

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 <u>Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H</u>. 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 <u>30 TAC Section 39.426</u>, <u>you must provide a translated copy of the completed plain language summary in the</u> <u>appropriate alternative language as part of your application package</u>. For your convenience, a Spanish template has been provided below.

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER

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

Brownsville Navigation District (CN600520126) operates Fishing Harbor Wastewater Treatment (RN102079498), an Industrial Shrimp Processing Facility. The facility is located at 1000 FOUST RD, in BROWNSVILLE, Cameron County, Texas 78521. The Brownsville Navigation District is requesting the approval to discharge treated domestic wastewater, shrimp processing wastewater, shrimp boat bilge water, and stormwater at daily average flow not to exceed 0.5 MGD daily average to the proposed expansion of the Fishing Harbor Wastewater Treatment Plant.. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain wastewater influent collected from Fishing Harbor facility. Wastewater influent collected from Fishing Harbor facility is treated by domestic sewage, shrimp processing plant wastewater, shrimp boat bilge water, and stormwater..

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.

El Distrito de Navegacion de Brownsville (CN600520126) opera la Planta Tratadora de Aguas Residuales denominada Fishing Harbor con nel numero de entidad (RN102079499), una Planta Industrial para el Procesamiento de Camarones. La instalación está ubicada en 1000 Foust Rd., en la ciudad de Brownsville , Condado de Cameron, Texas 78521. El Distrito de Navegacion de Brownsville esta requiriendo la aprovacion para descargar aguas residuales domesticas, agua del procesamiento de camarones y agua de sentina para barcos camaroneros y aguas pluviales con un caudal medio diario que no exceda los 0.5 millones de galones diarios, media diaria a la propuesta de ampliacion de la Planta Tratadora de Aguas Residuales Fishing Harbor. Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan Aguas residuals influentes. Aguas residuals domesticas, aguas del procesamiento industrial de camarones, y aguas sentinas del labado de barcos camaroneros. estará tratado por un proceso de aereacion denominado HYDRA-SOLIDS..

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0002817000

APPLICATION. Brownsville Navigation District, 1000 Foust Road, Brownsville, Texas 78521, which owns a publicly owned treatment works, has applied to the Texas Commission on Environmental Quality (TCEQ) to amend Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0002817000 (EPA I.D. No. TX0100242) to authorize an increase to the discharge of treated wastewater and stormwater to a volume not to exceed a daily average flow of 500,000 gallons per day. The facility is located at 1025 Fishermans Place Road, near the city of Brownsville, in Cameron County, Texas 78521. The discharge route is from the plant site directly to the Brownsville Ship Channel. TCEQ received this application on September 12, 2024. The permit application will be available for viewing and copying at Brownsville Navigation District, Administration Building - Main Lobby, 1000 Foust Road, Brownsville, in Cameron 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:

<u>https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications</u>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.3375,25.981388&level=18

The application is subject to the goals and policies of the Texas Coastal Management Program and must be consistent with the applicable Coastal Management Program goals and policies.

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

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 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 <u>www.tceq.texas.gov/goto/cid</u>. 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 <u>https://www14.tceq.texas.gov/epic/eComment/</u>, 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 <u>www.tceq.texas.gov/goto/pep</u>. Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from Brownsville Navigation District at the address stated above or by calling Mr. Manuel Martinez, Acting Director of Engineering Services, at 956-831-4592.

Issuance Date: October 15, 2024

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. WQ0002817000

SOLICTTUD. Distrito de Navegación de Brownsville, 1000 Foust Road, Brownsville Texas, 78521, propietario de una obra de tratamiento de titularidad pública, ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) para modificar el Permiso No. WQ0002817000 (EPA I.D. No. TX0100242) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar el incremento de volumen de descarga producto de tratamiento de drenaje sanitario y pluvial a 500,000 galones por día. La planta está ubicada en 1025 Fishermans Place Road, Brownsville en el Condado de Cameron, Texas 78521. La ruta de descarga es del sitio de la planta directamente al canal de navegación de Brownsville. La TCEQ recibió esta solicitud el día 12 de septiembre de 2024. La solicitud para el permiso estará disponible para leerla y copiarla en la oficina administrativa del Distrito de Navegación de Brownsville ubicada en 1000 Foust Road, Brownsville, en el Condado de Cameron, 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=-97.3375,25.981388&level=18

El Director Ejecutivo de la TCEQ ha revisado esta medida para ver si está de acuerdo con los objetivos y las regulaciones del Programa de Administración Costero de Texas (CMP) de acuerdo con las regulaciones del Consejo Coordinador de la Costa (CCC) y ha determinado que la acción es conforme con las metas y regulaciones pertinentes del CMP.

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

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 del Director Ejecutivo 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 SIGUENTES 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 especifico. Si desea que se agrega 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 <u>www.tceq.texas.gov/goto/cid</u>. 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 Distrito de Navegación de Brownsville a la dirección indicada arriba o llamando a Sr. Manuel Martinez al 956-831-4592.

Fecha de emisión el 15 de octubre de 2024



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: Brownsville Navigation District PERMIT NUMBER (If new, leave blank): WQ0002817000 Indicate if each of the following items is included in your application.

	Y	Ν		Y	Ν
Administrative Report 1.0	\boxtimes		Worksheet 8.0		\boxtimes
Administrative Report 1.1	\boxtimes		Worksheet 9.0		\boxtimes
SPIF	\square		Worksheet 10.0		\boxtimes
Core Data Form	\square		Worksheet 11.0		\boxtimes
Public Involvement Plan Form	\square		Worksheet 11.1		\boxtimes
Plain Language Summary	\boxtimes		Worksheet 11.2		\boxtimes
Technical Report 1.0	\boxtimes		Worksheet 11.3		\boxtimes
Worksheet 1.0		\boxtimes	Original USGS Map	\boxtimes	
Worksheet 2.0	\boxtimes		Affected Landowners Map	\boxtimes	
Worksheet 3.0		\boxtimes	Landowner Disk or Labels	\square	
Worksheet 3.1		\boxtimes	Flow Diagram	\boxtimes	
Worksheet 3.2		\boxtimes	Site Drawing	\boxtimes	
Worksheet 3.3		\boxtimes	Original Photographs		
Worksheet 4.0	\boxtimes		Design Calculations	\boxtimes	
Worksheet 4.1		\boxtimes	Solids Management Plan		\boxtimes
Worksheet 5.0	\boxtimes		Water Balance		\boxtimes
Worksheet 6.0	\boxtimes				
Worksheet 7.0		\boxtimes			

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 (<u>TCEQ Form-20893 and 20893-inst</u>¹).

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

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

Applicant Name: Brownsville Navigation District

Permit No.: WQ0002817000

EPA ID No.: <u>TX0100242</u>

Expiration Date: 4-14-2026

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.

 \boxtimes Active \square 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 Brownsville Navigation District is requesting the approval to discharge treated domestic wastewater, shrimp processing wastewater, shrimp boat bilge water, and stormwater at daily average flow not to exceed 0.5 MGD daily average to the proposed expansion of the Fishing Harbor Wastewater Treatment Plant.

For TCEQ Use Only		
Segment Number	County	
Expiration Date	Region	
Permit Number		

¹ https://www.tceq.texas.gov/publications/search_forms.html

TCEQ-10411 (01/08/2024) Industrial Wastewater Application Administrative Report

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	□ \$350	⊠ \$350	□ \$315	□ \$150
(40 CFR Parts 400-471)				
Minor facility subject to EPA categorical effluent guidelines	□ \$1,250	□ \$1,250	□ \$1,215	□ \$150
(40 CFR Parts 400-471)				
Major facility	N/A ²	□ \$2,050	□ \$2,015	□ \$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: Click to enter text.

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: CN600520126

Note: Locate the customer number using the TCEQ's Central Registry Customer Search³.

- b. Legal name of the entity (applicant) applying for this permit: Brownsville Navigation District **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.
- 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: <u>Mr.</u> Full Name (Last/First Name): <u>Martinez/Manuel</u>
 Title: <u>Acting Director of Engineering Services</u> Credential:
- 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:

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): <u>CN</u>

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: Full Name (Last/First Name): Title: Credential:

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 coapplicant(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: <u>Exhibit Core Data</u>

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. \square Administrative Contact \square Technical Contact

Prefix: <u>Mr.</u> Full Name (Last/First Name): <u>Martinez/Manuel</u>

Title: <u>Acting Director of Engineering Services</u> Credential:

Organization Name: Brownsville Navigation

District Mailing Address: 1000 Foust Road City/State/Zip: Brownsville, TX 78521

Phone No: (956) 831-4592 Email: mmartinez@portofbrownsville.com

b. 🖾 Administrative Contact 🛛 🖾 Technical Contact

Prefix: <u>Mr.</u> Full Name (Last/First Name): <u>Constante/ Jose</u>

Title: Deputy Project Manager Credential:

Organization Name: <u>RRP Consulting Engineers</u>

Mailing Address: 5400 N. 10th Street

City/State/Zip: <u>Mc Allen, TX 78504</u>

Phone No: <u>956-926-5000</u> Email: <u>jconstante@rrpeng.com</u>

Attachment: Click to enter text.

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

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

a. Prefix: <u>Mr.</u> Full Name (Last/First Name): <u>Martinez/Manuel</u> Title: <u>Acting Director of Engineering Services</u> Credential: Organization Name: <u>Brownsville Navigation</u> <u>District</u> Mailing Address: 1000 Foust Road City/State/Zip: <u>Brownsville, TX 78521</u> Phone No: (<u>956) 831-4592</u> Email: <u>mmartinez@portofbrownsville.com</u>
b. Prefix: <u>Mr.</u> Full Name (Last/First Name): <u>Constante/Jose</u> Title: <u>Deputy Project Manager</u> Credential: Organization Name: RRP Consulting Engineers

Mailing Address: <u>5400 N. 10th Street</u> City/State/Zip: <u>Mc Allen, TX 78504</u>

Phone No: <u>956-926-5000</u> Email: <u>jconstante@rrpeng.com</u>

Attachment:

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): Martinez/Manuel

Title: Acting Director of Engineering Services Credential:

Organization Name: Brownsville Navigation

District Mailing Address: 1000 Foust Road City/State/Zip: Brownsville, TX 78521

Phone No: (956) 831-4592 Email: <u>mmartinez@portofbrownsville.com</u>

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): Martinez/Manuel

Title: Acting Director of Engineering Services Credential:

Organization Name: Brownsville Navigation

District Mailing Address: 1000 Foust Road

City/State/Zip: Brownsville, TX 78521

Phone No: (956) 831-4592 Email: <u>mmartinez@portofbrownsville.com</u>

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: <u>Mr.</u> Full Name (Last/First Name): <u>Martinez/Manuel</u>

Title:Acting Director of Engineering ServicesCredential: Click to enter text.Organization Name:Brownsville NavigationDistrictMailing Address: 1000 Foust RoadCity/State/Zip: Brownsville, TX 78521Phone No:(956) 831-4592Email: mmartinez@portofbrownsville.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: <u>mmartinez@portofbrownsville.com</u>

E Fax:

Regular Mail (USPS)

Mailing Address: <u>1000 Foust Road</u>

City/State/Zip Code: Brownsville, TX 78521

c. Contact in the Notice

Prefix: <u>Mr.</u> Full Name (Last/First Name): <u>Martinez/Manuel</u>

Title: Acting Director of Engineering Services Credential:

Organization Name: Brownsville Navigation District

Phone No: (956) 831-4592 Email: mmartinez@portofbrownsville.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: <u>Brownsville Navigation District</u> Location within the building: <u>Administration</u> <u>Building-Main Lobby</u>

