click to enter text.](#)
- Design application frequency (days/week): [Click to enter text.](#)
- b. Attach a separate engineering report with the method of application and design requirements according to 30 TAC § 217.212. **Attachment:** [Click to enter text.](#)

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: [Click to enter text.](#)
- b. Provide the following information on the irrigation operations:
- Application area (acres): [Click to enter text.](#)
- Area of drainfield (square feet): [Click to enter text.](#)
- Application rate (gal/square ft/day): [Click to enter text.](#)
- Depth to groundwater (feet): [Click to enter text.](#)
- Area of trench (square feet): [Click to enter text.](#)
- Dosing duration per area (hours): [Click to enter text.](#)
- Number of beds: [Click to enter text.](#)
- Dosing amount per area (inches/day): [Click to enter text.](#)
- Soil infiltration rate (inches/hour): [Click to enter text.](#)
- Storage volume (gallons): [Click to enter text.](#)
- Area of bed(s) (square feet): [Click to enter text.](#)
- Soil classification: [Click to enter text.](#)
- c. Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation. **Attachment:** [Click to enter text.](#)

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: [Click to enter text.](#)

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

- Yes No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the WWTF is/will be located: [Click to enter text.](#)

c. Provide the legal name of the owner of the SADDS: [Click to enter text.](#)

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

- Yes No

If **no**, identify the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.c: [Click to enter text.](#)

e. Provide the legal name of the owner of the land where the SADDS is located: [Click to enter text.](#)

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

Yes No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.e: [Click to enter text.](#)

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: [Click to enter text.](#)

b. Attach a description of the SADDs proposed/used by the facility (see instructions for guidance). **Attachment:** [Click to enter text.](#)

c. Provide the following information on the SADDs:

Application area (acres): [Click to enter text.](#)

Soil infiltration rate (inches/hour): [Click to enter text.](#)

Average slope of the application area: [Click to enter text.](#)

Maximum slope of the application area: [Click to enter text.](#)

Storage volume (gallons): [Click to enter text.](#)

Major soil series: [Click to enter text.](#)

Depth to groundwater (feet): [Click to enter text.](#)

Effluent conductivity (mmhos/cm): [Click to enter text.](#)

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

Yes No

If **yes**, the facility may propose a hydraulic application rate up to, but not to exceed, 0.1 gal/ft²/day.

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

Yes No

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

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

Yes No

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

- Hydraulic application rate (gal/square foot/day): [Click to enter text.](#)
- Nitrogen application rate (gal/square foot/day): [Click to enter text.](#)

g. Provide the following dosing information:

Number of doses per day: [Click to enter text.](#)

Dosing duration per area (hours): [Click to enter text.](#)

Rest period between doses (hours): [Click to enter text.](#)

Dosing amount per area (inches/day): [Click to enter text.](#)

Number of zones: [Click to enter text.](#)

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

Yes No

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

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

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

- Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation.

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

Item 4. Required Plans (Instructions, Page 78)

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

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

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

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

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

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

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

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

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: [Click to enter text.](#)

If **yes**, describe how the site will be protected from inundation: [Click to enter text.](#)

b. Is the existing/proposed SADDs within a designated floodway?

- Yes No

If **yes**, attach either the FEMA flood map or alternate information used to make this determination. **Attachment:** [Click to enter text.](#)

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

b. The facility has or plans to request a buffer variance from water wells or waters in the state?

- Yes No

If **yes**, attach the additional information required in *30 TAC § 222.81(c)*. **Attachment:** [Click to enter text.](#)

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: [Click to enter text.](#)
2. The distance and direction from the outfall to the drinking water supply intake: [Click to enter text.](#)

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

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

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: [Click to enter text.](#)

- c. Are there sea grasses within the vicinity of the point of discharge?

Yes No

If **yes**, provide the distance and direction from the outfall(s) to the grasses: [Click to enter text.](#)

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: Stone Dive Creek & Unnamed Tributary to Cedar Creek

b. Check the appropriate description of the immediate receiving waters:

Lake or Pond

- Surface area (acres): Click to enter text.
- Average depth of the entire water body (feet): Click to enter text.
- Average depth of water body within a 500-foot radius of the discharge point (feet): Click to enter text.

Man-Made Channel or Ditch

New Stream (Not Existing Stream) 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: Stream Study* (This is for StoneDive Creek, Not the existing Stream)

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

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

- * Existing Outfall (001) Yes No

If **yes**, describe how: The City of Center WWTP discharges .4 miles downstream from outfall (001)

- f. General observations of the water body during normal dry weather conditions: Click to enter text.

Date and time of observation: Click to enter text.

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

Yes No

If **yes**, describe how: Click to enter text.

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 type="checkbox"/> oil field activities	<input checked="" type="checkbox"/> urban runoff
<input type="checkbox"/> agricultural runoff	<input type="checkbox"/> septic tanks
<input type="checkbox"/> upstream discharges	<input type="checkbox"/> other, specify: <u>Click to enter text.</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>Click to enter text.</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

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

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

Length of stream evaluated (ft): [Click to enter text.](#)

Number of lateral transects made: [Click to enter text.](#)

Average stream width (ft): [Click to enter text.](#)

Average stream depth (ft): [Click to enter text.](#)

Average stream velocity (ft/sec): [Click to enter text.](#)

Instantaneous stream flow (ft³/sec): [Click to enter text.](#)

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

Flow fluctuations (i.e., minor, moderate, or severe): [Click to enter text.](#)

Size of pools (i.e., large, small, moderate, or none): [Click to enter text.](#)

Maximum pool depth (ft): [Click to enter text.](#)

Total number of stream bends: [Click to enter text.](#)

 Number well defined: [Click to enter text.](#)

 Number moderately defined: [Click to enter text.](#)

 Number poorly defined: [Click to enter text.](#)

Total number of riffles: [Click to enter text.](#)

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:** Attachment L

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: Click to enter text.

b. Provide the following information for each disposal site:

Disposal site name: 3rd Party Contract By Bid

TCEQ Permit/Registration Number: Variable

County where disposal site is located: Variable

c. Method of sewage sludge transportation:

truck train pipe other: [Click to enter text.](#)

TCEQ Hauler Registration Number: Variable

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	
SIU - Non-categorical	N/A	
Other IU	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: [Click to enter text.](#)

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

Yes No

If **yes**, identify the date(s), duration, pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass-through event. Include the names of the IU(s) that may have caused the pass-through: [Click to enter text.](#)

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

Yes No

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

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

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: [Click to enter text.](#)

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.: [Click to enter text.](#) First/Last Name: [Click to enter text.](#)
 Organization Name: [Click to enter text.](#) SIC Code: [Click to enter text.](#)
 Phone number: [Click to enter text.](#) Email address: [Click to enter text.](#)
 Physical Address: [Click to enter text.](#) City/State/ZIP Code: [Click to enter text.](#)

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

- b. Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (e.g., process and non-process wastewater): 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	
Non-process Wastewater	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			
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): [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 7.0: STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges consisting of **either**: 1) solely of stormwater discharges associated with industrial activities, as defined in *40 CFR § 122.26(b)(14)(i-xi)*, **or** 2) stormwater discharges associated with industrial activities and any of the listed allowable non-stormwater discharges, as defined in the MSGP (TXR05000), Part II, Section A, Item 6.

Discharges of stormwater as defined in *40 CFR § 122.26 (b)(13)* are not required to obtain authorization under a TPDES permit (see exceptions at *40 CFR §§ 122.26(a)(1)* and *(9)*). Authorization for discharge may be required from a local municipal separate storm sewer system.

Item 1. Applicability (Instructions, Page 89)

Do discharges from any of the existing/proposed outfalls consist either 1) solely of stormwater discharges associated with industrial activities **or** 2) stormwater discharges associated with industrial activities and any of the allowable non-stormwater discharges?

Yes No

If **no**, stop here. If **yes**, proceed as directed.

Item 2. Stormwater Coverage (Instructions, Page 89)

List each existing/proposed stormwater outfall at the facility and indicate which type of authorization covers or is proposed to cover discharges.

Authorization Coverage

Outfall	Authorization under MSGP	Authorized Under Individual Permit
002	<input type="checkbox"/>	<input checked="" 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: Attachment I

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

a. Provide the area of impervious surface and the total area drained by each stormwater outfall requested for authorization by this permit application.

Impervious Surfaces

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)
002	25.5 acres	36.5 acres

- b. Provide the following local area rainfall information and the source of the information.
 Wettest month: December
 Average rainfall for wettest month (total inches): 5.43
 25-year, 24-hour rainfall (inches): 8.5
 Source: US Climate Data
- c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:** Wood Pallets, Poultry Litter, Poultry Scrap, Scrap Metal, Trucks and Equipment, Chemicals.
- d. Attach narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff (see instructions for guidance). **Attachment:** Click to enter text.
- e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility: Click to enter text.

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): Click to enter text.
- b. Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Complete Table 17 as directed on page 92 of the Instructions.

Table 17 for Outfall No.: Click to enter text.

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

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: [Click to enter text.](#)

Duration of storm event (minutes): [Click to enter text.](#)

Total rainfall during storm event (inches): [Click to enter text.](#)

Number of hours the between beginning of the storm measured and the end of the previous measurable storm event (hours): [Click to enter text.](#)

Maximum flow rate during rain event (gallons/minute): [Click to enter text.](#)

Total stormwater flow from rain event (gallons): [Click to enter text.](#)

Provide a description of the method of flow measurement or estimate:

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			

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

Raceway Descriptions

Number of Raceways	Dimensions (include units)
N/A	

Fabricated Tank Descriptions

Number of Tanks	Dimensions (include units)
N/A	

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

- Yes No

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

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

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

- Yes No

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

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

d. Provide the number of aquaculture facilities located within 25-miles of this facility: [Click to enter text.](#)

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				

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

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

Program ID: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

2. Agent/Consultant Contact Information

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

3. Owner/Operator Contact Information

Owner Operator

Owner/Operator Name: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

4. Facility Contact Information

Facility Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

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

Facility Contact Person: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

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

Latitude: [Click to enter text.](#)

Longitude: [Click to enter text.](#)

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

Attach topographic quadrangle map as attachment A.

6. Well Information

Type of Well Construction, select one:

- Vertical Injection
- Subsurface Fluid Distribution System
- Infiltration Gallery
- Temporary Injection Points
- Other, Specify: [Click to enter text.](#)

Number of Injection Wells: [Click to enter text.](#)

7. Purpose

Detailed Description regarding purpose of Injection System:

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: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

License Number: [Click to enter text.](#)

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				
Tubing	N/A				
Screen	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 WTPP 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				
DIF (include units)	N/A			
AIF (include units)	N/A			
Intake Flow Use(s) (%)	N/A			
Contact cooling	N/A			
Non-contact cooling	N/A			
Process Wastewater	N/A			
Other	N/A			
Latitude (decimal degrees)	N/A			
Longitude (decimal degrees)	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				
Source Waterbody	N/A			
Mean Annual Flow	N/A			
Source	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: [Click to enter text.](#)

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

Cooling Tower ID				
COCs	N/A			

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

Calculated COCs Prior to Blowdown

Cooling Tower ID				
COCs	N/A			

- Describe conditions that may limit the number of COCs prior to blowdown, if any, including but not limited to permit conditions: 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: [Click to enter text.](#)

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			

- 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			

Attachment: N/A

- 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			

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:** Click to enter text.

Table 19 for Outfall No.: Click to enter text. 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			
Potassium	N/A			
Sodium	N/A			

*Indicate units if different from mg/L.

TECHNICAL MEMORANDUM
AUGUST 22, 2024

Stonedive Creek Stream Determination



Prepared for

Tyson Foods – Center, Texas

By Devin Wilson, PWS

CDM Smith, Inc.



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1.0 Introduction



1.1 Project Information

The Tyson Foods facility in Center, TX currently operates under Texas Pollutant Discharge Elimination System (TPDES) Permit # WQ0002064000.

The requirements of the Texas Commission on Environmental Quality (TCEQ) discharge limits necessitate the relocation of the discharge point from its current location to a new location at Stonedive Creek. TCEQ has stated that this relocation would be authorized if the stream can be classified as an intermittent stream within the designated study area.

CDM Smith, Inc. (CDM Smith) has been tasked with conducting a stream assessment and determination of Stonedive Creek. The stream assessment was conducted on July 16, 2024 by Devin Wilson, Professional Wetland Scientist (PWS) of CDM Smith. This document provides the methodology and findings of the stream determination.

1.2 Site Description

The study area for the stream determination includes a section of Stonedive Creek located near the coordinates Latitude: 31°44'53.66" Longitude: -94°08'48.94". This area is a closed-canopy, forested riparian corridor to the south of Center, Texas. Stonedive Creek joins Huana Creek just to the south of the study area. Huana Creek appears to be a Relatively Permanent Water (RPW) which is a perennial stream defined as continuously flowing and connected to a downstream RPW or traditional navigable water (USACE 2023). Stonedive Creek has a railroad located to its west that services the Tyson Feed Mill which is located to the north of the study area segment of Stonedive Creek.

1.3 Stream Type Descriptions

USACE description of ephemeral, intermittent, perennial streams

The USACE describes three stream types as follows (USACE, 2023):

“An ephemeral stream has flowing water only during and for a short duration after precipitation events in a typical year. Ephemeral stream beds are located above the water table year-round. Groundwater is not a source of water for the stream. Runoff from rainfall is the primary source of water for stream flow.

An intermittent stream has flowing water during certain times of the year, when groundwater provides water for stream flow. During dry periods, intermittent streams may not have flowing water. Runoff from rainfall is a supplemental source of water for stream flow.

A perennial stream has flowing water year-round during a typical year. The water table is located above the stream bed for most of the year. Groundwater is the primary source of water for stream flow. Runoff from rainfall is a supplemental source of water for stream flow.”

EPA description of perennial, intermittent, ephemeral streams

The Environmental Protection Agency (EPA) describes perennial, intermittent, and ephemeral streams as follows for the purposes of SDAMs (Nadeau, 2015):

“...perennial streams flow continuously during a year of normal rainfall, often with a streambed located below the water table for most of the year, and intermittent streams flow for only part of the year, typically during a wet season when the streambed may be below the water table or when melt water from snow provides sustained flow.” “SDAMs define ephemeral streams as those that flow only in direct response to precipitation including rainstorms, rain on snow events, or snowmelt.”

2.0 Methodology and Results



This technical memorandum draws upon three separate approaches, each with increasing levels of scrutiny, to provide multiple lines of evidence to support a determination of whether Stonedive Creek can be considered ephemeral, intermittent, or perennial within the study area. The first approach is a desktop evaluation, using various available resources to review how Stonedive Creek is depicted. The second approach uses definitions of ephemeral, intermittent, and perennial streams to evaluate Stonedive Creek in the field, noting characteristics of the stream and comparing those characteristics to the definition that most closely describes Stonedive Creek. The third approach requires collecting additional qualitative and quantitative data to input into an online computer model Streamflow Duration Assessment Method (SDAM) that compares the data to dozens of similar streams in the similar geographic area.