Physical Address of Building: 1000 Foust Road

City: Brownsville County: Cameron

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? <u>Spanish (Espanol)</u>
- f. Plain Language Summary Template Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment. Attachment: <u>TCEQ Form 20972</u>
- 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: <u>TCEQ Form 20960</u>

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

a. TCEQ issued Regulated Entity Number (RN), if available: RN102079498

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): <u>Fishing Harbor</u> <u>Wastewater Treatment Plant</u>
- 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: Full Name (Last	/First Name):		
	or Organization Name: Browns	ville Navigation District		
	Mailing Address: <u>1000 Foust R</u>	oad	City/State/Zip: Browns	<u>sville, TX 78521</u>
	Phone No: <u>(956) 831-4592</u>	Email: <u>mmartinez@p</u>	ortofbrownsville.com	
e.	Ownership of facility: \square Pu	blic 🔲 Private	Both	E Federal
f.	Owner of land where treatment	facility is or will be: Bro	ownsville Navigation Dis	<u>strict</u>
	Prefix: Full Name (Last	/First Name):		
	or Organization Name: Browns	ville Navigation Distric	<u>-</u>	
	Mailing Address: <u>1000 Foust R</u>	oad	City/State/Zip: Browns	sville, TX 78521
	Phone No: <u>(956) 831-4592</u>	Email: <u>mmartinez@p</u>	ortofbrownsville.com	
	Note: If not the same as the fac six years (In some cases, a lease	cility owner, attach a lor e may not suffice - see ir	ng-term lease agreement structions). Attachment	in effect for at least :

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

Prefix: Full Name (Last/First Name):

or Organization Name:

Mailing Address: City/State/Zip:

Phone No: Email:

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

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

Prefix: Full Name (Last/First Name):

or Organization Name:

Mailing Address: City/State/Zip:

Phone No: Email:

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

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

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

🖸 Yes 🖾 No

- b. Attach an original full size USGS Topographic Map (or an 8.5"×11" reproduced portion for renewal or amendment applications) with all required information. Check the box next to each item below to confirm it has been included on the map.
 - ☑ One-mile radius
 ☑ Applicant's property boundaries
 ☑ Labeled point(s) of discharge
 ☑ Effluent disposal site boundaries
 ☑ All wastewater ponds
 - Sewage sludge disposal site
- \bowtie New and future construction

Attachment: Exhibit A USGS Topographic Map

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:

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:

- 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:

f. City nearest the outfall(s): <u>Brownsville</u>

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

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:

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

🔲 Yes No or New Permit 🗍

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

- j. City nearest the disposal site:
- k. County in which the disposal site is located:
- 1. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site:
- m. For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained:

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:

b. Do you owe any fees to the TCEQ?

🗆 Yes 🛛 No

If yes, provide the following information:

Account no.:

Total amount due:

c. Do you owe any penalties to the TCEQ?

🖾 Yes 🖾 No

If yes, provide the following information:

Enforcement order no.:

Amount due:

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ0002817000

Applicant Name: Brownsville Navigation District

Certification: I, <u>Manuel Martinez</u>, 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): <u>Manuel Martinez</u> Signatory title: Acting Director of Engineering Services

	Signature:(Use blue ink)	Date: 09/06/2024
	Subscribed and Sworn to before me by the said	Monuel Martinez
	on this 10fh	day of September 2027.
	My commission expires on the 154	day of secember
1	Jorc Sicie Jongay.	NORA ALICIA GONZALEZ
	Notary Public	[SEAL] ★ Notary ID# ★ 12543513-5
	Lameron	• My Comm. Exp. • 12-15-2025
	County, Texas	THOMAS AND
	Note: If co-applicants are necessary, each entit	ity must submit an original, separate signative 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.

- It is 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: Exhibit B and Exhibit B1 Affected Landowners

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

Attachment: Labels

- d. Provide the source of the landowners' names and mailing addresses: <u>Cameron County Appraisal</u> <u>District</u>
- 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):

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: Exhibit E Original Photographs

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.

BY OVERNIGHT/EXPRESS MAIL

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality	Texas Commission on Environmental Quality
Financial Administration Division	Financial Administration Division
Cashier's Office, MC-214	Cashier's Office, MC-214
P.O. Box 13088	12100 Park 35 Circle
Austin, Texas 78711-3088	Austin, Texas 78753

Fee Code: WQP Permit No: <u>WQ000Click to enter text.</u>

- 1. Check or Money Order Number: Click to enter text.
- 2. Check or Money Order Amount: <u>Click to enter text.</u>
- 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: <u>Click to enter</u> 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: <u>Click to enter text.</u>

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

Phone No.: <u>Click to enter text.</u>

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

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

X 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.

Section 3. Application Information		
Type of Application (check all that apply):		
Air Initial Federal Amendment Standard Permit Title V		
Waste Municipal Solid Waste Industrial and Hazardous Waste Scrap Tire Radioactive Material Licensing Underground Injection Control		
Water Quality		
Texas Pollutant Discharge Elimination System (TPDES)		
Texas Land Application Permit (TLAP)		
State Only Concentrated Animal Feeding Operation (CAFO)		
Water Treatment Plant Residuals Disposal Permit		
Class B Biosolids Land Application Permit		
Domestic Septage Land Application Registration		
Water Rights New Permit		
New Appropriation of Water		
New or existing reservoir		
Amendment to an Existing Water Right		
Add a New Appropriation of Water		
Add a New or Existing Reservoir		
Major Amendment that could affect other water rights or the environment		

Section 4. Plain Language Summary

Provide a brief description of planned activities.

Brownsville Navigation District (CN600520126) operates Fishing Harbor Wastewater Treatment (RN102079498), an Industrial Shrimp Processing Facility. The facility is located at 1000 FOUST RD, in BROWNSVILLE, Cameron County, Texas 78521. The Brownsville Navigation District is requesting the approval to discharge treated domestic wastewater, shrimp processing wastewater, shrimp boat bilge water, and stormwater at daily average flow not to exceed 0.5 MGD daily average to the proposed expansion of the Fishing Harbor Wastewater Treatment Plant.. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain wastewater influent collected from Fishing Harbor facility. Wastewater influent collected from Fishing Harbor facility is treated by domestic sewage, shrimp processing plant wastewater, shrimp boat bilge water, and stormwater..

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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? X Yes No				
(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?				
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?				
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?				
(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 ICEQ Central Office				
Public Place (specify)				
Section 7. Voluntary Submittal				
For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.				
Will you provide notice of this application, including notice in alternative languages?				
Yes No What types of notice will be provided?				
Publish in alternative language newspaper				
Posted on Commissioner's Integrated Database Website				
Mailed by TCEQ's Office of the Chief Clerk				
Other (specify)				

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 <u>Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H</u>. 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 <u>30 TAC Section 39.426</u>, <u>you must provide a translated copy of the completed plain language summary in the</u> <u>appropriate alternative language as part of your application package</u>. For your convenience, a Spanish template has been provided below.

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER

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

Brownsville Navigation District (CN600520126) operates Fishing Harbor Wastewater Treatment (RN102079498), an Industrial Shrimp Processing Facility. The facility is located at 1000 FOUST RD, in BROWNSVILLE, Cameron County, Texas 78521. The Brownsville Navigation District is requesting the approval to discharge treated domestic wastewater, shrimp processing wastewater, shrimp boat bilge water, and stormwater at daily average flow not to exceed 0.5 MGD daily average to the proposed expansion of the Fishing Harbor Wastewater Treatment Plant.. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain wastewater influent collected from Fishing Harbor facility. Wastewater influent collected from Fishing Harbor facility is treated by domestic sewage, shrimp processing plant wastewater, shrimp boat bilge water, and stormwater..

TCEQ-20972 (08/31/2023) Wastewater Individual Permit Application, Plain Language Template

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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.

El Distrito de Navegacion de Brownsville (CN600520126) opera la Planta Tratadora de Aguas Residuales denominada Fishing Harbor con nel numero de entidad (RN102079499), una Planta Industrial para el Procesamiento de Camarones. La instalación está ubicada en 1000 Foust Rd., en la ciudad de Brownsville , Condado de Cameron, Texas 78521. El Distrito de Navegacion de Brownsville esta requiriendo la aprovacion para descargar aguas residuales domesticas, agua del procesamiento de camarones y agua de sentina para barcos camaroneros y aguas pluviales con un caudal medio diario que no exceda los 0.5 millones de galones diarios, media diaria a la propuesta de ampliacion de la Planta Tratadora de Aguas Residuales Fishing Harbor. Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan Aguas residuals influentes. Aguas residuals domesticas, aguas del procesamiento industrial de camarones, y aguas sentinas del labado de barcos camaroneros. estará tratado por un proceso de aereacion denominado HYDRA-SOLIDS..

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 <u>WQ-ARPTeam@tceq.texas.gov</u> 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 (CN60000000) operates the Starr Power Station (RN1000000000), a twounit 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 (CN60000000, 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

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:	
Application type:RenewalMajor An	nendmentNinor AmendmentNew
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 <u>WQ-ARPTeam@tceq.texas.gov</u> or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: Brownsville Navigation District

Permit No. WQ00 <u>02817000</u>

EPA ID No. TX <u>TX0100242</u>

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

south side of state highway 48, approximately 5.4 miles east of the intersection of state highway 48 and farm-to-market road 511
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): <u>Mr.</u>

First and Last Name: Martinez/Manuel

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

Title: <u>Acting Director of Engineering Services</u>

Mailing Address: 1000 Foust Road

City, State, Zip Code: Brownsville, TX 78521

Phone No.: (956) 831-4592 Ext.: Fax No.:

E-mail Address: <u>mmartinez@portofbrownsville.com</u>

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

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

Outfall flows into Brownsville Ship Channel in Segment No. 2494 of the Bays And Estuaries. Effluent flows through ditch to outfall1. The Ditch is owned by The Brownsville Navigation District (BND).

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):

<u>None</u>

2. Describe existing disturbances, vegetation, and land use: Area disturb by property used by office and lab.

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: <u>Grit removal- 1 unit- 17.89' L x 8' W x 8 DRapid Mix Basin- 1 unit- 10' L x 8' W x 15.5' D Process</u> <u>Aeration - 2 units- 42' L x 34' W x 14' D Clarifier – 2 units – 34' Diameter x 14' D Disinfection – 1</u> <u>unit- 24'L X 4'W x 14.5'</u>
- 4. Provide a brief history of the property, and name of the architect/builder, if known. Existing Fishing Harbor Wasterwater Treatment Plant was built 1977.

REAL BURNELL BURN

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 <u>Instructions for Completing the Industrial Wastewater Permit Application</u>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).

The Brownsville Navigation District (BND) is marine cargo handling facility. As part of the operations, the BND, through the Fishing Harbor Wastewater Treatment (FHWWTP) treats wastewater influent collected from Fishing Harbor facility. The collection system receives discharges from the Fishing Harbor and nearby Industrial Facilities. The follow SIC Codes apply (2091) Canned and Cured Fish and Seafoods, (2092) Prepared Fresh or Frozen Fish and Seafoods, (4491) Marine Cargo Handling, and (4952) Sewerage Systems.

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

The Fishing Harbor Wastewater Treatment Plant provides primary and secondary treatment to influent collected from various commercial and industrial businesses located at the Port of Brownsville Fishing Harbor and adjacent District's land. Influent consists of wastewater from domestic sewage, shrimp processing plant wastewater, shrimp boat bilge water, and stormwater.

<u>https://www.tceq.texas.gov/permitting/wastewater/industrial/TPDES_industrial_wastewater_st</u> <u>eps.html</u>

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

Raw Materials	Intermediate Products	Final Products
		· ·
	· ·	
••••••••••••••••••••••••••••••••••••••		

Materials List

Attachment:

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

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

Attachment: Exhibit D Site Drawing Map

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

🗆 Yes 🖾 No

If **yes**, provide background discussion:

- f. Is/will the treatment facility/disposal site be located above the 100-year frequency flood level.
 - 🖾 Yes 🗆 No

List source(s) used to determine 100-year frequency flood plain: FEMA Firm Database 2024

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

Attachment: Exhibit G FEMA Map

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?

 \Box Yes \boxtimes No \Box N/A (renewal only)

- h. If **yes** to Item 1.g, has the applicant applied for a USACE CWA Chapter 404 Dredge and Fill permit?
 - 🗆 Yes 🗆 No

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

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

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.

The treatment process will include preliminary treatment (screening and grit removal), enhanced secondary treatment (aeration and clarification), tertiary filtration, and chlorine disinfection. Flow metering will be performed following the final treatment unit. Process sensors for aeration basin DO, MLSS and sludge blanket are included. Solids handling includes sludge holding basins with gravity thickener. Sludge dewatering will be via screw press into roll-off container.

Grit removal- 1 unit- 17.89' L x 8' W x 8 D

Rapid Mix Basin- 1 unit- 10' L x 8' W x 15.5' D

Process Aeration - 2 units- 42' L x 34' W x 14' D

Clarifier – 2 units – 34' Diameter x 14' D

Disinfection - 1 unit- 24'L X 4'W x 14.5'

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: Exhibit C Flow Diagram Map

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).

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

Impoundment Information

Attachment:

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

- b. For new or proposed impoundments, attach any available information on the following items. If attached, check **yes** in the appropriate box. Otherwise, check **no** or **not yet designed**.
 - 1. Liner data
 - \Box Yes \Box No \Box Not yet designed
 - 2. Leak detection system or groundwater monitoring data
 - \Box Yes \Box No \Box Not yet designed
 - 3. Groundwater impacts
 - \Box Yes \Box No \Box Not yet designed

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

Attachment:

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

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

Attachment:

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

Attachment:

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

Attachment:

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/0r numbered accordingly (i.e., page 6a, 6b, etc.) may be used to provide information on the additional outfalls.

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

÷.,

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
001	25.976101	-97.334819

Outfall Location Description

Outfall No.	Location Description
001	Outfall flows into Brownsville Ship Channel in Segment No. 2494 of the Bays
	And Estuaries. Effluent flows through ditch to outfall1. The Ditch is owned by
	The Brownsville Navigation District (BND).

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

Outfall No.	Description of sampling point	
001	V-notch weir following disinfection system	

Outfall Flow Information - Permitted and Proposed

Outfall No.	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	0.25	0.25	0.5	0.5	12/31/24

Outfall Discharge - Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	N	Y	90 deg. V-notch weir

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	30	12

Outfall Wastestream Contributions

Outfall No. 001

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Treated Domestic Wastewater	0.4	80
Shrimp Boat Bilge Water	0.1	20
Shrimp	0.00	0

Outfall No.

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

Outfall No.

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

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:
 - \Box Yes \boxtimes 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:

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			
Boilers			

Item 6. Stormwater Management (Instructions, Page 44)

Will any existing/proposed outfalls discharge stormwater associated with industrial activities, as defined at $40 \ CFR \ S \ 122.26(b)(14)$, 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:
- 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.
JW RENTALS, INC.	A86295
CLEAN MANAGEMENT OF CORPUS CHRISTI, LLC	A86296

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:

Item 9. Toxicity Testing (Instructions, Page 45)

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

🗆 Yes 🛛 No

If **yes**, identify the tests and describe their purposes:

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

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:

- c. Is or will wastewater from another TCEQ, NPDES, or TPDES permitted facility commingled with this facility's wastewater after final treatment and prior to discharge via the final outfall/point of disposal?
 - □ Yes □ No

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

Attachment:

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

 \Box Yes \Box 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)

- 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)		

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		
Owner		
Operator		

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: <u>PWS No. Click to</u> enter text.

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*: Click to enter text.

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

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

- e. The facility does not meet the minimum requirements to be subject to the fill requirements of Section 316(b) **and uses**/proposes **to use cooling towers**.
 - 🗆 Yes 🗆 No

If **yes**, stop here. If **no**, complete Worksheet 11.0, Items 1.a, 1.b.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: Click to enter text.

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 Brownsville Navigation District (BND) is requesting a change to the plant from 0.25 MGD to 0.5 MGD. The request is based on aging infrastructure and demand from customers for future growth.

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

🗆 Yes 🖾 No

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

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

🗆 Yes 🖾 No

If yes, list and describe each change individually.

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
 - o located in another state and is accredited or inspected by that state; or
 - o 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: Manuel Martinez

Title: Acting Director of Engineering Services

Signature: _. Date: 09/04/200

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

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 Da	ata
----------------------	-----

Actual Quantity/Day	Design Quantity/Day	Units
		-
	· · · · · · · · · · · · · · · · · · ·	
	Actual Quantity/Day	Actual Quantity/Day Design Quantity/Day

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 metalbearing 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

c. Refineries (40 CFR Part 419)

Provide the applicable subcategory and a brief justification.

Click to enter text.

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.

Click to enter text.

Item 4. New Source Determination (Instructions, Page 54)

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

Process	EPA Guideline Part	EPA Guideline Subpart	Date Process/ Construction Commenced

Wastewater Generating Processes Subject to Effluent Guidelines

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): <u>07/01/2023-07-31-2023</u>
- b. \boxtimes 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:** <u>Sample Cross Reference</u>

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:** <u>Click to enter text.</u>

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.: <u>001</u>	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				

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

Table 2 for Outfall No.: Click to enter text. Samples are (check one): 🗆 Composite Grab Sample 4 MAL ($\mu g/L$) Sample 2 Sample 3 Pollutant Sample 1 $(\mu g/L)$ $(\mu g/L)$ $(\mu g/L)$ $(\mu g/L)$ 2.5 Aluminum, total 5 Antimony, total 0.5 Arsenic, total 3 Barium, total 0.5 Beryllium, total 1 Cadmium, total 3 Chromium, total 3 Chromium, hexavalent N/A Chromium, trivalent 2 Copper, total 2/10 Cyanide, available 0.5 Lead, total 0.005/0.0005 Mercury, total 2 Nickel, total 5 Selenium, total 0.5 Silver, total 0.5 Thallium, total 5.0 Zinc, total

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					Grab
Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Acrylonitrile					50
Anthracene					10
Benzene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane [Dibromochloromethane]					10
Chloroform					10
Chrysene					5
m-Cresol [3-Methylphenol]					10
o-Cresol [2-Methylphenol]					10
p-Cresol [4-Methylphenol]					10
1,2-Dibromoethane					10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
1,1-Dichloroethene [1,1-Dichloroethylene]					10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10
2,4-Dimethylphenol					10
Di-n-Butyl phthalate	-				10
Ethylbenzene					10
Fluoride					500
Hexachlorobenzene		-			5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane		-			20
Methyl ethyl ketone	-				50
Nitrobenzene	-				10
N-Nitrosodiethylamine				-	20
N-Nitroso-di-n-butylamine					20
Nonylphenol			-		333
Pentachlorobenzene					20
Pentachlorophenol					5
Phenanthrene					10
Polychlorinated biphenyls (PCBs) (**)	uere egy - Alli Alli II. A BE				0.2
Pyridine					20
1,2,4,5-Tetrachlorobenzene					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethene [Tetrachloroethylene]					10
Toluene			_		10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethene					10
[Trichloroethylene]					
2,4,5-Trichlorophenol					50

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
TTHM (Total trihalomethanes)					10
Vinyl chloride					10

(*) Indicate units if different from $\mu g/L$.

(**) 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.
- \Box 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.

 \Box Yes 🖾 No

Domestic wastewater is/will be discharged.

Yes \boxtimes No

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

Samples are (check one): □ Composite □ Grab Table 4 for Outfall No.: 001

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.: Clic	k to enter text.	Samples a	re (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
Endosulfan I (<i>alpha</i>)					0.01
Endosulfan II (<i>beta</i>)					0.02
Endosulfan sulfate					0.1

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Endrin					0.02
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 enfer text. Samples are (check one): Composite Composite								
Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*	
Bromide							400	
Color (PCU)							-	
Nitrate-Nitrite (as N)							—	
Sulfide (as S)								
Sulfite (as SO3)								
Surfactants							—	
Boron, total	ļ						20	
Cobalt, total							0.3	
Iron, total							7	
Magnesium, total							20	
Manganese, total							0.5	
Molybdenum, total							1	
Tin, total							5	
Titanium, total							30	

Table (for Outfall No. Chale to output tout _____ Complete are (check one): [] Composite _____ Creb

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.

\times	N/A
\mathbb{Z}	11/71

 Table 7 for Applicable Industrial Categories

Industrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/ Neutrals Table 10	Pesticides Table 11
□ Adhesives and Sealants		🗆 Yes	🗆 Yes	🗆 Yes	No
Aluminum Forming	467	🗆 Yes	🗆 Yes	🗆 Yes	No
Auto and Other Laundries		🗆 Yes	🗆 Yes	□ Yes	🗆 Yes
Battery Manufacturing	461	🗆 Yes	No	🗆 Yes	No
□ Coal Mining	434	No	No	No	No
Coil Coating	465	🗆 Yes	□ Yes	🗆 Yes	No
Copper Forming	468	🗆 Yes	🗆 Yes	🗆 Yes	No
Electric and Electronic Components	469	🗆 Yes	🗆 Yes	🗆 Yes	🗆 Yes
Electroplating	413	🛛 Yes	🗆 Yes	🗆 Yes	No
Explosives Manufacturing	457	No	🗆 Yes	🛛 Yes	No
□ Foundries		🗆 Yes	🗆 Yes	□ Yes	No
Gum and Wood Chemicals - Subparts A,B,C,E	454	🗆 Yes	🗆 Yes	No	No
Gum and Wood Chemicals - Subparts D,F	454	🗆 Yes	🗆 Yes	□ Yes	No
Inorganic Chemicals Manufacturing	415	🗆 Yes	🗆 Yes	🗆 Yes	No
□ Iron and Steel Manufacturing	420	🗆 Yes	🗆 Yes	🗆 Yes	No
Leather Tanning and Finishing	425	🗆 Yes	🗆 Yes	□ Yes	No
Mechanical Products Manufacturing		🗆 Yes	🗆 Yes	□ Yes	No
□ Nonferrous Metals Manufacturing	421,471	🗆 Yes	🗆 Yes	🗆 Yes	□ Yes
Oil and Gas Extraction - Subparts A, D, E, F, G, H	435	🗆 Yes	□ Yes	🗆 Yes	No
🔲 Ore Mining - Subpart B	440	No	🗆 Yes	No	No
Organic Chemicals Manufacturing	414	🗆 Yes	🗆 Yes	🛛 Yes	□ Yes
Paint and Ink Formulation	446,447	🗆 Yes	🖾 Yes	□ Yes	No
Pesticides	455	🗆 Yes	🗆 Yes	□ Yes	□ Yes
Petroleum Refining	419	🗆 Yes	No	No	No
Pharmaceutical Preparations	439	🗆 Yes	🗆 Yes	🗆 Yes	No
Photographic Equipment and Supplies	459	🗆 Yes	🗆 Yes	🗆 Yes	No
Plastic and Synthetic Materials Manufacturing	414	□ Yes	🗆 Yes	🗆 Yes	🗆 Yes
Plastic Processing	463	□ Yes	No	No	No
Porcelain Enameling	466	No	No	No	No
Printing and Publishing		□ Yes	□ Yes	🗇 Yes	└── Yes
Puln and Panerhoard Mills - Subnart C	430	*	\Box Yes	□ *	□ Yes
Pulp and Paperboard Mills - Subparts F K	430		□ Yes	*	
 Pulp and Paperboard Mills - Subparts A, B, D, G, H 	430	□ Yes	□ Yes	*	D *
Pulp and Paperboard Mills - Subparts I. I. L.	430	🗆 Yes	□ Yes	□ *	🗆 Yes
□ Pulp and Paperboard Mills - Subpart E	430	□ Yes	□ Yes	🗆 Yes	<u>*</u>

TCEQ-10053 (01/08/2024) Industrial Wastewater Permit Application Technical Report

Ind	ustrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/ Neutrals Table 10	Pesticides Table 11
	Rubber Processing	428	🗆 Yes	🖾 Yes	□ Yes	No
	Soap and Detergent Manufacturing	417	🗆 Yes	🗆 Yes	🗆 Yes	No
	Steam Electric Power Plants	423	🗆 Yes	🗆 Yes	No	No
	Textile Mills (Not Subpart C)	410	🗆 Yes	🗆 Yes	🗆 Yes	No
	Timber Products Processing	429	🗆 Yes	🗆 Yes	□ Yes	□ Yes

* Test if believed present.