2.1 Desktop Review and Results

CDM Smith conducted a desktop evaluation to aid in the characterization of Stonedive Creek in the study area. Various resources were reviewed and are described below and included in “Appendix A – Figures.”

Vicinity Mapping is a general resource to show the area of interest within the surrounding area. This mapping shows Stonedive Creek as a named stream with a broken blue line flowing southerly from near the Tyson Center Processing Plant at Shelbyville Street, south-southeast along the east side of a railroad, until it joins Huana Creek.

Aerial Imagery shows the wooded riparian corridor of Stonedive Creek with pine plantations just beyond the limits of the riparian corridor. The tree canopy is dense, and the creek is difficult to locate using aerial imagery.

A U.S. Geological Survey (USGS) 7.5-minute topographic quadrangle map dated 2022 was reviewed, (USGS 2022) and shows the main channel of Stonedive Creek as an intermittent blue line, with intermittent tributaries joining the main channel as it flows south-southeast to Huana Creek, shown with a solid blue line which appears to be a perennial stream flowing easterly in this area.

Soil mapping from the U.S. Department of Agriculture (USDA) Natural Resources Conservation Service (NRCS) soil survey geographic (USDA-NRCS 2024) was reviewed and in the area of interest, soils are classified as “Laneville Loam, 0-1 percent slopes, frequently flooded. This would imply that Stonedive Creek in this area would not be a headwater stream, but instead subject to more frequent inundation from storm events.

The U.S. Fish and Wildlife Service (USFWS) National Wetlands Inventory (NWI) (USFWS 2024) mapping was reviewed for the area. Stonedive is classified as R4SBC riverine “Riverine, Intermittent Stream Bed, Seasonally Flooded” in the study area. The NWI mapped this reach of Stonedive Creek as intermittent. Also in the area, NWI mapped PSS1A, a freshwater forested/shrub wetland, “Palustrine, Scrub-Shrub, Broad-Leaved Deciduous, Temporarily Flooded.”

The USGS National Hydrography Dataset (NHD) was reviewed for their classification of Stonedive Creek and the surrounding area (USGS 2021a). The watershed boundary was traced to the confluence of Huana Creek, and measured 2.27 square miles, which seems large for an ephemeral or intermittent stream and would point to a higher probability of the stream being more accurately classified as perennial. The NHD dataset indicates the main channel of Stonedive Creek with a solid blue line indicating perennial, with intermittent orange lines indicating ephemeral/intermittent tributaries draining to the creek.

Stonedive Creek spans multiple Federal Emergency Management Agency (FEMA) Flood Insurance Rate Maps (FIRMs). FEMA depicts Stonedive Creek with an intermittent line, indicating that they consider the creek intermittent to the confluence with Huana Creek. Also near the confluence, Zone A, a 100-year floodplain extends up Stonedive Creek within the area of interest, suggesting increased flooding risk.

1m LiDAR surface information was sourced from USGS The National Map (USGS 2022) as well 0.70m LiDAR as the USGS in coordination with Texas Water Development Board's Texas Geographic Information Office (TxGIO) (USGS 2017). This data shows ground surface information through dense tree canopies and was used to locate drainage features within the area of interest, to map those features and compare those to locations in the field. Stonedive Creek is shown as a very well-defined drainage feature in the study area.

Landuse/Landcover information was reviewed from the National Land Cover Database (NLCD) produced by the Multi-Resolution Land Characteristics Consortium (MRLC) (Dewitz 2021). The riparian corridor in the study area along Stonedive Creek is mapped as woody wetlands, with a small amount of deciduous forest, bounded by pine plantations depicted as evergreen forest.

2.2 Field Investigation and Results based on USACE and EPA Descriptions

Following the desktop review, CDM Smith staff conducted a field investigation of Stonedive Creek in the area of interest in order to aid in the determination of a perennial, intermittent, or ephemeral stream. Stonedive Creek's characteristics were noted within the study area, and characteristics were compared with those definitions.

An important aspect of making a determination of whether a stream is perennial, intermittent, or ephemeral is the timing of the field investigation in the context of antecedent precipitation. Antecedent precipitation conditions were considered as part of the stream assessment to support decisions as to whether field data collection and other site-specific observations occurred under normal climatic conditions. The USACE method "Antecedent Precipitation Tool (APT)" was used to evaluate antecedent precipitation (USACE, 2000) "This tool was originally developed by the Corps to streamline the review of climate data, which supports decision-making related to wetland delineations. The APT facilitates the comparison of antecedent or recent rainfall conditions for a given location to the range of normal rainfall conditions that occurred during the preceding 30 years. In addition to providing a standardized methodology to evaluate normal precipitation conditions ("precipitation normalcy"), the APT can also be used to assess the presence of drought conditions, as well as the approximate dates of the wet and dry seasons for a given location." Antecedent Precipitation Tool results are included in Appendix B.

According to APT results, the 3 month average for the study area was wetter than normal, with the 30 days prior to the July 16, 2024 site investigation considered within the normal precipitation range. We would expect the field investigation to document stream characteristics that would be consistent with an accurate stream determination, rather than a perennial stream appearing dry, or an ephemeral stream with flowing water.

The USACE description of a perennial stream was consistent with characteristics documented in the field. Stonedive Creek was noted to have flowing water throughout the study area, and hydrologic conditions would be considered normal. The previous rainfall event was one week prior to the field investigation, measuring 2.38 inches recorded July 9 at the Center, Texas airport. One would expect an intermittent stream to exhibit intermittent flow characteristics a week after a rainfall event, but that was not the case.

EPA describes a perennial stream “having continuous flow during a year of normal rainfall ... and intermittent streams flow for only part of the year, typically during a wet season.” The observation of a stream with continuous flow throughout this reach is consistent with a stream determination of perennial.

2.3 Field Investigation using SDAM and Findings

Streamflow Duration Assessment Methods are rapid assessments that have been developed by state and federal agencies and have been used for a variety of purposes. SDAMs are less constrained by seasonality and antecedent precipitation conditions that would otherwise affect an evaluator in the field. More information about SDAMs and how they are developed can be found on EPA’s website <https://www.epa.gov/streamflow-duration-assessment/learn-about-streamflow-duration-assessment-methods-sdams>.

To provide multiple lines of evidence for this stream determination, in addition to the desktop determination, and qualitative characteristics observed during the field investigation, additional data was collected to input into the SDAM online computer model. CDM Smith used an SDAM that was developed for the southeast region which includes Stonedive Creek. Data was collected to fill out the data forms included in Appendix B. The data forms were used to input information into the SDAM online computer model.

In short, the SDAM online computer model resulted in a finding of Stonedive Creek in the area of interest being classified as perennial.

This reach is classified as perennial.

End of Report

These results are described in detail in the SDAM report included in Appendix D.

3.0 Conclusion



Stonedive Creek was investigated to provide a determination of whether it can be considered an intermittent stream within the study area. A purely desktop determination yielded inconclusive results but leaned toward a determination of intermittent. Once in the field, taking into account antecedent precipitation, streamflow and other qualitative characteristics, observations suggested a determination of perennial. While in the field, data was collected to complete SDAM forms. That information was input into the online computer model, which quickly processed that information, providing results in a report included in Appendix D. Table 3.1 summarizes findings, with increasing levels of rigor moving from Desktop to qualitative field observations, to the SDAM computer model.

From this evidence, Stonedive Creek should be considered a perennial stream in the area of interest.

Table 3.1 Findings

Method	Resource	Information	Findings
Desktop	Vicinity Map	broken blue line	intermittent
	Aerial Imagery	tree canopy obscures	unknown
	USGS Topo	intermittent blue line	intermittent
	NRCS Soil Survey	frequently flooded	unknown
	USFWS NWI	wetland polygons	intermittent
	USGS NHD	solid blue line	perennial
	FEMA FIRM	Intermittent line	intermittent
	USGS LiDAR Surface	well-defined channel	intermittent/perennial
	NLCD Landcover	woody wetlands	unknown
Field (in context of precip)	USACE definition & APT	continuously flowing	perennial
	EPA definition & APT	continuous flow at reach	perennial
Online Computer Model	SDAM	Field data on data forms	perennial

Note: Increasing rigor from Desktop to Field Investigation to SDAM

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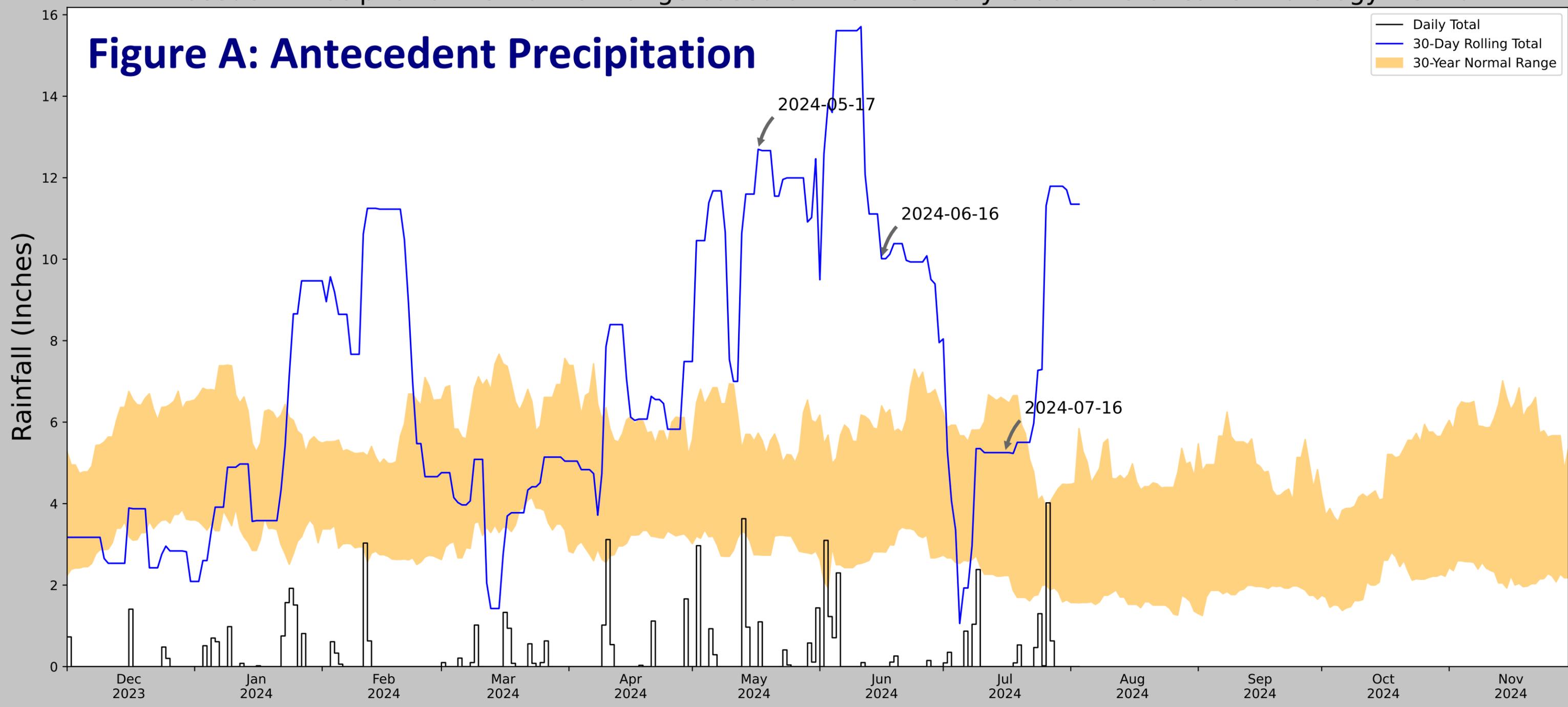
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Appendix A: Figures



Figure A: Antecedent Precipitation

- Daily Total
- 30-Day Rolling Total
- 30-Year Normal Range



Coordinates	31.74866274, -94.14985288
Observation Date	2024-07-16
Elevation (ft)	232.194
Drought Index (PDSI)	Moderate wetness (2024-06)
WebWIMP H ₂ O Balance	Dry Season

30 Days Ending	30 th %ile (in)	70 th %ile (in)	Observed (in)	Wetness Condition	Condition Value	Month Weight	Product
2024-07-16	2.233858	6.544882	5.251969	Normal	2	3	6
2024-06-16	2.814961	6.402362	10.011811	Wet	3	2	6
2024-05-17	2.74252	5.731103	12.696851	Wet	3	1	3
Result							Wetter than Normal - 15

Figures and tables made by the Antecedent Precipitation Tool Version 2.0

Developed by: U.S. Army Corps of Engineers and U.S. Army Engineer Research and Development Center

Weather Station Name	Coordinates	Elevation (ft)	Distance (mi)	Elevation Δ	Weighted Δ	Days Normal	Days Antecedent
CENTER	31.8194, -94.2528	379.921	7.775	147.727	4.647	11077	89
CENTER 0.6 NW	31.7995, -94.185	399.934	4.212	20.013	1.98	92	0
NACOGDOCHES 9.5 NE	31.6985, -94.5236	362.861	17.969	17.06	8.393	183	1