TABLES 8, 9, 10, and 11 (Instructions, Page 60)

Completion of Tables 8, 9, 10, and 11 **is required** as specified in Table 7 for all **external outfalls** that contain process wastewater.

Completion of Tables 8, 9, 10, and 11 **may be required** for types of industry not specified in Table 7 for specific parameters that are believed to be present in the wastewater.

Table 8 for Outfall No.: 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		

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Methylene chloride [Dichloromethane]					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethylene [Tetrachloroethene]					10
Toluene					10
1,2-Trans-dichloroethylene [1,2-Trans-dichloroethene]					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethylene [Trichloroethene]					10
Vinyl chloride					10

* Indicate units if different from μ g/L.

Table 9 for Outfall No.: Click to	enter text. San	nples are (che	ck one): 🗆 🛛 🤇	Composite E] 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
* In diante amite if different fr	ا مصير الر				

* 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	

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Benzo(a)anthracene					5
Benzo(a)pyrene					5
3,4-Benzofluoranthene [Benzo(b)fluoranthene]					10
Benzo(ghi)perylene					20
Benzo(k)fluoranthene					5
Bis(2-chloroethoxy)methane					10
Bis(2-chloroethyl)ether					10
Bis(2-chloroisopropyl)ether					10
Bis(2-ethylhexyl)phthalate					10
4-Bromophenyl phenyl ether					10
Butylbenzyl phthalate					10
2-Chloronaphthalene					10
4-Chlorophenyl phenyl ether					10
Chrysene					5
Dibenzo(a,h)anthracene				-	5
1,2-Dichlorobenzene [o-Dichlorobenzene]					10
1,3-Dichlorobenzene [m-Dichlorobenzene]					10
1,4-Dichlorobenzene [p-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
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

.

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Indeno(1,2,3-cd)pyrene					5
Isophorone					10
Naphthalene					10
Nitrobenzene					10
N-Nitrosodimethylamine					50
N-Nitrosodi-n-propylamine					20
N-Nitrosodiphenylamine					20
Phenanthrene					10
Pyrene					10
1,2,4-Trichlorobenzene					10

* Indicate units if different from μ g/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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Heptachlor					0.01
Heptachlor epoxide					0.01
PCB 1242					0.2
PCB 1254					0.2
PCB 1221					0.2
PCB 1232					0.2
PCB 1248					0.2
PCB 1260					0.2
PCB 1016					0.2
Toxaphene					0.3

* Indicate units if different from μ g/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
- \boxtimes None of the above

Description:

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

🗆 Yes 🖾 No

Description:

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

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDD	1					10
1,2,3,7,8- PeCDD	1.0					50
2,3,7,8- HxCDDs	0.1					50
1,2,3,4,6,7,8- HpCDD	0.01					50
2,3,7,8-TCDF	0.1					10
1,2,3,7,8- PeCDF	0.03					50
2,3,4,7,8- PeCDF	0.3					50
2,3,7,8- HxCDFs	0.1					50
2,3,4,7,8- HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					500
PCB 81	0.0003					500
PCB 126	0.1					500
PCB 169	0.03					500
Total			-			

Table 12 for Outfall No.: Click to enter text. Samples are (check one): Composite Grab

TABLE 13 (HAZARDOUS SUBSTANCES)

Complete Table 13 **is required** for all **external outfalls** as directed below. (Instructions, Pages 60-61)

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

🗆 Yes 🖾 No

Are there pollutants listed in Item 1.c. of Technical Report 1.0 which are believed present in the discharge and have not been analytically quantified elsewhere in this application?

🗆 Yes 🖾 No

If **yes** to either Items a **or** b, complete Table 13 as instructed.

Table 13 for Outfall No.:	Samples are (check one): 🗖 🛛 Composite 🗖 Grab					
Pollutant	CASRN	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	Analytical Method
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:

- Irrigation
- \Box Evaporation
- **Evapotranspiration beds** \Box

- Subsurface application Subsurface soils absorption
- Surface application

Drip irrigation system

Other, specify: Click to enter text.

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 ٠
- Breakdown of acreage and percent of total acreage for each crop .
- Crop growing season ٠
- Harvesting method/number of harvests ٠
- 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
 - \Box 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

 \Box – All water wells within ½-mile of the disposal site, was tewater 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 5. Soil Map and Soil Information (Instructions, Page 71)

Check each box to confirm that the following information is attached:

- USDA NRCS Soil Survey Map depicting the area to be used for land application with the a. 🗆 locations identified by fields and crops.
- Breakdown of acreage and percent of total acreage for each soil type. b. □
- Copies of laboratory soil analyses. Attachment: Click to enter text. **c.** 🗆

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

a. Completion of Table 14 is required for all renewal and major amendment applications. Complete the table with monitoring data for the previous two years for all parameters regulated in the current permit. An additional table has been provided with blank headers for parameters regulated in the current permit which are not listed in Table 14.

Table 14 f	or Outfall No.:	Click to e	nter text.	Samples a	re (check one): 🗆	Composite 🗆 Grab		
Date (mo/yr)	Daily Avg Flow (gpd)	BOD5 (mg/L)	TSS (mg/L)	Nitrogen (mg/L)	Conductivity (mmhos/cm)	Total acres irrigated	Hydraulic Application rate (acre-feet/month)	
-								
					-			
							· · · · · · · · · · · · · · · · · · ·	
			-					

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

b. Use this table to provide effluent analysis for parameters regulated in the current permit which are not listed in Table 14.

Additional Parameter Effluent Analysis

Date (mo/yr)			·	
-		 		

c. Attach an explanation of all persistent excursions to permitted parameters and corrective actions taken. **Attachment:** <u>Click to enter text.</u>

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. \Box 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	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)		<u>. </u>						
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 CaCO3)								
Temperature (°F)								
pH (standard units)								

Table 16 for Outfall No.	t. Samples a	re (check one):	□ Composi	te 🗆 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	9999 999 <mark>9</mark> 999 99 99 99 99 99 99 99 99 99 99 99 9				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): <u>Click to enter text</u>.
Design application rate (acre-ft/acre/yr): <u>Click to enter text</u>.
Design application frequency (hours/day): <u>Click to enter text</u>.
Design application frequency (days/week): <u>Click to enter text</u>.
Design total nitrogen loading rate (lbs nitrogen/acre/year): <u>Click to enter text</u>.
Average slope of the application area (percent): <u>Click to enter text</u>.
Maximum slope of the application area (percent): <u>Click to enter text</u>.
Irrigation efficiency (percent): <u>Click to enter text</u>.
Effluent conductivity (mmhos/cm): <u>Click to enter text</u>.
Soil conductivity (mmhos/cm): <u>Click to enter text</u>.
Curve number: <u>Click to enter text</u>.
Describe the application method and equipment: <u>Click to enter text</u>. b. Attach a detailed engineering report which includes a water balance, storage volume calculations, and a nitrogen balance. **Attachment**: <u>Click to enter text.</u>

Item 3. Evaporation Ponds (Instructions, Page 74)

. :

- a. Daily average effluent flow into ponds: <u>Click to enter text.</u> gallons per day
- b. Attach a separate engineering report of evaporation calculations for average long-term and worst-case critical conditions. **Attachment:** <u>Click to enter text.</u>

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): <u>Click to enter text.</u>

Depth of bed(s) (feet): <u>Click to enter text.</u>

Void ratio of soil in the beds: <u>Click to enter text.</u>

Storage volume within the beds (include units): <u>Click to enter text.</u>

Description of any lining to protect groundwater: <u>Click to enter text.</u>

- b. Attach a certification by a licensed Texas professional engineer that the liner meets TCEQ requirements. Attachment: <u>Click to enter text.</u>
- c. Attach a separate engineering report with water balance, storage volume calculations, and description of the liner. **Attachment:** <u>Click to enter text.</u>

Item 5. Overland Flow (Instructions, Page 74)

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

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
 - \Box Low pressure dosing
 - □ Other: <u>Click to enter text</u>.
- b. Provide the following information on the irrigation operations:

Application area (acres): <u>Click to enter text.</u>

Area of drainfield (square feet): <u>Click to enter text.</u>

Application rate (gal/square ft/day): <u>Click to enter text.</u>

Depth to groundwater (feet): Click to enter text.

Area of trench (square feet): <u>Click to enter text.</u>

Dosing duration per area (hours): <u>Click to enter text.</u>

Number of beds: Click to enter text.

Dosing amount per area (inches/day): <u>Click to enter text.</u>

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

Storage volume (gallons): <u>Click to enter text.</u>

Area of bed(s) (square feet): Click to enter text.

Soil classification: <u>Click to enter text.</u>

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:** <u>Click to enter text.</u>

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?
 - \Box Yes \Box 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: <u>Click to enter text.</u>
- 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: <u>Click to enter text</u>.

- c. Provide the legal name of the owner of the SADDS: <u>Click to enter text.</u>
- 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: <u>Click to enter text.</u>

e. Provide the legal name of the owner of the land where the SADDS is located: <u>Click to enter</u> <u>text</u>.

- 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: <u>Click to enter text.</u>

Item 3. SADDS (Instructions, Page 77)

- a. Check the box next to the type SADDS requested by this application:
 - □ Subsurface drip/trickle irrigation
 - \Box Surface drip irrigation
 - □ Other: <u>Click to enter text</u>.
- b. Attach a description of the SADDS proposed/used by the facility (see instructions for guidance). **Attachment:** <u>Click to enter text.</u>
- c. Provide the following information on the SADDS:

Application area (acres): <u>Click to enter text.</u>

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

Average slope of the application area: <u>Click to enter text.</u>

Maximum slope of the application area: Click to enter text.

Storage volume (gallons): <u>Click to enter text.</u>

Major soil series: <u>Click to enter text.</u>

Depth to groundwater (feet): <u>Click to enter text.</u>

Effluent conductivity (mmhos/cm): <u>Click to enter text.</u>

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.
 - \Box Yes \Box No

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

- Hydraulic application rate (gal/square foot/day): <u>Click to enter text.</u>
- Nitrogen application rate (gal/square foot/day): <u>Click to enter text.</u>
- g. Provide the following dosing information:

Number of doses per day: <u>Click to enter text.</u> Dosing duration per area (hours): <u>Click to enter text.</u> Rest period between doses (hours): <u>Click to enter text.</u> Dosing amount per area (inches/day): <u>Click to enter text.</u> 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: <u>Click to enter text.</u>
- c. Attach a Recharge Feature Plan with all information required in *30 TAC § 222.79*.
 Attachment: <u>Click to enter text.</u>
- d. Provide soil sampling and testing with all information required in *30 TAC § 222.157*.
 Attachment: <u>Click to enter text.</u>

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

- a. Is the existing/proposed SADDS located within the 100-year frequency flood level?
 - \Box Yes \Box 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:** <u>Click to enter text.</u>

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**: <u>Click to enter text</u>.
- 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: <u>Click to</u> <u>enter text</u>.