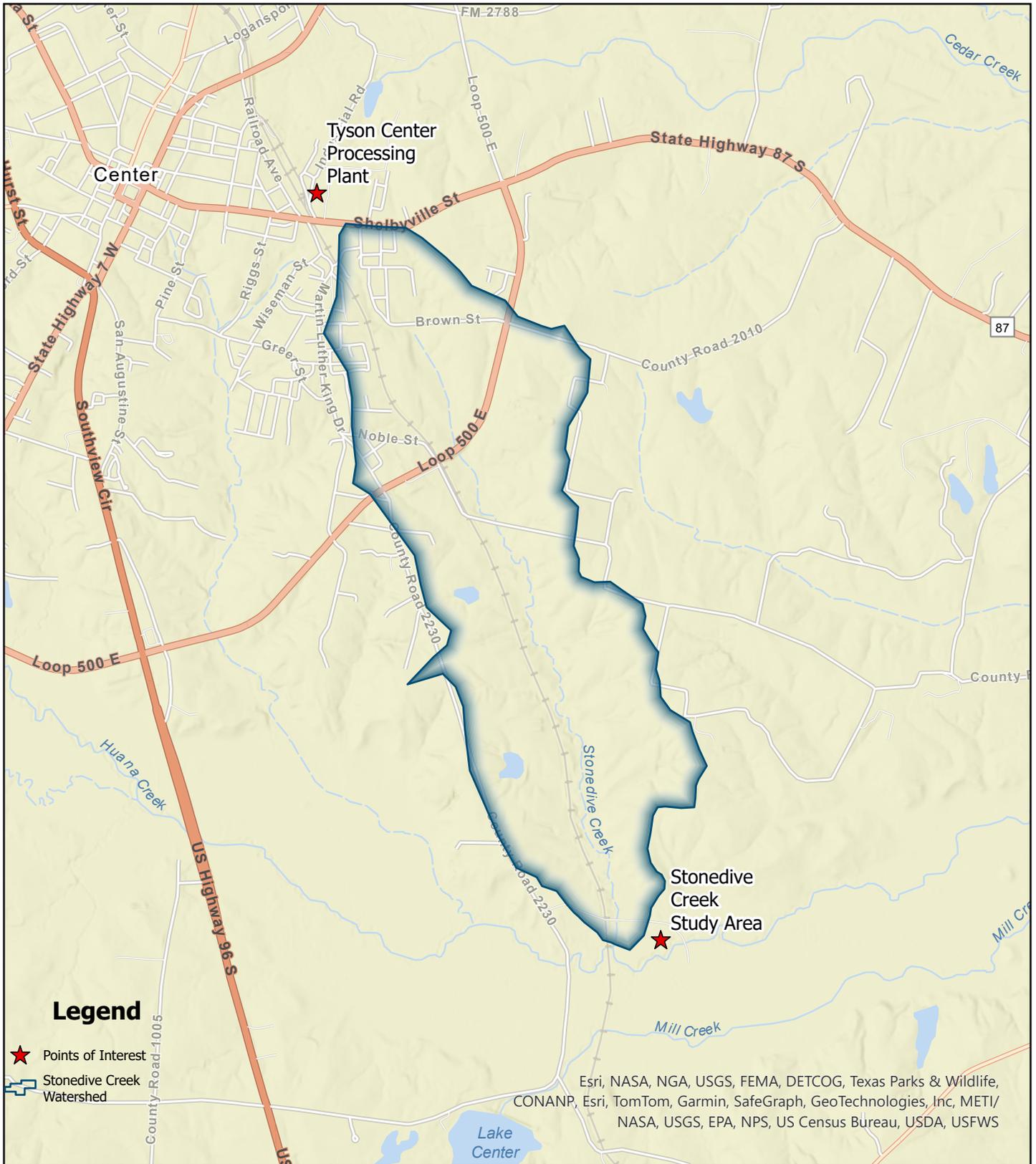
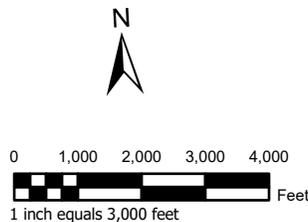
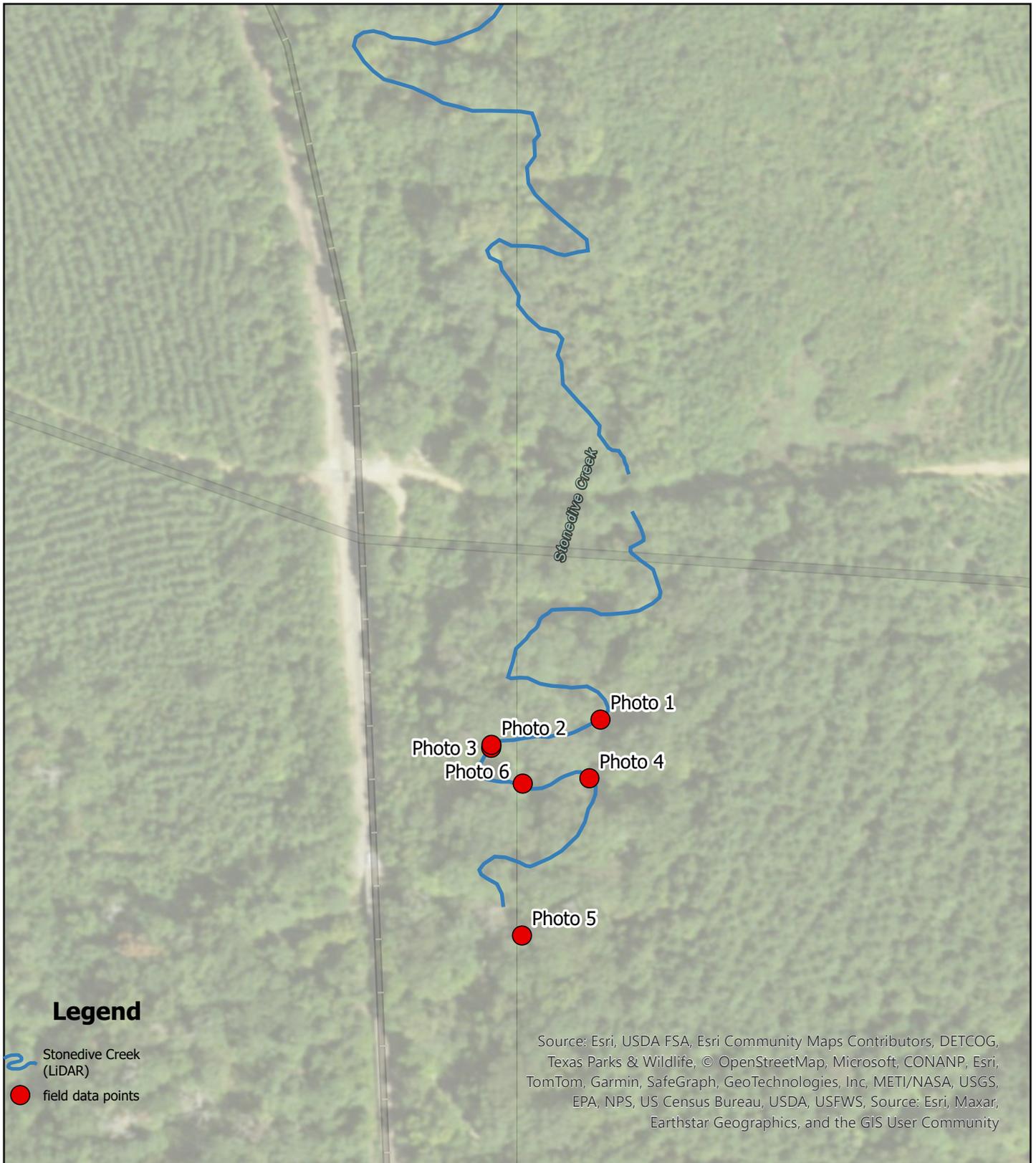


Figure 1: Vicinity
 Stonedive Creek Stream
 Determination
 Tyson Foods - Center, Texas
 CDM Smith Project 298320

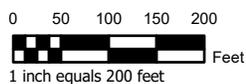
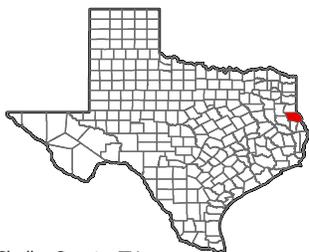


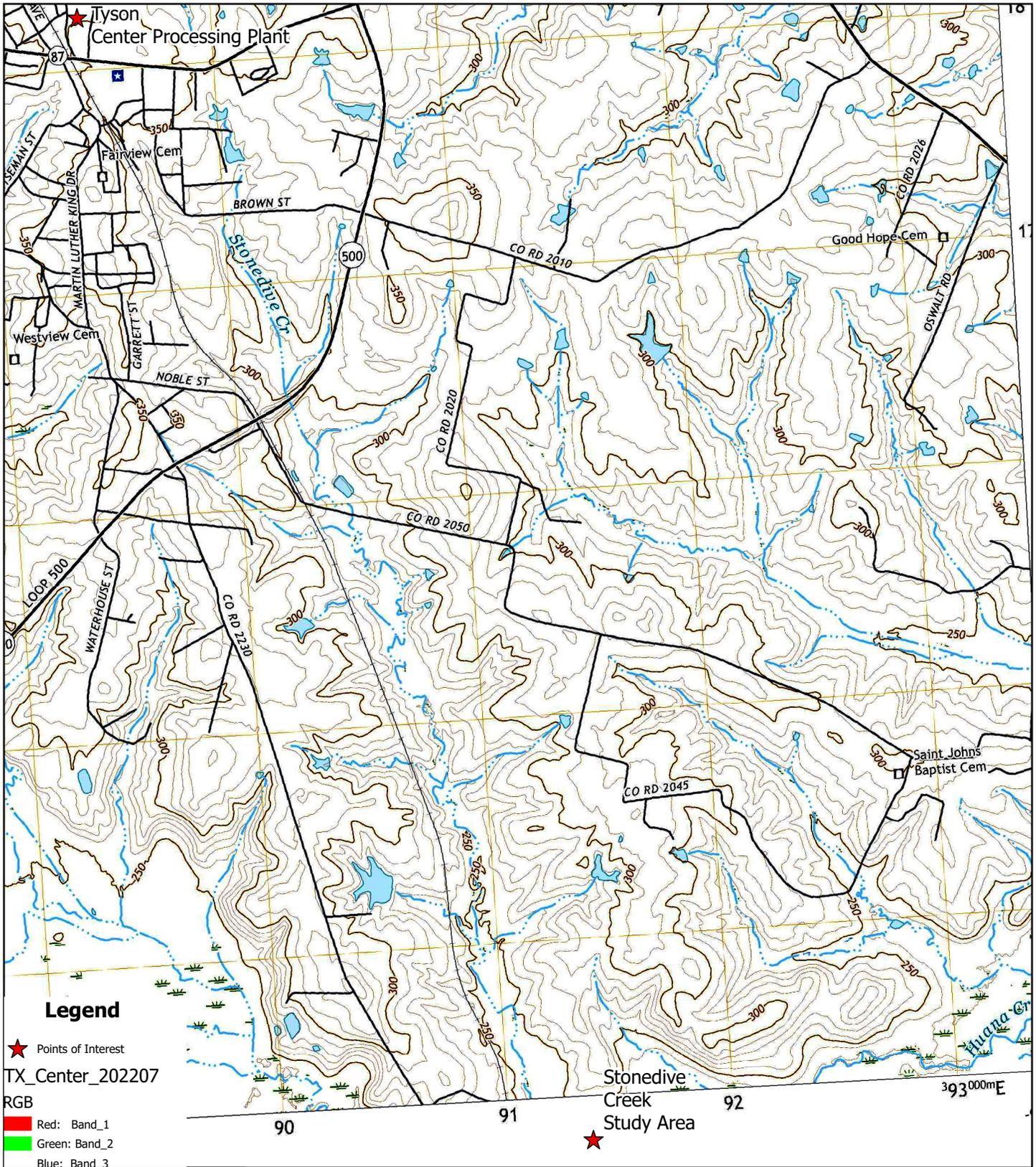
Shelby County, TX





**Figure 2: Aerial
Stonedive Creek Stream
Determination
Tyson Foods - Center, Texas
CDM Smith Project 298320**





Shelby County, TX

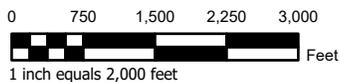
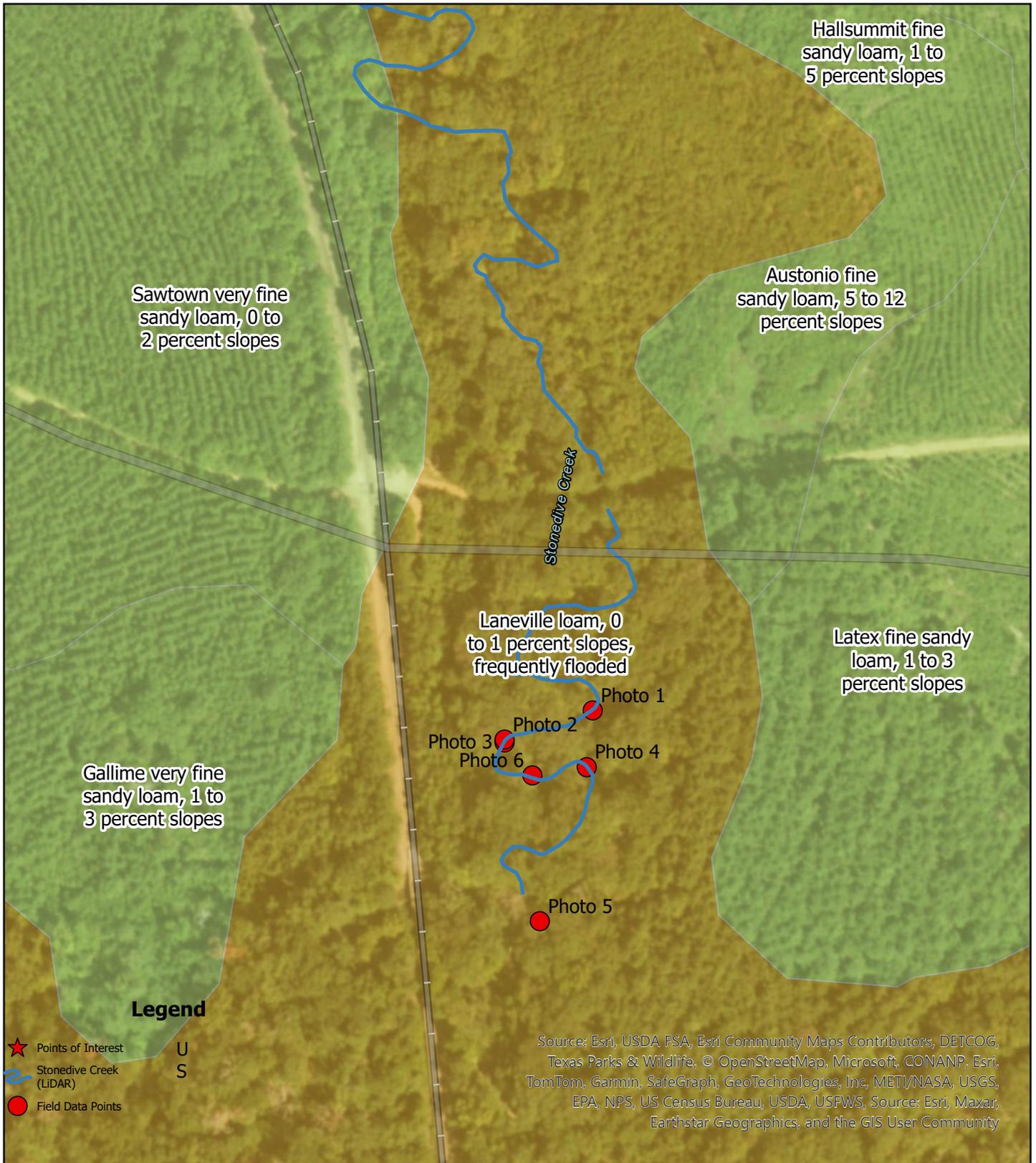
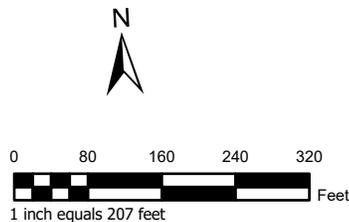
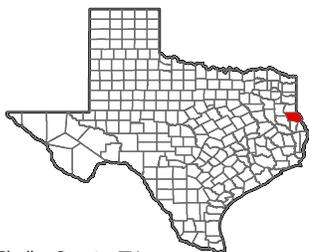


Figure 3: USGS Quad
 Stonedive Creek Stream
 Determination
 Tyson Foods - Center, Texas
 CDM Smith Project 298320