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:
- 2. The distance and direction from the outfall to the drinking water supply intake:
- b. Locate and identify the intake on the USGS 7.5-minute topographic map provided for Administrative Report 1.0.
 - □ Check this box to confirm the above requested information is provided.

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: 300 feet
- b. Are there oyster reefs in the vicinity of the discharge?
 - 🗆 Yes 🖾 No

If **yes**, provide the distance and direction from the outfall(s) to the oyster reefs:

- c. Are there sea grasses within the vicinity of the point of discharge?
 - 🗆 Yes 🖾 No

If **yes**, provide the distance and direction from the outfall(s) to the grasses:

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:
- b. Check the appropriate description of the immediate receiving waters:
 - \Box Lake or Pond
 - Surface area (acres):
 - Average depth of the entire water body (feet):
 - Average depth of water body within a 500-foot radius of the discharge point (feet):
 - □ Man-Made Channel or Ditch
 - □ Stream or Creek
 - □ Freshwater Swamp or Marsh
 - 🗆 Tidal Stream, Bayou, or Marsh
 - □ Open Bay
 - \Box 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):

- \Box USGS flow records
- \Box personal observation
- □ historical observation by adjacent landowner(s)
- \Box other, specify:
- d. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point:
- e. The receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.).
 - 🗆 Yes 🗆 No
 - If **yes**, describe how: <u>Click to enter text</u>.

- f. General observations of the water body during normal dry weather conditions: Date and time of observation:
- g. The water body was influenced by stormwater runoff during observations.

🗆 Yes 🗖 No

If **yes**, describe how:

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

a. Is the receiving water upstream of the existing discharge or proposed discharge site influenced by any of the following (check all that apply):

oil field activities	urban runoff
agricultural runoff	septic tanks
upstream discharges	other, specify:

- b. Uses of water body observed or evidence of such uses (check all that apply):
 - □ livestock watering □ industrial water supply
 - □ non-contact recreation □ irrigation withdrawal
 - \Box domestic water supply \Box navigation
 - \Box contact recreation \Box picnic/park activities
 - □ fishing

- \Box other, specify:
- c. Description which best describes the aesthetics of the receiving water and the surrounding area (check only one):
 - □ Wilderness: outstanding natural beauty; usually wooded or un-pastured area: water clarity exceptional
 - □ **Natural Area:** trees or native vegetation common; some development evident (from fields, pastures, dwellings); water clarity discolored
 - □ **Common Setting:** not offensive, developed but uncluttered; water may be colored or turbid
 - □ **Offensive:** stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 4.1: WATERBODY PHYSICAL CHARACTERISTICS

The following information **is required** for new applications, EPA-designated Major facilities, and major amendment applications requesting to add an outfall if the receiving waters are perennial or intermittent with perennial pools (including impoundments) for a TDPES permit.

Complete the transects downstream of the existing or proposed discharges.

Item 1. Data Collection (Instructions, Page 82)

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

g. Complete the following table with information regarding the transect measurements.

Stream Transect Data

Transect Location	Habitat Type*	Water Surface Width (ft)	Stream Depths (ft)**					
_						-		
					 	_		

* riffle, run, glide, or pool

** channel bed to water surface

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): <u>Click to enter text.</u>

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

Number of lateral transects made: <u>Click to enter text.</u>

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

Average stream depth (ft): <u>Click to enter text.</u>

Average stream velocity (ft/sec): <u>Click to enter text.</u>

Instantaneous stream flow (ft³/sec): <u>Click to enter text.</u>

Indicate flow measurement method (VERY IMPORTANT – type of meter, floating chip timed over a fixed distance, etc.): <u>Click to enter text.</u>

Flow fluctuations (i.e., minor, moderate, or severe): <u>Click to enter text.</u>

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

Maximum pool depth (ft): <u>Click to enter text.</u>

Total number of stream bends: <u>Click to enter text</u>.

Number well defined: <u>Click to enter text.</u>

Number moderately defined: <u>Click to enter text.</u>

Number poorly defined: <u>Click to enter text.</u>

Total number of riffles: <u>Click to enter text.</u>

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**:

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:

b. Provide the following information for each disposal site:

Disposal site name: <u>Turning Basin WWTP</u>

TCEQ Permit/Registration Number: <u>WQ0014355001</u>

County where disposal site is located: Cameron

c. Method of sewage sludge transportation:

\boxtimes	truck		train		pipe		other:
-------------	-------	--	-------	--	------	--	--------

TCEQ Hauler Registration Number: Click to enter text.

- d. Sludge is transported as a:
 - \Box liquid \Box semi-liquid \Box semi-solid \boxtimes solid
- e. Purpose of land application: \Box reclamation \Box soil conditioning \boxtimes 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: Click to enter text.

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: Click to enter text.

NOTE: New authorization for beneficial land application, incineration, processing, or disposal in the TPDES permit or TLAP **requires a major amendment to the permit**. New authorization for composting may require a major amendment to the permit. See the instructions to determine if a major amendment is required or if authorization for composting can be added through the renewal process.

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.

Type of Industrial User	Number of Industrial Users	Daily Average Flow (gallons per day)
CIU	0	
SIU - Non-categorical	0	
Other IU	0	

Industrial User Information

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

🗆 Yes 🖾 No

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

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

🗆 Yes 🛛 No

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

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

🗆 Yes 🖾 No

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

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

- b. Have there been any non-substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ)?
 - 🗆 Yes 🗆 No

If **yes**, include an attachment which identifies all non-substantial modifications that have not been submitted to the TCEQ and the purpose of the modification.

Attachment:

c. List all parameters measured above the MAL in the POTW's effluent monitoring during the last three years:

Effluent Parameters Measured Above the MAL

Pollutant	Concentration	MAL	Units	Date

Attachment:

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

🗆 Yes 🗆 No

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

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.: First/Last Name:

Organization Name:

Phone number:

Physical Address:

Attachment:

SIC Code: Email address: City/State/ZIP Code:

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):

- c. Provide a description of the principal products(s) or service(s) performed: <u>Click to enter</u> <u>text</u>.
- d. Flow rate information

Flow Rate Information

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

e. Pretreatment Standards

- 1. Is the SIU or CIU subject to technology-based local limits as defined in the application instructions?
 - \Box Yes \Box No
- 2. Is the SIU subject to categorical pretreatment standards?
 - 🗆 Yes 🗆 No

If **yes**, provide the category and subcategory or subcategories in the SIUs Subject To Categorical Pretreatment Standards table.

SIUs Subject to Categorical Pretreatment Standards

Category in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR

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):

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.

Outfall	Authorization under MSGP	Authorized Under Individual Permit

Authorization Coverage

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)
- \Box Check the box to confirm all above information was provided on the facility site map(s).

Attachment: Click to enter text.

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.

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)	
			· · · · · · · · · · · · · · · · · · ·

Impervious Surfaces

- b. Provide the following local area rainfall information and the source of the information.
 Wettest month: <u>Click to enter text.</u>
 Average rainfall for wettest month (total inches): <u>Click to enter text.</u>
 25-year, 24-hour rainfall (inches): <u>Click to enter text.</u>
 Source: <u>Click to enter text.</u>
- c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:** <u>Click to enter text.</u>
- 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: <u>Click to enter text</u>.
- e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility: <u>Click to enter text.</u>

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): <u>Click to enter text.</u>
- b. \Box 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					ĺ	0.003
Copper, total						0.002

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
Lead, total						0.0005
Mercury, total						0.000005
Nickel, total						0.002
Selenium, total						0.005
Silver, total						0.0005
Zinc, total		· · · · · · · · · · · · · · · · · · ·				0.005

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

d. Complete Table 18 as directed on pages 92-94 of the Instructions.

Table 18 for Outfall No.: <u>Click to enter text.</u>

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled
				-	

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

Attachment: Click to enter text.

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: <u>Click to enter text.</u>

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

Total rainfall during storm event (inches): <u>Click to enter text.</u>

Number of hours the between beginning of the storm measured and the end of the previous measurable storm event (hours): <u>Click to enter text.</u>

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)

Total surface area of all ponds: <u>Click to enter text.</u>

Raceway Descriptions

Number of Raceways	Dimensions (include units)
· · · · · · · · · · · · · · · · · · ·	

Fabricated Tank Descriptions

Number of Tanks	Dimensions (include units)	

- b. Does the facility have a TPWD-approved emergency plan?
 - 🗆 Yes 🗆 No

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

Attachment: Click to enter text.

- c. Does the facility have an aquatic plant transplant authorization?
 - 🗆 Yes 🗆 No

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

Attachment: Click to enter text.

d. Provide the number of aquaculture facilities located within 25-miles of this facility: <u>Click to</u> <u>enter text.</u>

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

Attachment: Click to enter text.

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

Attach a detailed stock management plan: Click to enter text.

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

Attach a detailed description of the discharge practices and water treatment process(es): <u>Click</u> to enter text.

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

Attach a description of the solid waste-disposal practices: <u>Click to enter text.</u>

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: <u>Click to enter text</u>.

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.): <u>Click to enter text.</u> Program ID: <u>Click to enter text.</u> Contact Name: <u>Click to enter text.</u> Phone Number: <u>Click to enter text.</u>

2. Agent/Consultant Contact Information

Contact Name: <u>Click to enter text.</u> Address: <u>Click to enter text.</u> City, State, and Zip Code: <u>Click to enter text.</u> Phone Number: <u>Click to enter text.</u>

3. Owner/Operator Contact Information

□ Owner □ Operator Owner/Operator Name: <u>Click to enter text.</u> Contact Name: <u>Click to enter text.</u> Address: <u>Click to enter text.</u> City, State, and Zip Code: <u>Click to enter text.</u> Phone Number: <u>Click to enter text.</u>

4. Facility Contact Information

Facility Name: <u>Click to enter text.</u>
Address: <u>Click to enter text.</u>
City, State, and Zip Code: <u>Click to enter text.</u>
Location description (if no address is available): <u>Click to enter text.</u>
Facility Contact Person: <u>Click to enter text.</u>
Phone Number: Click to enter text.

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

Latitude: <u>Click to enter text.</u> Longitude: <u>Click to enter text.</u> Method of determination (GPS, TOPO, etc.): <u>Click to enter text.</u> 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: <u>Click to enter text.</u>

Number of Injection Wells: <u>Click to enter text.</u>

7. Purpose

Detailed Description regarding purpose of Injection System:

Click to enter text.

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

8. Water Well Driller/Installer

Water Well Driller/Installer Name: <u>Click to enter text.</u> City, State, and Zip Code: <u>Click to enter text.</u> Phone Number: <u>Click to enter text.</u> License Number: <u>Click to enter text.</u>

Item 2. Proposed Down Hole Design

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

Down Hole Design Table

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Center	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing					
Screen					

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

Attach a diagram signed and sealed by a licensed engineer as Attachment D. System(s) Dimensions: <u>Click to enter text.</u>

System(s) Construction: <u>Click to enter text</u>.

Item 4. Site Hydrogeological and Injection Zone Data

- 1. Name of Contaminated Aquifer: <u>Click to enter text.</u>
- 2. Receiving Formation Name of Injection Zone: Click to enter text.
- 3. Well/Trench Total Depth: <u>Click to enter text.</u>
- 4. Surface Elevation: <u>Click to enter text.</u>
- 5. Depth to Ground Water: <u>Click to enter text.</u>
- 6. Injection Zone Depth: Click to enter text.
- Injection Zone vertically isolated geologically? □ Yes □ No
 Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:

Name: <u>Click to enter text.</u>

Thickness: <u>Click to enter text.</u>

- 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: Click to enter text.
- 13. Maximum injection Rate/Volume/Pressure: Click to enter text.
- 14. Water wells within 1/4 mile radius (attach map as Attachment I): <u>Click to enter text.</u>
- 15. Injection wells within 1/4 mile radius (attach map as Attachment J): Click to enter text.
- 16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): Click to enter text.
- 17. Sampling frequency: <u>Click to enter text</u>.
- 18. Known hazardous components in injection fluid: Click to enter text.

Item 5. Site History

- 1. Type of Facility: <u>Click to enter text.</u>
- 2. Contamination Dates: Click to enter text.
- 3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations. Attach as Attachment L.
- 4. Previous Remediation. Attach results of any previous remediation as Attachment M.

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

Item 6. CLASS V INJECTION WELL DESIGNATIONS

- 5A07 Heat Pump/AC return (IW used for groundwater to heat or cool buildings)
- 5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
- 5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
- 5D02 Stormwater Drainage (IW designed for the disposal of rain water)
- 5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
- 5F01 Agricultural Drainage (IW that receive agricultural runoff)
- 5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)

5S23 Subsidence Control Wells (IW used to control land subsidence caused by groundwater withdrawal)

5W09 Untreated Sewage

- 5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
- 5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
- 5W12 WTTP disposal
- 5W20 Industrial Process Waste-disposal Wells
- 5W31 Septic System (Well Disposal method)
- 5W32 Septic System Drainfield Disposal
- 5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, or fill sections of a mine)
- 5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
- 5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
- 5X27 Other Wells
- 5X28 Motor Vehicle Waste-disposal Wells (IW used to dispose of waste from a motor vehicle site These are currently banned)
- 5X29 Abandoned Drinking Water Wells (waste disposal)

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 10.0: QUARRIES IN THE JOHN GRAVES SCENIC RIVERWAY

This worksheet **is required** for all applications for individual permits for a municipal solid waste facility or mining facility located within a Water Quality Protection Area in the John Graves Scenic Riverway. **Note: Review 30 TAC §§ 311.71-311.82 thoroughly prior to completing any portion of this worksheet.**

Item 1. Exclusions (Instructions, Page 100)

- a. Is this a municipal solid waste facility?
 - 🗆 Yes 🗆 No
- 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:

 \square < 200 feet \square 200 feet - 1,500 feet \square 1,500 feet - 1 mile \square > 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: Click to enter text.
- b. Amount of Financial Assurance for Restoration: <u>\$ Click to enter text.</u> Mechanism: Click to enter text.
- c. Attach a Technical Demonstration: Click to enter text.
- d. Attach a Reclamation Plan: Click to enter text.
- e. Amount of Financial Assurance for Reclamation: <u>\$ Click to enter text.</u> Mechanism: <u>Click to enter text.</u>

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 11.0: COOLING WATER SYSTEM INFORMATION

This worksheet **is required** for all TPDES permit applications **that meet the conditions outlined in Technical Report 1.0, Item 12.**

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

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

Cooling Water System Data				
Parameter	Volume (include units)			
Total DIF				
Total AIF				
Intake Flow Use(s) (%)				
Contact cooling				
Non-contact cooling				
Process Wastewater				
Other				

- b. Attach the following information:
 - 1. A narrative description of the design and annual operation of the facility's cooling water system and its relationship to the CWIS(s).
 - 2. A scaled map depicting the location of each CWIS, impoundment, intake pipe, and canals, pipes, or waterways used to convey cooling water to, or within, the cooling water system. Provide the latitude and longitude for each CWIS and any intake pipe(s) on the map. Indicate the position of the intake pipe within the water column.
 - 3. A description of water reuse activities, if applicable, reductions in total water withdrawals, if applicable, and the proportion of the source waterbody withdrawn (on a monthly basis).
 - 4. Design and engineering calculations prepared by a qualified professional and data to support the information provided in above item a.
 - 5. Previous year (a minimum of 12 months) of AIF data.
 - 6. A narrative description of existing or proposed impingement and entrainment technologies or operation measures and a summary of their performance, including, but not limited to, reductions in impingement mortality and entrainment due to intake location and reductions in total water withdrawals and usage.

Attachment: Click to enter text.
Item 2. Cooling Water Intake Structure(s) Data (Instructions, Page 105)

a. Complete the following table with information regarding each cooling water intake structure (this includes primary and make-up CWIS(s)).

Cooling Water Intake Structure(s) Data

CWIS ID		
DIF (include units)		
AIF (include units)		
Intake Flow Use(s) (%)		
Contact cooling		
Non-contact cooling		
Process Wastewater		
Other		
Latitude (decimal degrees)		
Longitude (decimal degrees)		

- b. Attach the following information regarding the CWIS(s):
 - 1. A narrative description of the configuration of each CWIS, annual and daily operation, including any seasonal changes, and where it is located in the water body and in the water column.
 - 2. Engineering calculations for each CWIS.

Attachment: Click to enter text.

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		
Mean Annual Flow		
Source		

- b. Attach the following information regarding the source waterbody.
 - 1. A narrative description of the source water for each CWIS, including areal dimensions, depths, salinity and temperature regimes, and other documentation that supports this determination of the water body type where each cooling water intake structure is located.

- 2. A narrative description of the source waterbody's hydrological and geomorphological features.
- 3. Scaled drawings showing the physical configuration of all source water bodies used by the facility, including the source waterbody's hydrological and geomorphological features. **NOTE:** The source waterbody's hydrological and geomorphological features may be included on the map submitted for item 1.b.ii of this worksheet.
- 4. A description of the methods used to conduct any physical studies to determine the intake's area of influence within the waterbody and the results of such studies.

Attachment: 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: Click to enter text.

- 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)?
 - \Box Yes \Box 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: Click to enter text.

- c. Is this an application for a nuclear power production facility?
 - 🗆 Yes 🗆 No

If **no**, proceed to Item 4.d. If **yes**, attach a description of completed, approved, or scheduled upgrades and the Nuclear Regulatory Commission relicensing status for each unit at the facility.

Attachment: Click to enter text.

d. Is this an application for a manufacturing facility?

🗆 Yes 🗆 No

If **no**, proceed to Worksheet 11.1. If **yes**, attach descriptions of current and future production schedules and any plans or schedules for any new units planned within the next five years (a minimum of 60 mos)

Attachment: Click to enter text.

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: Click to enter text.

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.

- \Box 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)]
- \Box Existing offshore velocity cap [40 CFR § 125.94(c)(4)] Proceed to Worksheet 11.2
- \square Modified traveling screens [40 CFR § 125.94(c)(5)]
- \Box System of technologies [40 CFR § 125.94(c)(6)]
- \Box Impingement mortality performance standard [40 CFR § 125.94(c)(7)]
- \Box De minimis rate of impingement [40 CFR § 125.94(c)(11)]
- \Box 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: Click to enter text.

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		

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

Calculated COCs Prior to Blowdown

Cooling Tower ID		
COCs		

- Describe conditions that may limit the number of COCs prior to blowdown, if any, including but not limited to permit conditions: <u>Click to enter text.</u>
- b. 0.5 ft/s Through Screen Actual Velocity [40 CFR § 125.94(c)(3)]

Provide daily intake flow measurement monitoring data from the previous year (a minimum of 12 months) as an attachment and proceed to Worksheet 11.2.

Attachment: Click to enter text.

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

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

- 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: <u>Click to enter text.</u>

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: Click to enter text.

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

Provide the following information and proceed to Worksheet 11.2.

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: Click to enter text.

2. If the rate of impingement caused by the CWIS is extremely low (at an organism or ageone equivalent count), attach supplemental information to Worksheet 11.0, item 1.b.6. to support this determination.

Attachment: Click to enter text.

f. Low capacity utilization power-generation facilities [40 CFR § 125.94(c)(12)]

Attach monthly utilization data from the previous 2 years (a minimum of 24 months) for each operating unit and proceed to Worksheet 11.2.

Attachment: Click to enter text.

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 $40 \ CFR \ SS \ 125.94(c)(1)-(7)$.

Name of source waterbody: <u>Click to enter text.</u>

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: Click to enter text.

- b. Is the facility requesting a waiver from application requirements at $40 \ CFR \ S \ 122.21(r)(4)$ in accordance with $40 \ CFR \ S \ 125.95$ for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent?
 - 🗆 Yes 🗆 No

If **yes**, attach a copy of the most recent managed fisheries report to TPWD, or equivalent.

Attachment: Click to enter text.

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

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: Click to enter text.

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

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

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

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

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: Click to enter text.

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)*: <u>Click</u> to enter text.
- b. Attach a comprehensive feasibility study, as described as *40 CFR § 122.21(r)(10)*: <u>Click to</u> <u>enter text</u>.
- c. Attach a benefits valuation study, as described as *40 CFR § 122.21(r)(11)*: Click to enter text.
- d. Attach a non-water quality environmental and other impacts study, as described as *40 CFR* § *122.21(r)(12)*: <u>Click to enter text.</u>
- e. Attach a peer review analysis, as described as 40 CFR § 122.21(r)(13): Click to enter text.

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.

Click to enter text.

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

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

Click to enter text.

b. Describe if the permit being sought is for discharges from exploration, development, production, or for a combination of more than one of those activities.

Click to enter text.

c. Provide information on all waste-streams generated and specify which waste-streams you are requesting to be authorized for discharge.

Wastestreams Generated

Wastestream	Requesting authorization to discharge? (Yes/No)	Volume (MGD)	% of Total Flow

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

Click to enter text.

Attachment: Click to enter text.

e. Provide information on miscellaneous discharges.

Click to enter text.

Attachment: Click to enter text.

f. List of chemicals that are in use, or will be used, downhole. Provide the category, concentration used/to be used, and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

Chemicals Li	st
---------------------	----

Category	Chemical Name	Concentration (include units)	Purpose

Attachment: Click to enter text.

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

Water Treatment Chemicals List

Category	Chemical Name	Concentration (include units)	Purpose

Attachment: Click to enter text.

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): Click to enter text.
- b. \Box 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:** <u>Click to enter text</u>.
- 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				
Potassium				
Sodium				

*Indicate units if different from mg/L.



Leah Whallon

From:	Nora Gonzalez <nagonzalez@portofbrownsville.com></nagonzalez@portofbrownsville.com>
Sent:	Wednesday, October 9, 2024 11:00 AM
То:	Leah Whallon; Manuel Martinez
Cc:	Jerrod Mendoza; jconstante@rrpeng.com; Erwin Madrid; Picole Sneed; Susana Aschkenas
Subject:	RE: Individual Wastewater Permit Application - Electronic copy request
Attachments:	10400 Core Data.docx; 10411 INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE.docx; 10411 INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE.pdf; 20971 SPIF.pdf; 20972 PLAIN LANGUAGE.pdf; Exhibits.pdf; INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT.pdf; owners.pdf; pip-form-tceq-20960.pdf; Sample Cross Reference.pdf

Leah

I am resending this , I do not want to leave any details behind, and make sure that you have the correct documents.

Regards,

Nora Alicia Gonzalez / Engineering Administrative Assistant / Port of Brownsville 1000 Foust Road, Brownsville, TX 78521 D: (956) 838-7003 M: (956) 551-9205 F: (956) 831-6153



From: Nora Gonzalez

Sent: Wednesday, October 9, 2024 10:54 AM

To: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>; Manuel Martinez <mmartinez@portofbrownsville.com>
 Cc: Jerrod.Mendoza@tceq.texas.gov; jconstante@rrpeng.com; Erwin Madrid <Erwin.Madrid@tceq.texas.gov>; Picole.Sneed@tceq.texas.gov; susana.aschkenas@tceq.texas.gov

Subject: FW: Individual Wastewater Permit Application - Electronic copy request

Leah

Attached is an email sent to the Applications Review and Processing Team, you were not in this email.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: Brownsville Navigation District PERMIT NUMBER (If new, leave blank): WQ0002817000 Indicate if each of the following items is included in your application.