**Figure 4: NRCS Soils
Stonedive Creek Stream
Determination
Tyson Foods - Center, Texas
CDM Smith Project 298320**



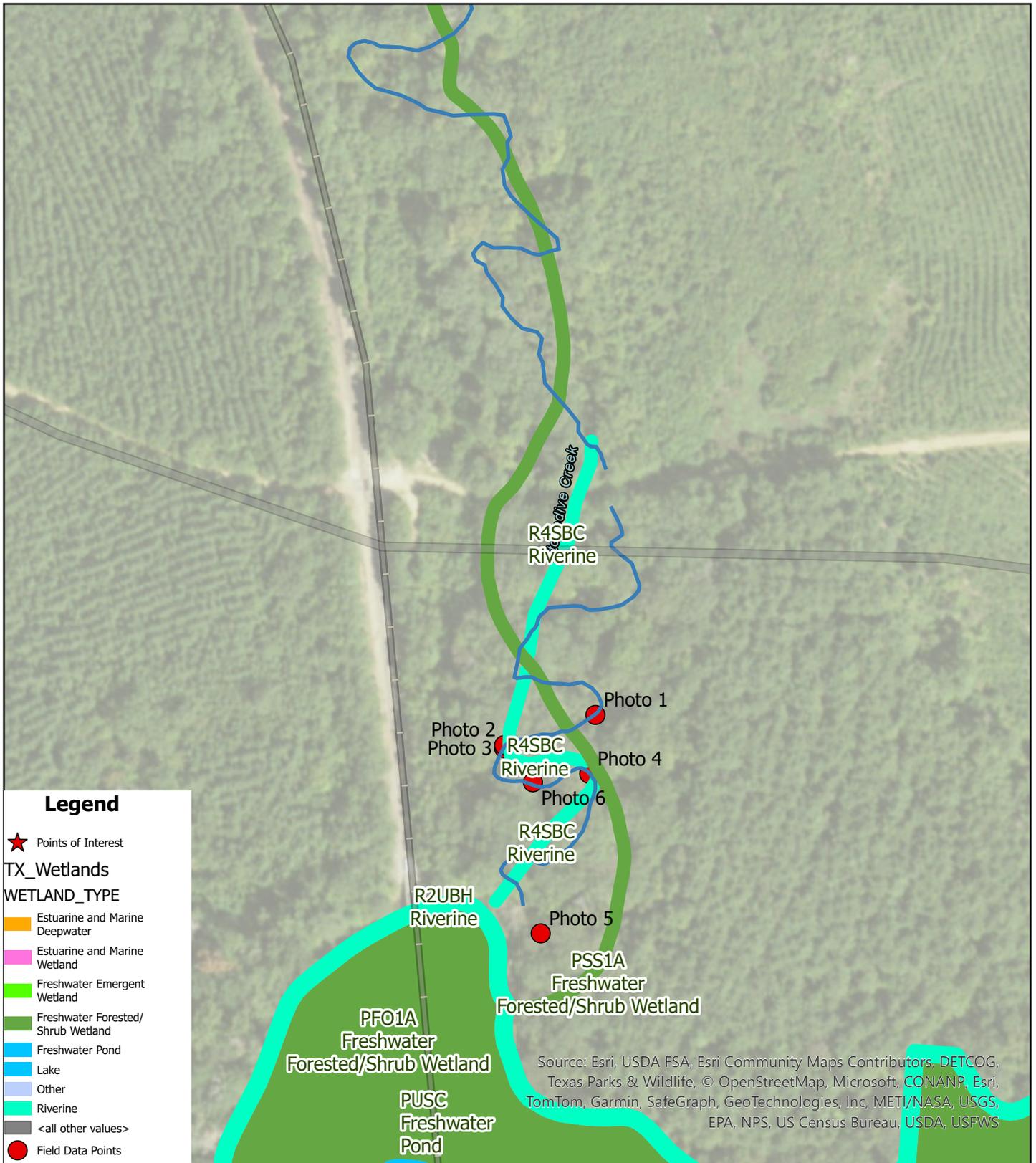
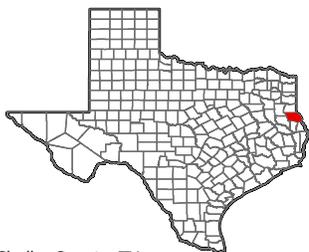


Figure 5: USFWS NWI
 Stonedive Creek Stream
 Determination
 Tyson Foods - Center, Texas
 CDM Smith Project 298320



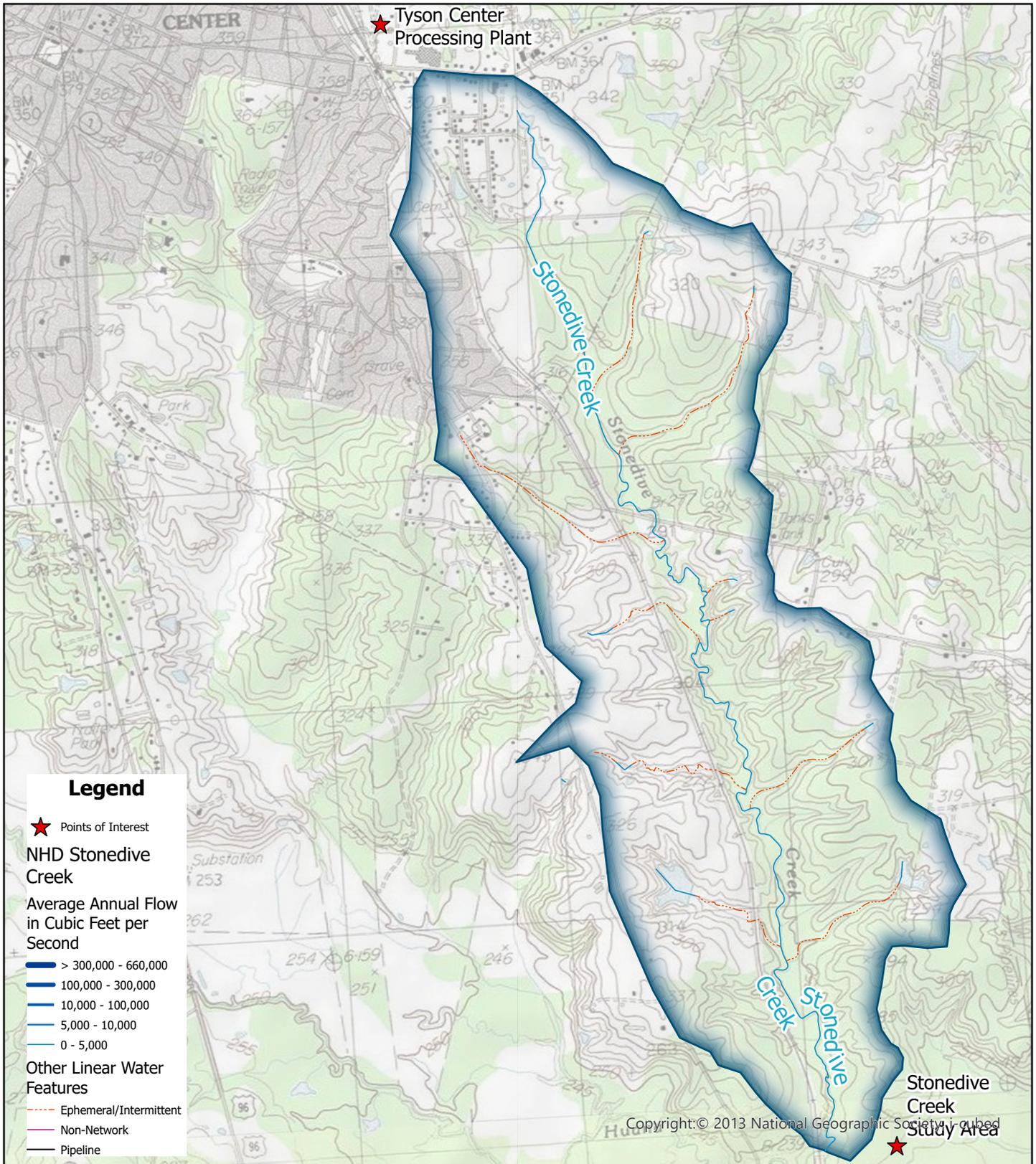
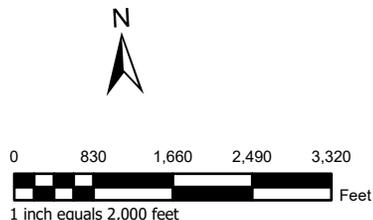
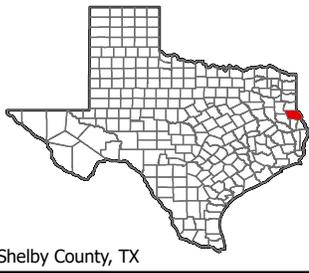


Figure 6: USGS NHD Stonedive Creek Stream Determination
 Tyson Foods - Center, Texas
 CDM Smith Project 298320



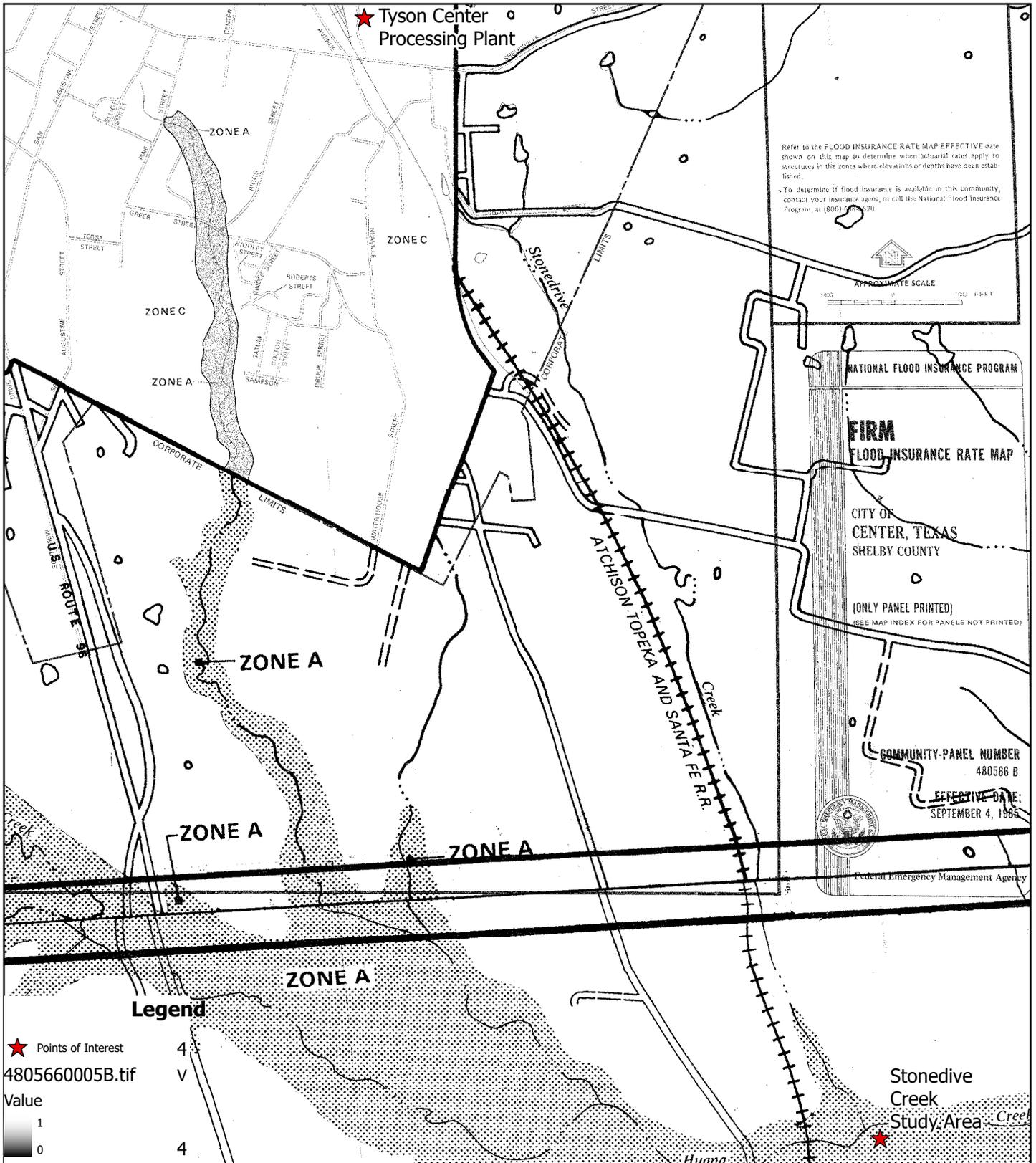
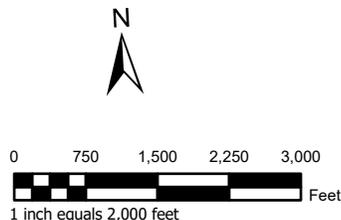
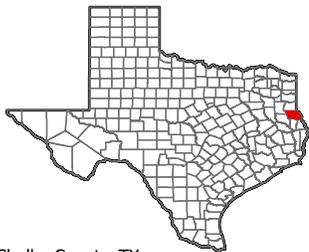
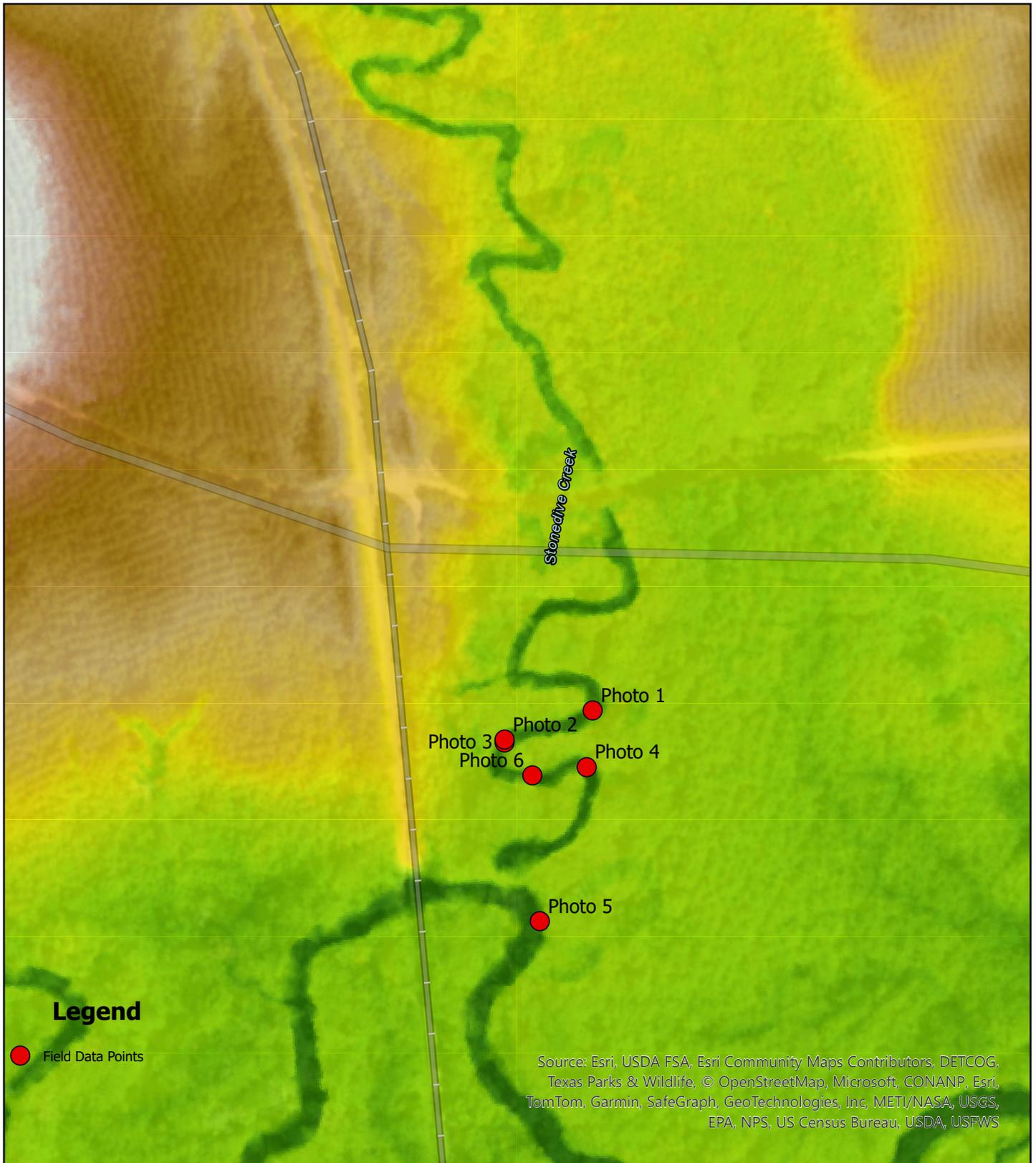