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

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 (<u>TCEQ Form-20893 and 20893-inst</u>¹).

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

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

Applicant Name: Brownsville Navigation District

Permit No.: WQ0002817000

EPA ID No.: TX0100242

Expiration Date: <u>4-14-2026</u>

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.
 - \boxtimes Active \square Inactive
- d. Check the box next to the appropriate permit type.

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

 \Box 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 Brownsville Navigation District is requesting the approval to discharge treated domestic wastewater, shrimp processing wastewater, shrimp boat bilge water, and stormwater at daily average flow not to exceed 0.5 MGD daily average to the proposed expansion of the Fishing Harbor Wastewater Treatment Plant.

For TCEQ Use Only	
Segment Number	County
Expiration Date	_Region
Permit Number	

¹ <u>https://www.tceq.texas.gov/publications/search_forms.html</u>

TCEQ-10411 (01/08/2024) Industrial Wastewater Application Administrative Report

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	□ \$350	⊠ \$350	□ \$315	□ \$150		
(40 CFR Parts 400-471)						
Minor facility subject to EPA categorical effluent guidelines	□ \$1,250	□ \$1,250	\$1,215	□ \$150		
(40 CFR Parts 400-471)						
Major facility	N/A ²	□ \$2,050	□ \$2,015	□ \$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: Click to enter text.

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: <u>CN600520126</u>

Note: Locate the customer number using the <u>TCEQ's Central Registry Customer Search</u>³.

b. Legal name of the entity (applicant) applying for this permit: Brownsville Navigation District

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: <u>Mr.</u> Full Name (Last/First Name): <u>Chavez/Ariel</u>

Title: Director of Engineering ServicesCredential: P.E., R.P.L.S.

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

TCEQ-10411 (01/08/2024) Industrial Wastewater Application Administrative Report

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:

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): <u>CN</u>

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: Full Name (Last/First Name):

Title: Credential:

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

 \Box Yes \Box 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 coapplicant(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: <u>Exhibit Core Data</u>

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.

⊠ Administrative Contact .

Technical Contact a. Full Name (Last/First Name): Chavez/Ariel Prefix: Mr. **Title: Director of Engineering Services** Credential: P.E., R.P.L.S. Organization Name: Brownsville Navigation District Mailing Address: 1000 Foust Road City/State/Zip: Brownsville, TX 78521 Phone No: (956) 831-4592 Email: achavez@portofbrownsville.com b. 🗆 Administrative Contact ⊠ Technical Contact Prefix: Mr. Full Name (Last/First Name): Constante/ Jose Title: <u>Deputy Project Manager</u> Credential: **Organization Name: RRP Consulting Engineers** Mailing Address: 5400 N. 10th Street City/State/Zip: Mc Allen, TX 78504 Phone No: 956-926-5000 Email: jconstante@rrpeng.com

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

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

a.	Prefix: <u>Mr.</u>	Full Name (Last/	First Name): <u>Cl</u>	havez /	Ariel
	Title: <u>Director</u>	r of Engineering Se	ervices	Crede	ntial: <u>P.E., R.P.L.S.</u>
	Organization	Name: <u>Brownsville</u>	e Navigation Dis	<u>strict</u>	
	Mailing Addre	ess: <u>1000 Foust Ro</u>	bad		City/State/Zip: Brownsville, TX 78521
	Phone No: <u>(9</u>	<u>56) 831-4592</u>	Email: <u>achave</u>	z@port	ofbrownsville.com
b.	Prefix: <u>Mr.</u>	Full Name (Last/	First Name): <u>Co</u>	onstant	<u>e/Jose</u>
	Title: <u>Deputy</u>	<u>Project Manager</u>	Credential:		
	Organization	Name: <u>RRP Consu</u>	<u>llting Engineers</u>	<u>5</u>	
	Mailing Addre	ess: <u>5400 N. 10th S</u>	<u>Street</u>		City/State/Zip: <u>Mc Allen, TX 78504</u>
	Phone No: <u>95</u>	<u>6-926-5000</u>	Email: <u>jconsta</u>	ante@ri	peng.com

Attachment:

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): Chavez/ArielTitle: Director of Engineering ServicesCredential: P.E., R.P.L.S.Organization Name: Brownsville Navigation District

Mailing Address: 1000 Foust Road

City/State/Zip: Brownsville, TX 78521

Phone No: (956) 831-4592 Email: <u>achavez@portofbrownsville.com</u>

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: <u>Mr.</u> Full Name (Last/First Name): <u>Chavez/Ariel</u>

Title: Director of Engineering ServicesCredential: P.E., R.P.L.S.

Organization Name: Brownsville Navigation District

Mailing Address: 1000 Foust Road

City/State/Zip: Brownsville, TX 78521

Phone No: (956) 831-4592 Email: <u>achavez@portofbrownsville.com</u>

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mr.Full Name (Last/First Name): Chavez/ArielTitle: Director of Engineering ServicesCredential: P.E., R.P.L.S.Organization Name: Brownsville Navigation DistrictMailing Address: 1000 Foust RoadCity/State/Zip: Brownsville, TX 78521Phone No: (956) 831-4592Email: achavez@portofbrownsville.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: <u>achavez@portofbrownsville.com</u>

□ Fax:

⊠ Regular Mail (USPS)

Mailing Address: 1000 Foust Road

City/State/Zip Code: Brownsville, TX 78521

c. Contact in the Notice

Prefix: <u>Mr.</u> Full Name (Last/First Name): <u>Chavez/Ariel</u>

Title: <u>Director of Engineering Services</u> Credential: <u>P.E., R.P.L.S.</u>

Organization Name: Brownsville Navigation District

Phone No: (956) 831-4592 Email: <u>achavez@portofbrownsville.com</u>

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: <u>Brownsville Navigation District</u> Location within the building: <u>Administration</u> <u>Building-Main Lobby</u>

Physical Address of Building: 1000 Foust Road

City: Brownsville County: Cameron

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

TCEQ-10411 (01/08/2024) Industrial Wastewater Application Administrative Report

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)?

 \Box Yes \boxtimes No \Box 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? <u>Spanish (Espanol)</u>
- f. Plain Language Summary Template Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment. Attachment: <u>TCEQ Form 20972</u>
- 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: <u>TCEQ Form 20960</u>

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

a. TCEQ issued Regulated Entity Number (RN), if available: RN102079498

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): <u>Fishing Harbor</u> <u>Wastewater Treatment Plant</u>
- c. Is the location address of the facility in the existing permit the same?

 \boxtimes Yes \square No \square 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:	Full Name	e (Last/First I	Name):								
	or Organization Name: Brownsville Navigation District											
	Mailing Addre	ess: <u>1000 F</u>	<u>oust Road</u>		City/State/Zip: Br	<u>rownsville, TX 78521</u>						
	Phone No: (95	<u>56) 831-459</u>	<u>)2</u> Ema	il: <u>achavez@port</u>	ofbrownsville.com							
e.	Ownership of	facility:	⊠ Public	Private	□ Both	Federal						
f.	Owner of land	l where trea	atment facilit	y is or will be: <u>Bro</u>	ownsville Navigatio	on District						
	Prefix:	Full Name	e (Last/First I	Name):								
	or Organizatio	on Name: <u>B</u>	rownsville N	avigation District								
	Mailing Address: 1000 Foust Road City/State/Zip: Brownsville, TX 74 Phone No: (956) 831-4592 Email: achavez@portofbrownsville.com e. Ownership of facility: Public Private Both Federa f. Owner of land where treatment facility is or will be: Brownsville Navigation District Prefix: Full Name (Last/First Name): or Organization Name: Brownsville Navigation District Mailing Address: 1000 Foust Road City/State/Zip: Brownsville, TX 74 Phone No: (956) 831-4592 Email: achavez@portofbrownsville.com Note: If not the same as the facility owner, attach a long-term lease agreement in effect for the same as the facility owner, attach a long-term lease agreement in effect for the same as the facility owner, attach a long-term lease agreement in effect for the same as the facility owner, attach a long-term lease agreement in effect for the same as the facility owner, attach a long-term lease agreement in effect for the same as the facility owner, attach a long-term lease agreement in effect for the same as the facility owner, attach a long-term lease agreement in effect for the same as the facility owner, attach a long-term lease agreement in effect for the same as the facility owner, attach a long-term lease agreement in effect for the same as the facility owner, attach a long-term lease agreement in effect for the same as the facility owner, attach a long-term lease agreement in effect for the same as the facility owner, attach a long-term lease agreement in effect for the same le					<u>ownsville, TX 78521</u>						
	Phone No: (95	56) 831-459	<u>)2</u> Ema	il: <u>achavez@port</u>	ofbrownsville.com							
	Note: If not t six years (In s	he same as ome cases,	the facility or a lease may r	wner, attach a lon 10t suffice - see in	g-term lease agree structions). Attach	ment in effect for at least ment:						

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

TCEQ-10411 (01/08/2024) Industrial Wastewater Application Administrative Report

Prefix: Full Name (Last/First Name):

or Organization Name:

Mailing Address: City/State/Zip:

Phone No: Email:

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

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

Prefix: Full Name (Last/First Name):

or Organization Name:

Mailing Address: City/State/Zip:

Phone No:

Email:

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

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

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

 \boxtimes One-mile radius ☑ Three-miles downstream information Applicant's property boundaries ⊠ Treatment facility boundaries

 \boxtimes Labeled point(s) of discharge

Effluent disposal site boundaries

Sewage sludge disposal site

- \boxtimes Highlighted discharge route(s)
- □ All wastewater ponds

- \boxtimes New and future construction

Attachment: Exhibit A USGS Topographic Map

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:

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

 \boxtimes Yes \square No or New Permit

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

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

 \boxtimes Yes \square No or New Permit

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

f. City nearest the outfall(s): <u>Brownsville</u>

TCEQ-10411 (01/08/2024) Industrial Wastewater Application Administrative Report

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

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:

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

 \Box Yes No or New Permit \Box

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

- j. City nearest the disposal site:
- k. County in which the disposal site is located:
- 1. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site:
- m. For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained:

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:

b. Do you owe any fees to the TCEQ?

🗆 Yes 🖾 No

If yes, provide the following information:

Account no.:

Total amount due:

c. Do you owe any penalties to the TCEQ?

🗆 Yes 🖾 No

If yes, provide the following information:

Enforcement order no.:

Amount due:

Item 13. Signature Page (Instructions, Page 33)

Permit No: <u>WQ0002817000</u>

Applicant Name: Brownsville Navigation District

Certification: I, <u>Click to enter text.</u>, 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): Click to enter text.

Signatory title: Click to enter text.

Signature:	Dates	:
(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: Exhibit B and Exhibit B1 Affected Landowners

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

 \square Readable/Writeable CD \boxtimes Four sets of labels

Attachment: Labels

- d. Provide the source of the landowners' names and mailing addresses: <u>Cameron County Appraisal</u> <u>District</u>
- 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):

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: Exhibit E Original Photographs

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.