Figure 7: FEMA FIRM
Stonedive Creek Stream
Determination
Tyson Foods - Center, Texas
CDM Smith Project 298320



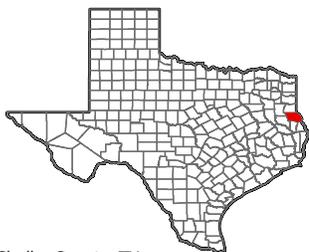


Legend

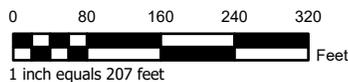
● Field Data Points

Source: Esri, USDA FSA, Esri Community Maps Contributors, DETCOG, Texas Parks & Wildlife, © OpenStreetMap, Microsoft, CONANP, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA, USFWS

**Figure 8: LiDAR Topo
Stonedive Creek Stream
Determination
Tyson Foods - Center, Texas
CDM Smith Project 298320**



Shelby County, TX



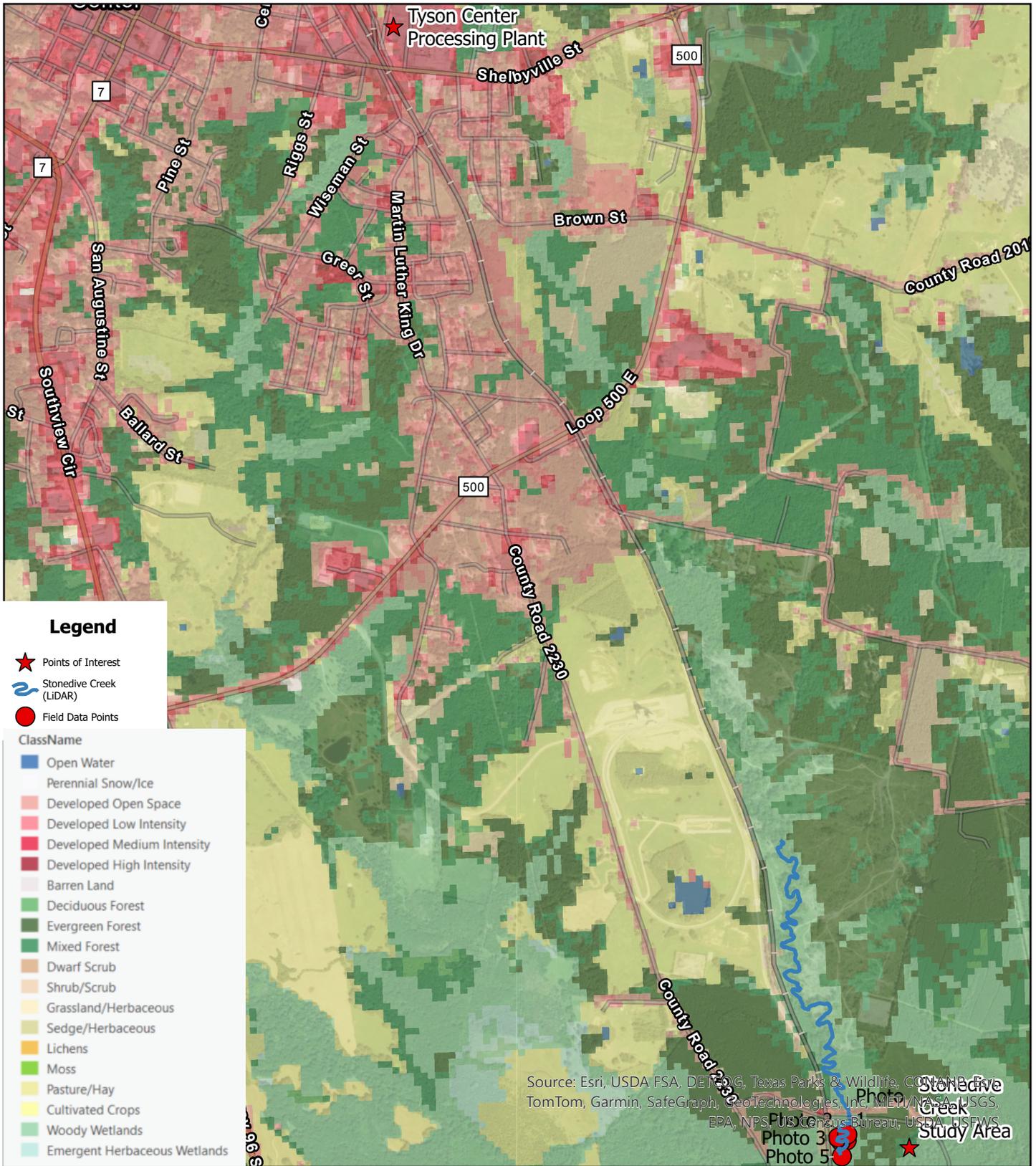
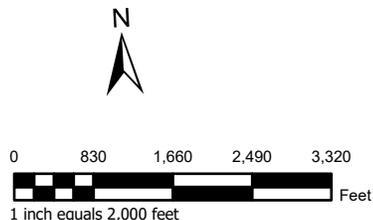
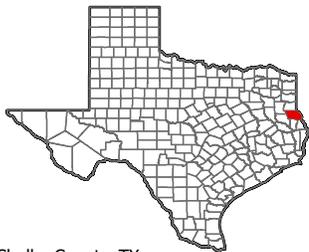


Figure 9: Landcover
 Stonedive Creek Stream
 Determination
 Tyson Foods - Center, Texas
 CDM Smith Project 298320



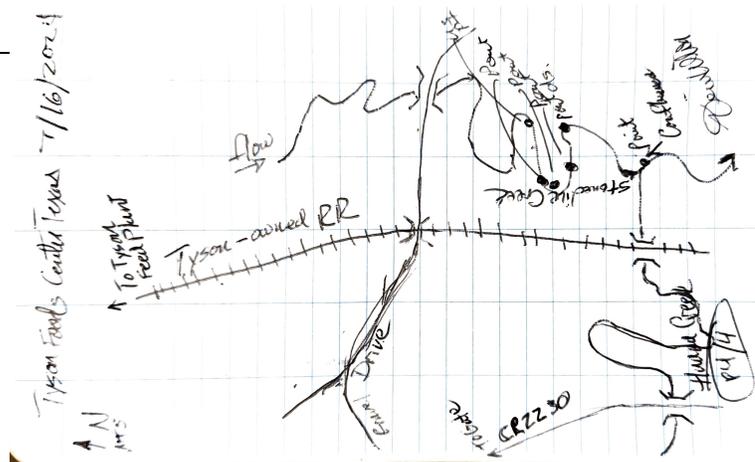
Appendix B: Data Forms



Beta Streamflow Duration Assessment Method – Southeast General site information

Project name or number: Tyson Foods - Center, Texas		
Site code or identifier: 31.74866274, -94.14985288	Assessor(s): Devin Wilson, CDM Smith	
Waterway name: Stonedive Creek	Visit date: July 16, 2024	
Current weather conditions (check one): <input type="checkbox"/> Storm/heavy rain <input type="checkbox"/> Steady rain <input type="checkbox"/> Intermittent rain <input type="checkbox"/> Snowing <input type="checkbox"/> Cloudy (___ % cover) <input checked="" type="checkbox"/> Clear/Sunny	Notes on current or recent weather conditions (e.g., precipitation in previous week): Previous rainfall events: 7/9 - 2.38 in 7/8 - 1.04 in 7/6 - 0.87 in	Coordinates at downstream end (decimal degrees): Lat (N): 31.74866274 Long (E): -94.14985288 Datum: NAD 1983 StatePlane Texas Central FIPS 4203
Surrounding land-use within 100 m (check one or two): <input type="checkbox"/> Urban/industrial/residential <input type="checkbox"/> Agricultural (farmland, crops, vineyards, pasture) <input type="checkbox"/> Developed open-space (e.g., golf course) <input checked="" type="checkbox"/> Forested <input type="checkbox"/> Other natural <input type="checkbox"/> Other: _____	Describe reach boundaries: A shorter reach length was used to avoid the downstream confluence with Huana Creek and to avoid influences from a gravel road culvert crossing upstream of this reach. Characteristics of the reach selected were uniform throughout the reach.	
Mean bankfull channel width (m) (Indicator 4) 8.8 meters	Reach length (m): 40x width; min 40 m; max 200 m. 120 meters (200m max)	Site photographs: Enter photo ID or check if completed Top down: <u>Photo 1</u> Mid down: <u>Photo 3</u> Mid up: <u>Photo 2</u> Bottom up: <u>Photo 4</u>
Disturbed or difficult conditions (check all that apply): <input type="checkbox"/> Recent flood or debris flow <input type="checkbox"/> Stream modifications (e.g., channelization) <input type="checkbox"/> Diversions <input type="checkbox"/> Discharges <input type="checkbox"/> Drought <input type="checkbox"/> Vegetation removal/limitations <input checked="" type="checkbox"/> Other (explain in notes) <input type="checkbox"/> None	Notes on disturbances or difficult site conditions: Hurricane Beryl (Cat 1) made landfall 4:43 am July 8 near Matagorda, Texas near Houston. Huana Creek appears to have overtopped its banks as evidenced by silt-stained vegetation near the confluence of Stonedive Creek. The last rainfall event was one week ago, and Stonedive Creek was observed to have continuous flow throughout the reach studied.	
Observed hydrology: <u>100</u> % of reach with surface flow _____ % of reach with sub-surface or surface flow _____ # of isolated pools	Comments on observed hydrology: There has been no rainfall for a week, yet Stonedive Creek has continuous flow in the reach studied, connecting pools and riffles downstream to the confluence with Huana Creek.	

Site sketch:



1. BMI Score

Collect aquatic invertebrates from at least 6 locations in the assessment reach; use sample for BMI score and total benthic macroinvertebrate abundance score (see indicator #2).

<p><u>1</u> BMI score (0-3)</p>	<p>Scoring guidance:</p> <ul style="list-style-type: none">0: (Absent) Total abundance of benthic macroinvertebrates is zero.1: (Weak) Total abundance is 1 to 3.2: (Moderate) Total abundance ≥ 43: (Strong) Total abundance ≥ 10 and richness ≥ 3 OR Total abundance < 10 and richness ≥ 5 <p><i>Note: Richness is based on family-level identification for aquatic insects and mollusks, order-level for crustaceans and mites, and class or phylum for all other non-insects.</i></p>
<p>Taxa/Notes:</p> <p>Two aquatic worms were found using kick net sampling throughout this reach. The sand bed stream did not lend itself to providing much cover or habitat. An area with sticks and leaves was also sampled in the channel.</p>	

2. Total Benthic Macroinvertebrate Abundance

<p><u>1</u> Total Benthic Macroinvertebrate Abundance score (0-3)</p>	<p>Scoring guidance:</p> <ul style="list-style-type: none">0: (Absent) Total abundance of benthic macroinvertebrates is zero1: (Weak) Total abundance is ≥ 1 and ≤ 102: (Moderate) Total abundance ≥ 11 and ≤ 323: (Strong) Total abundance ≥ 33
<p>Notes:</p> <p>Two aquatic worms were found using kick net sampling throughout this reach. The sand bed stream did not lend itself to providing much cover or habitat. An area with sticks and leaves was also sampled in the channel.</p>	

3. Absence of Rooted Upland Plants in Streambed

<p>3 Absence of Rooted Upland Plants in Streambed score (0-3)</p>	<p>Scoring guidance:</p> <p>0: Rooted upland plants are prevalent within the streambed (greater than 75%). 1: Rooted upland plants are consistently dispersed throughout the streambed (20 – 75%). 2: Few rooted upland plants are present within the streambed (less than 20%). 3: Rooted upland plants are absent within the streambed.</p> <p><i>Note: 'Upland' plants include those with UPL, FACU and FAC indicators as well as those with No Indicator (NI)</i></p> <p><i>Recommended photos (record in photolog, below):</i></p> <p style="margin-left: 40px;">1) channel vegetation, and 2) upland vegetation</p>
<p>Notes:</p> <p style="margin-left: 40px;">No rooted plants within streambed throughout reach.</p>	

4. Bankfull channel width (copy from first page of field form)

8.8 meters

5. Particle Size of Stream Substrate

<p>2.25 Particle Size or Stream Substrate Sorting score (0-3)</p> <p>Half-scores are allowed</p>	<p>Scoring guidance:</p> <p>0: (Absent) The channel is poorly developed, very little to no coarse sediment is present. There is no difference between particle size in the stream substrate and adjacent land. 1: (Weak) The channel is poorly developed through the soil profile. Some coarse sediment is present in the streambed but is discontinuous. Particle size differs little between the stream substrate and adjacent land. 2: (Moderate) There is a well-developed channel, but it is not deeply incised through the soil profile. Some coarse sediment is present in the streambed in a continuous layer. Particle size differs somewhat between the stream substrate and adjacent land. 3: (Strong) The channel is well-developed through the soil profile with relatively coarse streambed sediments compared to the riparian zone soils: coarse sand, gravel, or cobbles in the piedmont; cobbles or boulders in the mountains, and medium or coarse sand in the coastal plain. Particle size differs greatly between the stream substrate and adjacent land.</p>
<p>Notes:</p> <p style="margin-left: 40px;">Bed material in channel is uniform medium sand, with one riffle with gravel, 0.25-0.50 inch. Adjacent land is also medium sand. Channel is deeply incised through soil profile. (SDAM choices online are 0, 0.75, 1.5 weak, 2.25, 3 strong)</p>	

6. Drainage Area (in square miles, to nearest tenth)

2.27 square miles

7. Average Precipitation (May, June, July)

PRISM 30-year average precipitation n/a

Photo log

Indicate if any other photographs taken during the assessment:

Photo ID	Description
Photo 5	Looking upstream at Stonedive Creek confluence with Huana Creek
Photo 6	Stonedive Creek bed material is medium sand, except for this gravel riffle in reach.

Additional notes about the assessment:

Model Classification:

- Ephemeral
- Intermittent
- Perennial
- Less than perennial
- At least intermittent
- Needs More Information

Appendix C: Photos





Photo 1: Photograph from the top (upstream) end of the reach, looking downstream.



Photo 2: Photograph from the middle of the reach, looking upstream.



Photo 3: Photograph from the middle of the reach, looking downstream.



Photo 4: Photograph from the bottom (downstream) end of the reach, looking upstream.



Photo 5: Orange pointer indicating Stonedive Creek at confluence Huana Creek, upstream.

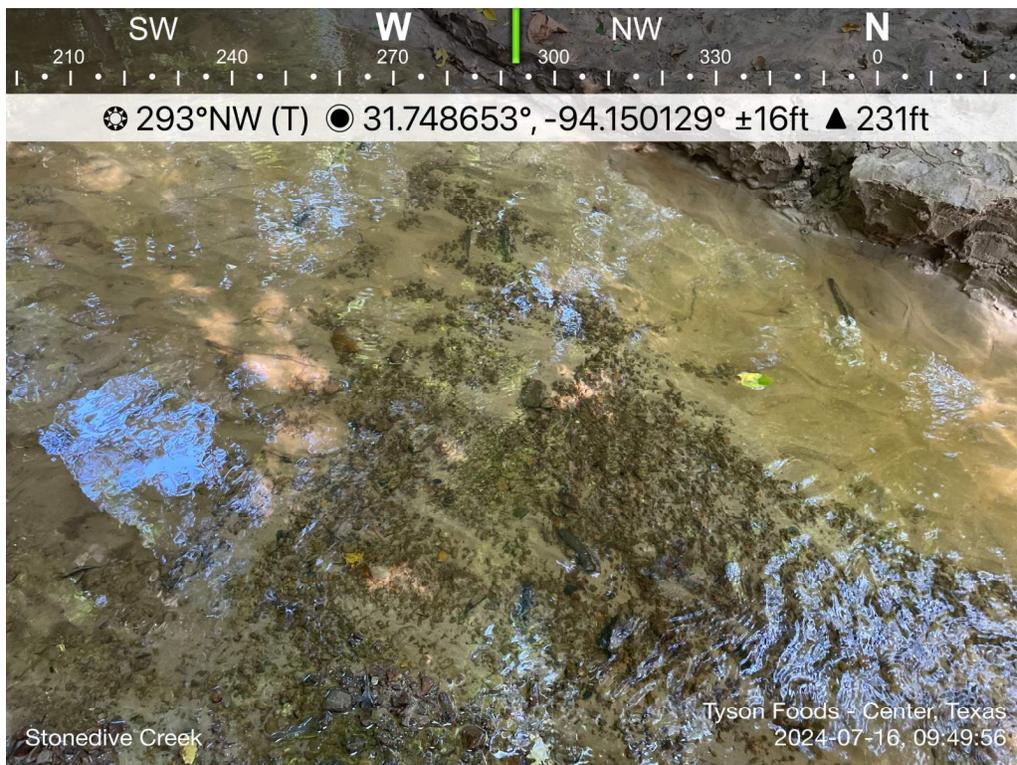


Photo 6: Stonedive Creek bed material is medium sand, except for this gravel riffle in reach.

Appendix D: Southeast SDAM Report



Beta Streamflow Duration Assessment

SDAM Version 1.1 Release Date: November 2023

Report generated on: July 18, 2024

General Site Information

Project name or number: Tyson Foods - Center, Texas

Site code or identifier: 31.74866274, -94.14985288

SDAM Region: Southeast

Assessor(s): Devin Wilson, CDM Smith

Waterway name: Stonedive Creek

Visit date: July 16, 2024

Current weather conditions: Clear/Sunny

Notes on current or recent weather conditions:

Previous rainfall events:

7/9 - 2.38 in

7/8 - 1.04 in

7/6 - 0.87 in

Location: 31.74866274 N, -94.14985288 E

Surrounding land use within 100 m: Forested

Description of reach boundaries: A shorter reach length was used to avoid the downstream confluence with Huana Creek and to avoid influences from a gravel road culvert crossing upstream of this reach. Characteristics of the reach selected were uniform throughout the reach.

Assessment reach length (m): 120

Disturbed or difficult conditions:

Other (explain in notes)

Notes on disturbances or difficult site conditions:

Hurricane Beryl (Cat 1) made landfall 4:43 am July 8 near

Matagorda, Texas near Houston. Huana Creek appears to have overtopped its banks as evidenced by silt-s

The last rainfall event was one week ago, and Stonedive Creek was

observed to have continuous flow throughout the reach studied.

Observed hydrology:

Percent of reach with surface flow: 100

Percent of reach with surface and sub-surface flows: 0

Number of isolated pools: 0

Notes on observed hydrology: There has been no rainfall for a week, yet Stonedive Creek has continuous flow in the reach studied, connecting pools and riffles downstream to the confluence with Huana Creek.

Site Photos

Top of reach looking downstream:



Middle of reach looking upstream:



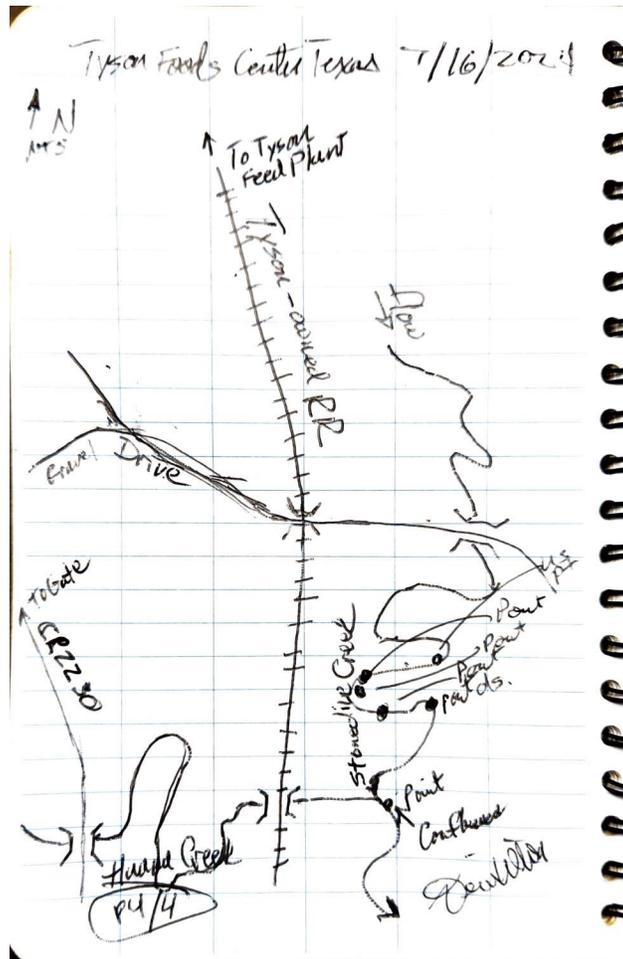
Middle of reach looking downstream:



Bottom of reach looking upstream:



Site Sketch



Indicators

Biological indicators

Aquatic Invertebrates

Total abundance of aquatic benthic macroinvertebrates: 1

Total abundance score: 1

Notes on aquatic invertebrates:

Aquatic invertebrate photos and photo descriptions:



Description:

Richness of aquatic benthic macroinvertebrates

Number of aquatic benthic macroinvertebrate taxa (family- or higher-level) identified from the assessment reach: 1

BMI score: 1

Geospatial Indicators

Mean Precipitation (mm) (Months 5-7): 110.026563

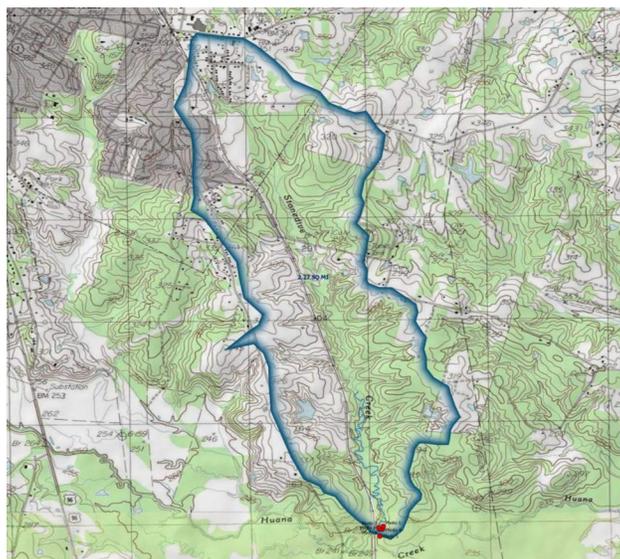
Drainage Area (sq.mi.): 2.27

Drainage Area Score: 1

Notes about the drainage area:

2.27 square miles

Drainage area photos and descriptions:



Description: Drainage Area 2.27 sq mi

Geomorphic Indicators

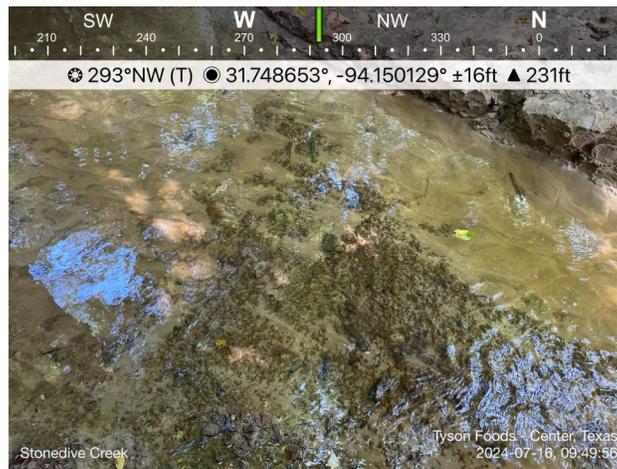
Substrate Sorting

Substrate Sorting Score: NA

Notes about substrate sorting:

Bed material in channel is uniform medium sand, with one riffle with gravel, 0.25-0.50 inch. Adjacent
Channel is deeply incised through soil profile. (SDAM choices online are 0, 0.75, 1.5 weak, 2.25, 3 str

Substrate sorting photos and descriptions:



Description:

Upland Rooted Plants

Upland Rooted Plants score: 3

Notes about absence of upland rooted plants in streambed:

No rooted plants within streambed throughout reach.

Upland Rooted Plants photos and descriptions:

Bankfull channel width (m): 8.84

Supplemental Information

Additional notes about the assessment:

Supplemental information photos and descriptions:

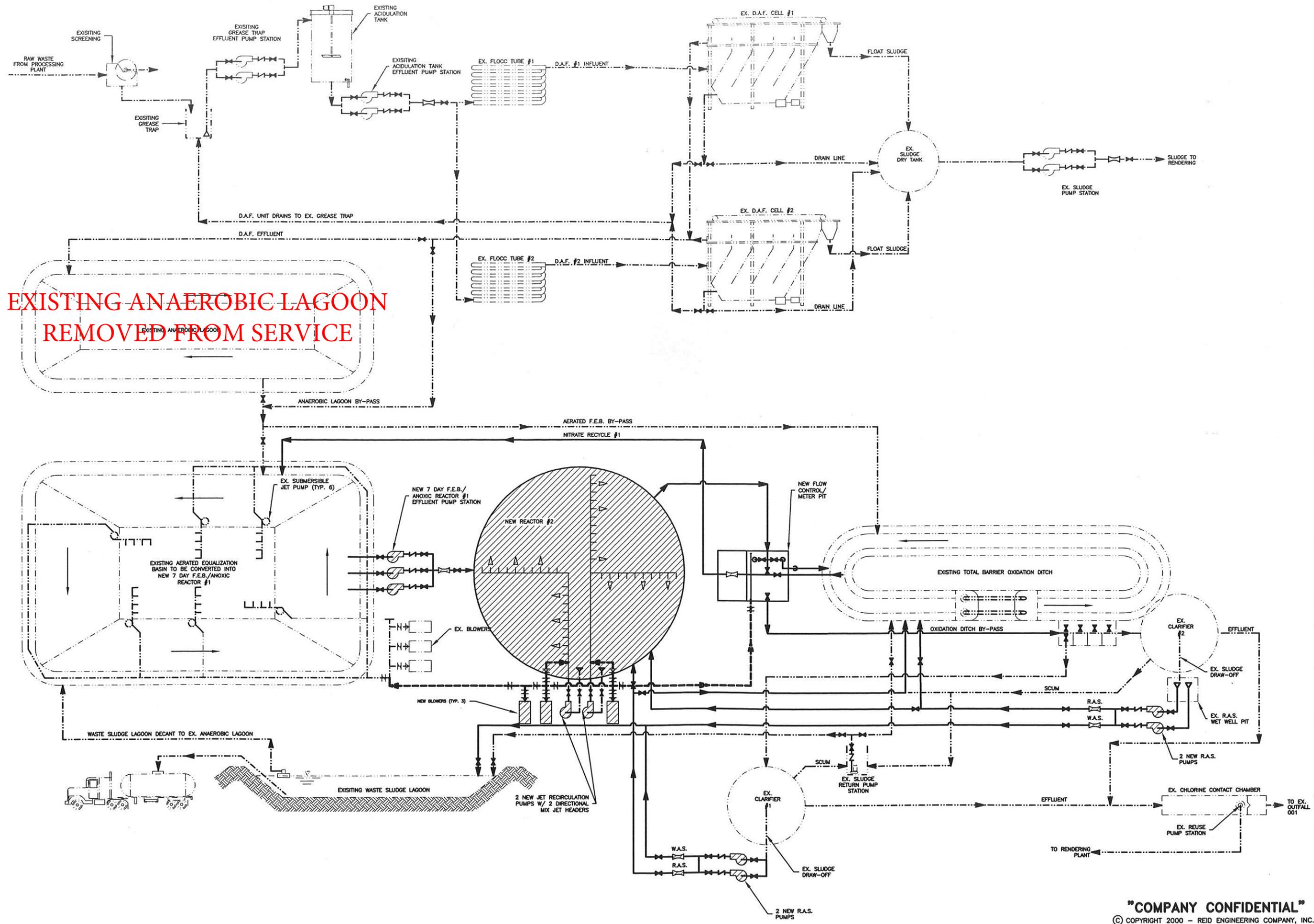
This reach is classified as perennial.



Description: Looking Upstream from Huana Ck at Confluence of Stonedive Creek

This reach is classified as perennial.

End of Report



**EXISTING ANAEROBIC LAGOON
REMOVED FROM SERVICE**

Date: 10-20-99
 Scale: NONE
 Designed by: J.H.R.
 Drawn by: J.W.
 Checked by: J.H.R.

REID ENGINEERING COMPANY, INC.
 1210 Princess Anne Street
 Fredericksburg, Virginia
 Phone: 540-371-8500 Fax: 540-371-8576

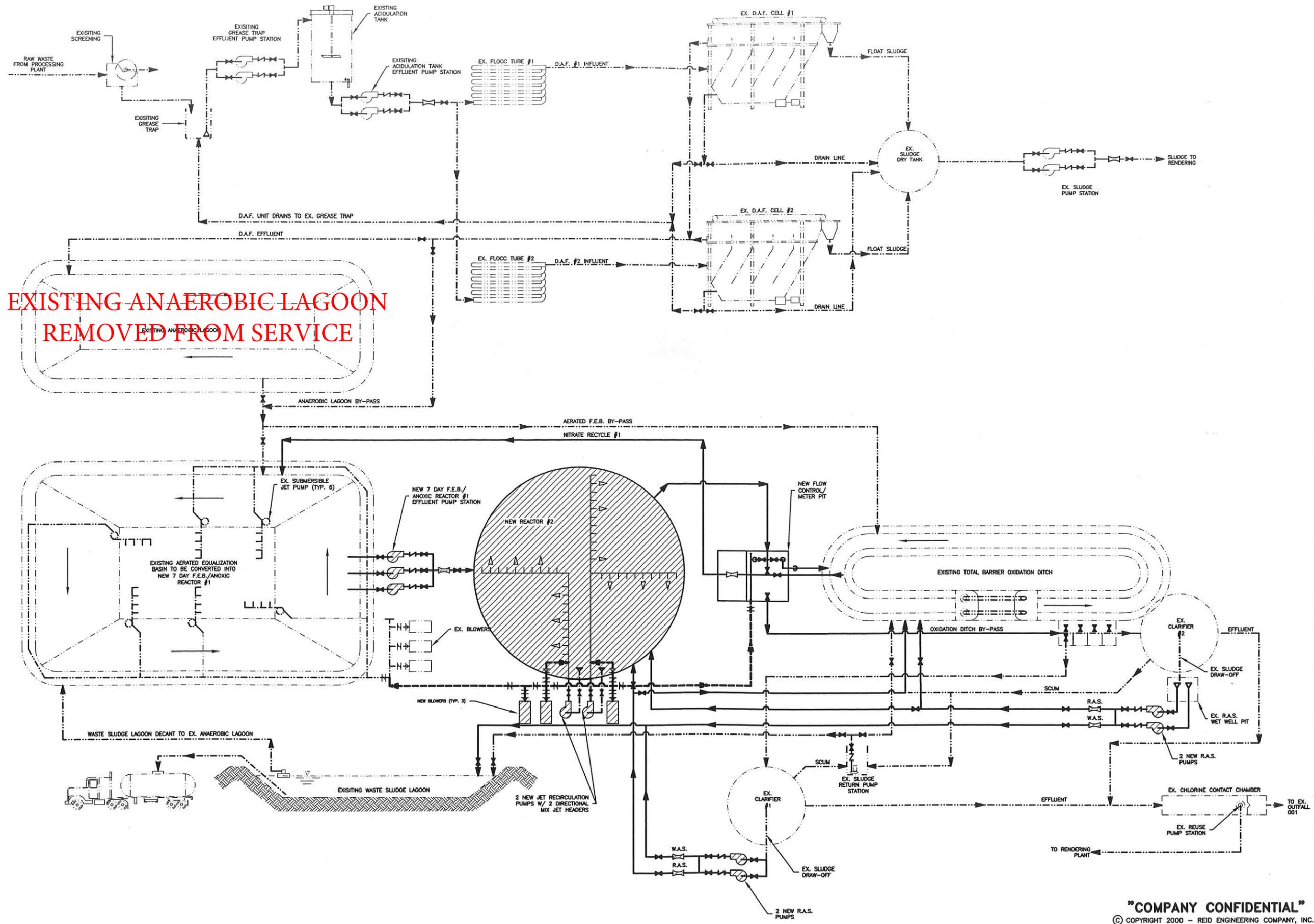
John H. Reid, P.E.

SCHEMATIC OF WASTEWATER FLOW
TYSON FOODS, INC.
 WASTEWATER TREATMENT SYSTEMS
 IMPROVEMENTS
 CENTER, TEXAS

Revision Date
 11-30-99 JW.
 02-25-00 JW
 04-07-00 KD.
 Drawing No.
F1
 of Sheets
 Job No. TF27G

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 1210 Princess Anne Street
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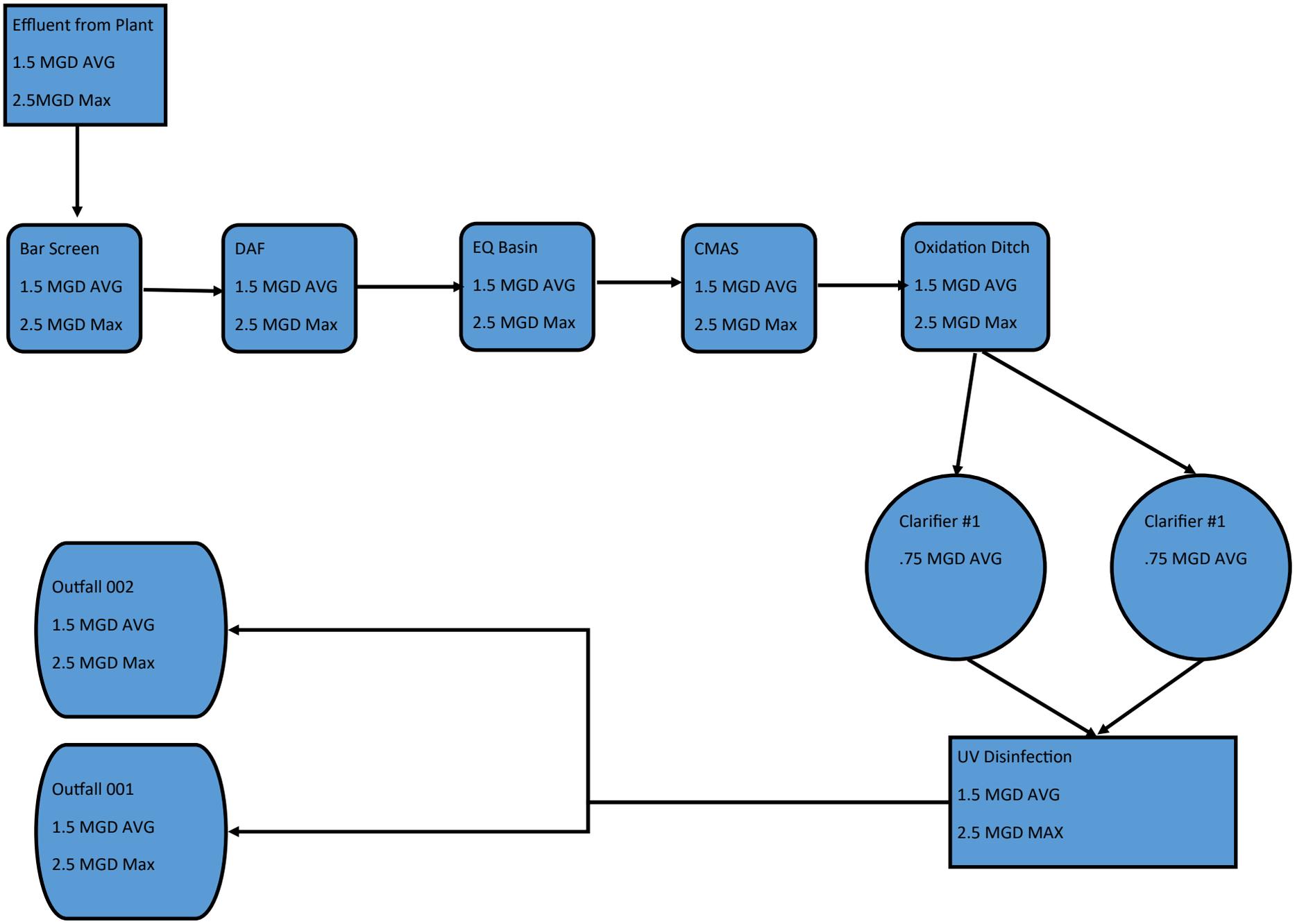
John H. Reid, P.E.

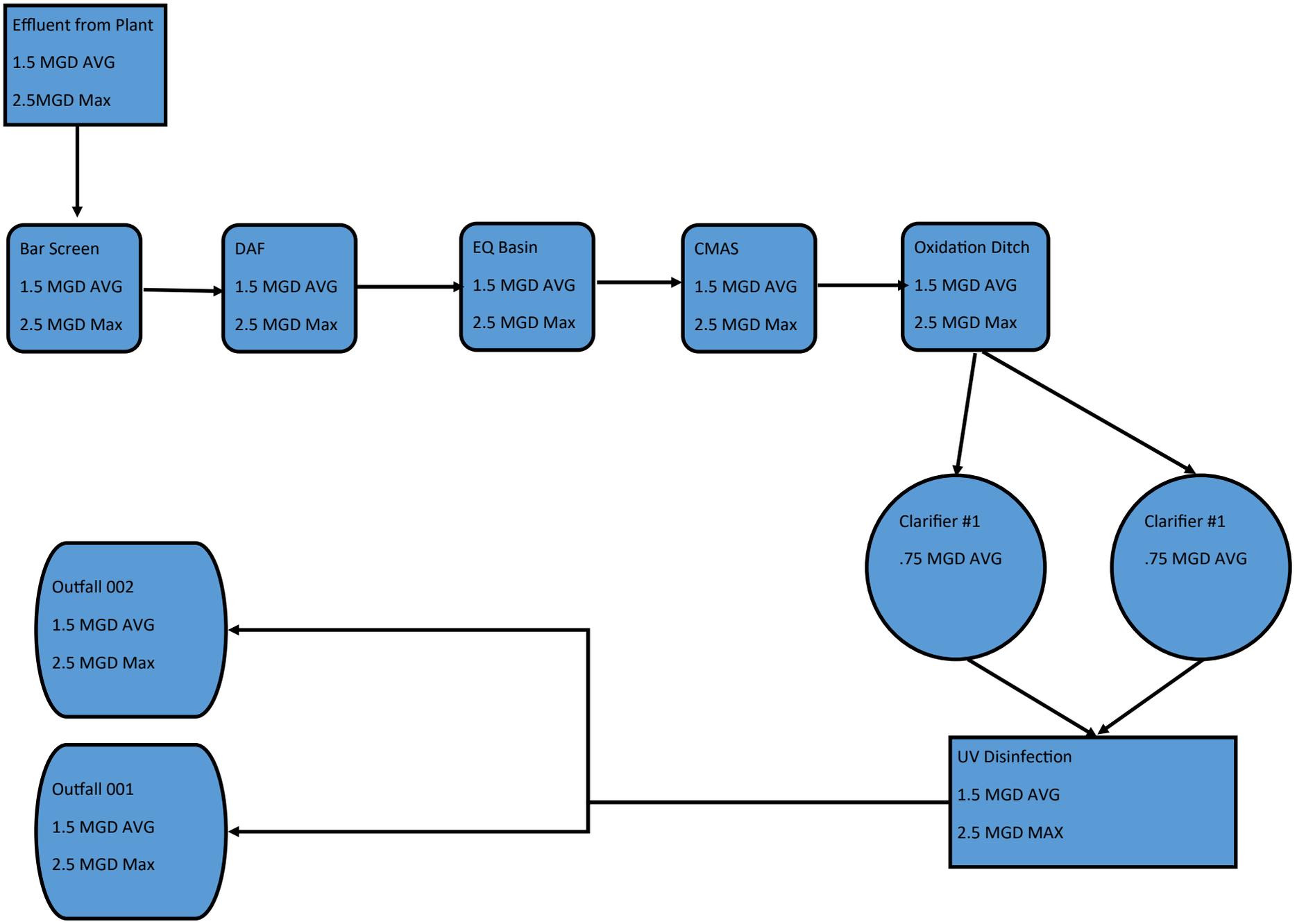
SCHEMATIC OF WASTEWATER FLOW
TYSON FOODS, INC.
 WASTEWATER TREATMENT SYSTEMS
 IMPROVEMENTS
 CENTER, TEXAS

Revision Date
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Leah Whallon

From: Rodriquez, Eric <Eric.Rodriquez@tyson.com>
Sent: Wednesday, January 8, 2025 2:08 PM
To: Leah Whallon
Subject: Re: Application to Amend Permit No. WQ0002064000; Tyson Farms, Inc.; City of Center Poultry Processing Plant
Attachments: USGS 7.5 Map Center, TX.jpg

Leah,

Please find the requested map attached. Let me know if you have any questions.

regards,

Eric

From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Wednesday, January 8, 2025 9:53 AM
To: Rodriquez, Eric <Eric.Rodriquez@tyson.com>
Subject: [EXTERNAL] - RE: Application to Amend Permit No. WQ0002064000; Tyson Farms, Inc.; City of Center Poultry Processing Plant

CAUTION: This email came from outside the company. Do not click on links or open attachments unless you can confirm the sender and you know the contents are safe

Hi Eric,

Happy New Year! I wanted to follow up on this application to check the status of the USGS map. The 30 day extension ends today, 01/08/2025. Please let me know if you have any questions or concerns with providing the map by today.

Thank you,



Leah Whallon

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

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

From: Rodriquez, Eric <Eric.Rodriquez@tyson.com>
Sent: Friday, December 6, 2024 2:21 PM

To: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>

Subject: Re: Application to Amend Permit No. WQ0002064000; Tyson Farms, Inc.; City of Center Poultry Processing Plant

Leah,

I have attached most of the requested files. Can I please have an extension until next Friday, (12/13), for the 7.5 USGS map? I have been having trouble with this and need to get some help to complete it.

thanks,

Eric

From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>

Sent: Friday, November 22, 2024 4:49 PM

To: Rodriguez, Eric <Eric.Rodriguez@tyson.com>

Subject: [EXTERNAL] - Application to Amend Permit No. WQ0002064000; Tyson Farms, Inc.; City of Center Poultry Processing Plant

CAUTION: This email came from outside the company. Do not click on links or open attachments unless you can confirm the sender and you know the contents are safe

Good Afternoon,

Please see the attached Notice of Deficiency letter dated November 22, 2024 requesting additional information needed to declare the application administratively complete. Please send the complete response by December 6, 2024.

Please let me know if you have any questions.

Thank you,



Leah Whallon

Texas Commission on Environmental Quality

Water Quality Division

512-239-0084

leah.whallon@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at

www.tceq.texas.gov/customersurvey

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Leah Whallon

From: Rodriquez, Eric <Eric.Rodriquez@tyson.com>
Sent: Friday, December 6, 2024 2:21 PM
To: Leah Whallon
Subject: Re: Application to Amend Permit No. WQ0002064000; Tyson Farms, Inc.; City of Center Poultry Processing Plant
Attachments: Attachment C - Plain Language Summary (1).docx; 1. 10411 Administrative Report.docx; Map of Center.pdf; Center Mailing Labels.doc
Follow Up Flag: Follow up
Flag Status: Flagged

Leah,

I have attached most of the requested files. Can I please have an extension until next Friday, (12/13), for the 7.5 USGS map? I have been having trouble with this and need to get some help to complete it.

thanks,

Eric

From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Friday, November 22, 2024 4:49 PM
To: Rodriquez, Eric <Eric.Rodriquez@tyson.com>
Subject: [EXTERNAL] - Application to Amend Permit No. WQ0002064000; Tyson Farms, Inc.; City of Center Poultry Processing Plant

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Please let me know if you have any questions.

Thank you,



Leah Whallon

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

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: Tyson Farms, Inc.

PERMIT NUMBER (If new, leave blank): WQ00 002064000

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

	Y	N		Y	N
Administrative Report 1.0	<input 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 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 checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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-inst¹](#)).

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

- a. Complete each field with the requested information, if applicable.
 Applicant Name: Tyson Farms, Inc.
 Permit No.: WQ0002064000
 EPA ID No.: TX00072982
 Expiration Date: 06/29/2026
- 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: The facility is applying to add a second outfall to the permit. This second outfall is located in Stone Dive Creek

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

Permit Number _____

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 type="checkbox"/> \$1,215	<input type="checkbox"/> \$150
Major facility	N/A ²	<input checked="" 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: [Click to enter text.](#)

Copy of voucher attachment: [Attachment A](#)

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: [CN600790968](#)

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

b. Legal name of the entity (applicant) applying for this permit: [Tyson Farms, 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): [McDonald/Michael](#)

Title: [Complex Manager](#) Credential: [Click to enter text.](#)

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

Yes No

² All facilities are designated as minors until formally classified as a major by EPA.

³ <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: [Click to enter text.](#)

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

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

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

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

Prefix: [Click to enter text.](#) Full Name (Last/First Name): [Click to enter text.](#)

Title: [Click to enter text.](#) Credential: [Click to enter text.](#)

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

Yes No

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

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: [Attachment B](#)

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): Rodriquez/Eric

Title: Area Environmental Manager Credential: [Click to enter text.](#)

Organization Name: Tyson Foods, Inc.

Mailing Address: 1019 Shelbyville City/State/Zip: Center/TX/75935

Phone No: 806-517-5317 Email: eric.rodriquez@tyson.com

b. Administrative Contact Technical Contact

Prefix: Mr. Full Name (Last/First Name): Rodriquez/Eric

Title: Area Environmental Manager Credential: [Click to enter text.](#)

Organization Name: Tyson Foods, Inc.

Mailing Address: 1019 Shelbyville

City/State/Zip: Center/TX/75935

Phone No: 806-517-5317

Email: eric.rodriquez@tyson.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): Weatherall/Benjamin

Title: Complex Environmental Manager Credential: Click to enter text.

Organization Name: Tyson Farms, Inc.

Mailing Address: 1019 Shelbyville

City/State/Zip: Center/TX/75935

Phone No: 910-723-7320

Email: Benjamin.Weatherall@Tyson.com

b. Prefix: Mr. Full Name (Last/First Name): McDonald/Michael

Title: Complex Manager Credential: Click to enter text.

Organization Name: Tyson Farms, Inc.

Mailing Address: 1019 Shelbyville

City/State/Zip: Center/TX/75935

Phone No: 936-598-2723

Email: michael.mcdonald@tyson.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): Weatherall/Benjamin

Title: Complex Environmental Manager Credential: Click to enter text.

Organization Name: Tyson Farms, Inc.

Mailing Address: 1019 Shelbyville

City/State/Zip: Center/TX/75935

Phone No: 910-723-7320

Email: Benjamin.weatherall@tyson.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): Weatherall/Benjamin

Title: Complex Environmental Manager Credential: Click to enter text.

Organization Name: Tyson Farms, Inc.

Mailing Address: 1019 Shelbyville

City/State/Zip: Center/TX/75935

Phone No: [Click to enter text.](#) Email: [Click to enter text.](#)

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Weatherall/Benjamin

Title: Complex Environmental Manager Credential: [Click to enter text.](#)

Organization Name: Tyson Farms, Inc.

Mailing Address: 1019 Shelbyville St City/State/Zip: Center/TX/75935

Phone No: 910-723-7320 Email: Benjamin.weatherall@tyson.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: [Click to enter text.](#)

Fax: [Click to enter text.](#)

Regular Mail (USPS)

Mailing Address: [Click to enter text.](#)

City/State/Zip Code: [Click to enter text.](#)

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Weatherall/Benjamin

Title: Complex Environmental Manager Credential: [Click to enter text.](#)

Organization Name: Tyson Farms, Inc.

Phone No: 910-723-7320 Email: Benjamin.weatherall@tyson.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: Fannie Brown Booth Memorial Library Location within the building: Public Notice Sections

Physical Address of Building: 619 Tenaha St,

City: Center County: Shelby

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: Attachment C

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: Attachment D

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

a. TCEQ issued Regulated Entity Number (RN), if available: RN101514636

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): Tyson Farms, Inc. - Sedalia

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: Click to enter text. Full Name (Last/First Name): Click to enter text.

or Organization Name: Tyson Farms, Inc.

Mailing Address: 1019 Shelbyville City/State/Zip: Center/TX/75935

Phone No: 936-598-2723 Email: Click to enter text.

e. Ownership of facility: Public Private Both Federal

- f. Owner of land where treatment facility is or will be: Tyson Farms, Inc.
 Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.
 or Organization Name: Tyson Farms, Inc.
 Mailing Address: 1019 Shelbyville City/State/Zip: Center/TX/75936
 Phone No: 936-598-2723 Email: Click to enter text.
Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years (In some cases, a lease may not suffice - see instructions). Attachment: Click to enter text.
- g. Owner of effluent TLAP disposal site (if applicable): Click to enter text.
 Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.
 or Organization Name: Click to enter text.
 Mailing Address: Click to enter text. City/State/Zip: Click to enter text.
 Phone No: Click to enter text. Email: Click to enter text.
Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: Click to enter text.
- h. Owner of sewage sludge disposal site (if applicable):
 Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.
 or Organization Name: Click to enter text.
 Mailing Address: Click to enter text. City/State/Zip: Click to enter text.
 Phone No: Click to enter text. Email: Click to enter text.
Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: Click to enter text.

Item 11. TD PES 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.
- | | |
|---|--|
| <input checked="" type="checkbox"/> One-mile radius | <input checked="" type="checkbox"/> Three-miles downstream information |
| <input checked="" type="checkbox"/> Applicant's property boundaries | <input checked="" type="checkbox"/> Treatment facility boundaries |
| <input checked="" type="checkbox"/> Labeled point(s) of discharge | <input checked="" type="checkbox"/> Highlighted discharge route(s) |
| <input checked="" type="checkbox"/> Effluent disposal site boundaries | <input checked="" type="checkbox"/> All wastewater ponds |
| <input checked="" type="checkbox"/> Sewage sludge disposal site | <input checked="" type="checkbox"/> New and future construction |
- Attachment: Attachment E
- 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: Sewage sent to City of Center Municipal WW Treatment Plant. No sewage sludge is generated onsite.

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: Adding a new discharge point in another stream (Stone Dive Creek)

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: Adding a new discharge point in another stream

f. City nearest the outfall(s): Center, TX

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

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: N/A

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: [Click to enter text.](#)

b. Do you owe any fees to the TCEQ?

Yes No

If yes, provide the following information:

Account no.: [Click to enter text.](#)

Total amount due: [Click to enter text.](#)

c. Do you owe any penalties to the TCEQ?

Yes No

If yes, provide the following information:

Enforcement order no.: [Click to enter text.](#)

Amount due: [Click to enter text.](#)

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ0002064000

Applicant Name: Tyson Farms, Inc.

Certification: I, Michael McDonald, 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): Michael McDonald

Signatory title: Complex 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: [Attachment F](#)

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

Readable/Writeable CD sets of labels Four

Attachment: [Attachment G](#)

- d. Provide the source of the landowners' names and mailing addresses: [Click to enter text.](#)

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

Yes No

If yes, provide the location and foreseeable impacts and effects this application has on the land(s): [Click to enter text.](#)

Item 2. 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: [Attachment H](#)

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: SPIF

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:** WQ000 [Click to enter text.](#)

1. Check or Money Order Number: [Click to enter text.](#)
2. Check or Money Order Amount: [Click to enter text.](#)
3. Date of Check or Money Order: [Click to enter text.](#)
4. Name on Check or Money Order: [Click to enter text.](#)

5. APPLICATION INFORMATION

Name of Project or Site: [Click to enter text.](#)

Physical Address of Project or Site: [Click to enter text.](#)

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

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

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Item 1. Individual information (Instructions, Page 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): [Click to enter text.](#)

Full legal name (first, middle, and last): [Click to enter text.](#)

Driver's License or State Identification Number: [Click to enter text.](#)

Date of Birth: [Click to enter text.](#)

Mailing Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone No.: [Click to enter text.](#)

Fax No.: [Click to enter text.](#)

E-mail Address: [Click to enter text.](#)

CN: [Click to enter text.](#)

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

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

Plain Language Summary 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 as required by [Title 30, Texas Administrative Code \(30 TAC\), Chapter 39, Subchapter H](#). Applicants may modify the template as necessary to accurately describe their facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how the applicant will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

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

If you are subject to the alternative language notice requirements in [30 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.

Tyson Farms, Inc. (CN600790968) operates The Center, TX Processing Plant (RN101514636), an Poultry processing facility. The facility is located at 1019 Shelbyville, St., in Center, TX, Shelby County, Texas 75935. This application is being submitted to add an outfall in Stone Dive Creek to discharge treated effluent from the facility to Stone Dive Creek.

Discharges from the facility are expected to contain constituents typical of poultry operations such as Total Suspended Solids, Biological Oxygen Demand, Ammonia, Nitrate, Nitrogen, Oil and Grease, Fecal Coliforms, Copper, Total Dissolved Solids, Chloride, and Sulfate. Stormwater, Process Water, Cooling Tower Blowdown, Boiler Blowdown, Sanitation process water, and water softener back flush will be treated by an onsite WWTP that utilizes a dissolved air flotation system, activated sludge system, aeration system, clarifiers, and disinfection equipment .



COMISIÓN DE CALIDAD AMBIENTAL DE TEXAS

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.

Tyson Farms, Inc. (CN600790968) opera The Center, TX Processing Plant (RN101514636), una instalación de procesamiento de aves de corral. La instalación está ubicada en 1019 Shelbyville, St., en Center, TX, Shelby County, Texas 75935. Esta solicitud se presenta para agregar un desagüe en Stone Dive Creek para descargar el efluente tratado de la instalación a Stone Dive Creek.

Se espera que las descargas de la instalación contengan componentes típicos de las operaciones avícolas, como sólidos suspendidos totales, demanda biológica de oxígeno, amoníaco, nitrato, nitrógeno, aceite y grasa, coliformes fecales, cobre, sólidos disueltos totales, cloruro y sulfato. Las aguas pluviales, el agua de proceso, la purga de la torre de enfriamiento, la purga de la caldera, el agua de proceso de saneamiento y el retrolavado del ablandador de agua serán tratados por una planta de tratamiento de aguas residuales en el sitio que utiliza un sistema de flotación de aire disuelto, un sistema de lodos activados, un sistema de aireación, clarificadores y equipos de desinfección.

INSTRUCTIONS

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

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

Example

Individual Industrial Wastewater Application

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

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

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

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

Cooling water and boiler make-up water are supplied by Lake Starr Reservoir. The City of Austin municipal water plant (CN600000000, PWS 00000) supplies the facility’s potable water and serves as an alternate source of boiler make-up water. Water from the Lake Starr Reservoir is withdrawn at the intake structure and treated with sodium hypochlorite to prevent biofouling and sodium bromide as a chlorine enhancer to improve efficacy and then passed through condensers and auxiliary equipment on a once-through basis to cool equipment and condense exhaust steam.

Low-volume wastewater from blowdown of boiler Units 1 and 2 and metal-cleaning wastes receive no treatment prior to discharge via Outfall 101. Plant floor and equipment drains and stormwater runoff from diked oil storage areas, yards, and storm drains are routed through an oil and water separator prior to discharge via Outfall 101. Domestic wastewater, blowdown, and backwash water from the service water filter, clarifier, and sand filter are routed to the Starr Creek Domestic Sewage Treatment Plant, TPDES Permit No. WQ0010000001, for treatment and disposal. Metal-cleaning waste from equipment cleaning is generally disposed of off-site.

Tyson Foods, Inc.
1019 Shelbyville Street
Center, TX 75935

Tree Harvesting, LLC
306 Industrial Drive
Center, TX 75935

ETA Holdings, LLC
813 N Timberland Drive
Lufkin, TX 75901

Martin Middleton
30111 Torrey Pines Circle
Georgetown, TX 78628

MG Real Properties, Ltd
PO Box 790
Beaumont, TX 77701

Hidden Creek, LLC
1111 Shelbyville Street, #100
Center, TX 75935

Dixie Dellinger
1027 Shelbyville Street
Center, TX 75935

Noel Pacheco
PO Box 821
Center, TX 75935

City of Center Police Station
1020 Shelbyville Street
Center, TX 75935

Eddie Boykins
205 Cemetery Road
Center, TX 75935

City of Center
1004 Shelbyville Street
Center, TX 75935

Center ISD
PO Box 1689
Center, TX 75935

Tyson Farms, Inc. Center Processing Plant

Property ID	Owners	Address of Owners
1	Tyson Foods, Inc	1019 Shelbyville Street, Center, TX 75935
2	Tree Harvesting, LLC	306 Industrial Drive, Center, TX 75935
3	Tree Harvesting, LLC	306 Industrial Drive, Center, TX 75935
4	ETA Holdings, LLC	813 N Timberland Drive, Lufkin, TX 75901
5	Martin Middleton	30111 Torrey Pines Circle, Georgetown, TX 78628
6	Martin Middleton	30111 Torrey Pines Circle, Georgetown, TX 78628
7	MG Real Properties, Ltd	PO Box 790, Beaumont, TX 77701
8	MG Real Properties, Ltd	PO Box 790, Beaumont, TX 77701
9	Hidden Creek, LLC	1111 Shelbyville Street, #100, Center, TX 75935
10	Dixie Dellinger	1027 Shelbyville Street, Center, TX 75935
11	Noel Pacheco	PO Box 821, Center, TX 75935
12	City of Center Police Station	1020 Shelbyville Street, Center, TX 75935
13	Eddie Boykins	205 Cemetery Road, Center, TX 75935
14	City of Center	1004 Shelbyville Street, Center, TX 75935
15	Center ISD	PO Box 1689, Center, TX 75935

 Blue Line: 0.25 miles

 Red Box: Tyson Foods