BY OVERNIGHT/EXPRESS MAIL

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality	Texas Commission on Environmental Quality
Financial Administration Division	Financial Administration Division
Cashier's Office, MC-214	Cashier's Office, MC-214
P.O. Box 13088	12100 Park 35 Circle
Austin, Texas 78711-3088	Austin, Texas 78753

Fee Code: WQP Permit No: <u>WQ000</u>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: <u>Click to enter</u> 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.: <u>Click to enter text.</u>

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 ¹/₂ 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



TCEQ Core Data Form

For detailed instructions on completing this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)									
New Permit, Registration or Authorization (<i>Core Data Form should be submitted with the program application.</i>)									
Renewal (Core Data Form should be sub	mitted with the renewal form)	□ Other							
2. Customer Reference Number (if issue	<i>ed)</i> <u>Follow this link to</u>	3. Regulated Entity Reference Number (if issued)							
CN	search for CN or RN numbers in Central <u>Registry**</u>	RN							
SECTION II: Customer In	nformation								
4. General Customer Information 5.	Effective Date for Custome	r Information Updates (mm/dd/yyyy)							
New Customer Update to Customer Information Change in Regulated Entity Ownership Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)									
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA)									

6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) <u>If new Customer, enter previous Customer below:</u>

7 TY SOS/CPA Filing Number 8 TY State Tay ID (11 digite)								0 Endoral Tay ID 10 DUNG Number (if					
7. 17 303/	CrATI	ng nu	liibei	0. IA 30	X State Tax ID (11 digits)			(9 digits)			applicable)		
11. Type o	f Custon	ier:	Corpor	ation				Indiv	idual		Partn	ership: 🗌 C	General 🗌 Limited
Government	: 🗌 City [] Coui	nty 🗌 Feder	ral 🗌 Local	🗌 🗌 State 🗌	Othe	r	🗌 Sole I	Proprie	etorship	🗌 Ot	her:	
12. Number of Employees 13. Independently Owned and Operated? 0 -20 21-100 101-250 251-500 501 and higher Yes No									nd Operated?				
14. Custon	ner Role	(Propo	sed or Actu	al) – <i>as it r</i> e	elates to the l	Regula	ated E	ntity list	ed on t	this form.	Please d	check one o	f the following
□Owner □Occupatio	nal Licens	see	□ Operato □ Respons	r sible Party		wner /CP/B	& Ope SA Ap	erator plicant		□ Other	:		
15. Mailing													
Address:	City				State			ZIP				ZIP + 4	
16. Countr	16. Country Mailing Information (if outside USA) 17. E-Mail Address (if applicable)												
18. Telephone Number					19. Extension or Code			20. Fax Number (<i>if applicable</i>)				cable)	
() -										()	-		

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity" is selected, a new permit application is also required.)

 New Regulated Entity
 Update to Regulated Entity Name

 Update to Regulated Entity
 Update to Regulated Entity Name

The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).

22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)

23. Street Address					
Entity:					
<u>(No PO Boxes)</u>	City	State	ZIP	ZIP + 4	
24. County					

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

25. Description to Physical Location:													
26. Nearest City									State		Ne	arest ZIP Code	
Latitude/Longitude a Physical Address ma	ire re y be i	equire used	ed and ma to supply	y be a coord	added/upda inates wher	ted t e no	to mee ne ha	et TCEQ (ve been p	Core L provid	Data Stand ed or to g	lards. (Ge ain accur	ocoding of the acy).	
27. Latitude (N) In De	ecima	l:					28. L	ongitude	(W) I1	n Decimal	:		
Degrees	Minu	ites		Sec	onds		Degre	es		Minutes		Seconds	
29. Primary SIC Code (4 digits)		30. (4 d	Secondary igits)	SIC (Code	31. (5 d	Prima or 6 dig	ary NAIC gits)	S Cod	e 32. Se (5 or 6	condary digits)	NAICS Code	
33. What is the Prima	ry Bi	usine	ss of this	entity	? (Do not r	epeat	t the SI	C or NAICS	S descri	iption.)			
										<u> </u>			
34. Mailing	-												
Address:													
	Ci	ity			State			ZIP			ZIP + 4		
35. E-Mail Address:													
36. Telephone Numb	er			37	7. Extension	or C	Code	38.1	Fax Ni	umber (if a	pplicable)		
() -								() -				
9. TCEQ Programs and pdates submitted on this	l ID N form.	Vumb See tl	bers Check a he Core Data	all Pro a Form	grams and wr 1 instructions	ite in for a	the pe ddition	ermits/regi al guidanc	istratio ce.	n numbers	that will be	e affected by the	
Dam Safety	٢	Dis	tricts	🗌 Eo	lwards Aquife	r	Emissions Inventory Air				☐ Industrial Hazardous Waste		
		NT	. C	-			-						

🗌 Municipal Solid Waste	□ New Source Review Air	□ OSSF	Petroleum Storage Tank	D PWS
□ Sludge	Storm Water	🗌 Title V Air	☐ Tires	🗌 Used Oil
Uvoluntary Cleanup	U Wastewater	UWastewater Agriculture	🗌 Water Rights	□ Other:

SECTION IV: Preparer Information

40. Name:		41. Title:
42. Telephone Number 43. Ext./Code	44. Fax Number	45. E-Mail Address
() -	() -	

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:		Job Title:		
Name (In Print):			Phone:	() -
Signature:			Date:	

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:RenewalMajor AmendmentMinor AmendmentNew					
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 <u>WQ-ARPTeam@tceq.texas.gov</u> or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: <u>Brownsville Navigation District</u>

Permit No. WQ00 <u>02817000</u>

EPA ID No. TX <u>TX0100242</u>

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

south side of state highway 48, approximately 5.4 miles east of the intersection of state highway 48 and farm-to-market road 511

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): <u>Mr.</u> First and Last Name: <u>Ariel Chavez</u> Credential (P.E, P.G., Ph.D., etc.): <u>P.E., R.P.L.S.</u> Title: <u>Director of Engineering Services</u> Mailing Address: <u>1000 Foust Road</u> City, State, Zip Code: <u>Brownsville, TX 78521</u> Phone No.: <u>(956) 831-4592</u> Ext.: Fax No.: E-mail Address: <u>achavez@portofbrownsville.com</u>

- 2. List the county in which the facility is located: <u>Cameron</u>
- 3. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.
- 4. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

<u>Outfall flows into Brownsville Ship Channel in Segment No. 2494 of the Bays And Estuaries.</u> <u>Effluent flows through ditch to outfall1. The Ditch is owned by The Brownsville Navigation</u> <u>District (BND).</u>

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):

<u>None</u>

2. Describe existing disturbances, vegetation, and land use: Area disturb by property used by office and lab.

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

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

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

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 <u>Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H</u>. 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 <u>30 TAC Section 39.426</u>, <u>you must provide a translated copy of the completed plain language summary in the</u> <u>appropriate alternative language as part of your application package</u>. 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.

Brownsville Navigation District (CN600520126) operates Fishing Harbor Wastewater Treatment (RN102079498), an Industrial Shrimp Processing Facility. The facility is located at 1000 FOUST RD, in BROWNSVILLE, Cameron County, Texas 78521. The Brownsville Navigation District is requesting the approval to discharge treated domestic wastewater, shrimp processing wastewater, shrimp boat bilge water, and stormwater at daily average flow not to exceed 0.5 MGD daily average to the proposed expansion of the Fishing Harbor Wastewater Treatment Plant.. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain wastewater influent collected from Fishing Harbor facility. Wastewater influent collected from Fishing Harbor facility is treated by domestic sewage, shrimp processing plant wastewater, shrimp boat bilge water, and stormwater..

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.

El Distrito de Navegacion de Brownsville (CN600520126) opera la Planta Tratadora de Aguas Residuales denominada Fishing Harbor con nel numero de entidad (RN102079499), una Planta Industrial para el Procesamiento de Camarones. La instalación está ubicada en 1000 Foust Rd., en la ciudad de Brownsville , Condado de Cameron, Texas 78521. El Distrito de Navegacion de Brownsville esta requiriendo la aprovacion para descargar aguas residuales domesticas, agua del procesamiento de camarones y agua de sentina para barcos camaroneros y aguas pluviales con un caudal medio diario que no exceda los 0.5 millones de galones diarios, media diaria a la propuesta de ampliacion de la Planta Tratadora de Aguas Residuales Fishing Harbor. Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan Aguas residuals influentes. Aguas residuals domesticas, aguas del procesamiento industrial de camarones, y aguas sentinas del labado de barcos camaroneros. estará tratado por un proceso de aereacion denominado HYDRA-SOLIDS..

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 <u>WQ-ARPTeam@tceq.texas.gov</u> 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 (CN60000000) operates the Starr Power Station (RN10000000000), a twounit 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 (CN60000000, 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.



⁷ 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.

Section 3.	Section 3. Application Information						
Type of Ap	pplication	(check all th	at apply):				
Air	Initial	Federal	Amendment	Standard Permit	Title V		
Waste	Municipal Radioacti	l Solid Waste ve Material I	Industrial a Industrial a	nd Hazardous Waste Underground I	Scrap Tire njection Control		
Water Qual	lity						
Texas P	ollutant Di	ischarge Elin	nination System (TPDES)			
Tex	as Land Ap	pplication Pe	ermit (TLAP)				
Stat	te Only Coi	ncentrated A	nimal Feeding Op	oeration (CAFO)			
Wat	ter Treatm	ent Plant Res	siduals Disposal F	Permit			
Class B	Biosolids I	Land Applica	ation Permit				
Domest	tic Septage	Land Applic	ation Registration	n			
Water Rights New Permit							
New Appropriation of Water							
New or	New or existing reservoir						
Amendment to an Existing Water Right							
Add a New Appropriation of Water							
Add a New or Existing Reservoir							
Major A	mendmen	t that could	affect other wate	r rights or the enviro	nment		

Section 4. Plain Language Summary

Provide a brief description of planned activities.

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)
(Country)
(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
(a) referre of Emigratorically footated from the operation of the operation
(e) Languages commonly spoken in area by percentage
(f) Community and (an Staliahaldan Crauna
(1) 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,							
(c) Will you provide notice of this application in alternative languages?							
Yes No							
Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.							
If yes, how will you provide notice in alternative languages?							
Publish in alternative language newspaper							
Posted on Commissioner's Integrated Database Website							
Mailed by TCEQ's Office of the Chief Clerk							
Other (specify)							
(d) Is there an opportunity for some type of public meeting, including after notice?							
Yes No							
(e) If a public meeting is held, will a translator be provided if requested?							
Yes No							
(f) Hard copies of the application will be available at the following (check all that apply):							
TCEQ Regional Office TCEQ Central Office							
Public Place (specify)							

Section 7. Voluntary Submittal

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

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

Yes No

What types of notice will be provided?

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

Other (specify)







PermitID	owner	adtnName	addr1	addr2	addr3	addrUnit	addrCity	addrState	addrZip	country
1	1419 RANCH LLC		2870 S Oklahoma Ave				Brownsville	ТХ	78521-9408	US
2	905 LOGISTICS LLC		1682 Silverwood Dr				Fort Mill	SC	29715-9150	US
3	ABREGO FRANCISCO		4876 MCKENZIE RD				BROWNSVILLE	ТХ	78521	US
4	AGUILAR BROTHERS, INC		3155 E. 23RD ST.				BROWNSVILLE	ТХ	78521	US
5	ALEJANDRA SHRIMP OUTLET INC		102 Ebony St				Los Fresnos	ТХ	78566-3108	US
6	AREA OF LAND WITHOUT STRUCTURES, LIFT STATION									
7	BAY BRIDGE TEXAS, INC		23501 RL Ostos Rd				Brownsville	ТХ	78521-1057	US
8	BEDOLI GROUP INC	ATTN NIKHIL SHAH	415 E 151st St				East Chicago	IN	46312-3844	US
9	BIRKITA LLC SERIES 2		750 E Los Ebanos Blvd Ste C				Brownsville	ТХ	78520-4865	US
10	BROWNSVILLE & RIO GRANDE INTERNATIONAL		12650 HWY 48 Marine Way Dr				Brownsville	ТХ	78523	US
11	BURNELL MARINE SUPPLY		HC 70 BOX 58				BROWNSVILLE	ТХ	78521-9802	US
12	CASARES PEDRO		7200 Houston Rd				Brownsville	ТХ	78521-6849	US
13	CASTELLANOS CORP.		2380 EVERGLADES ROAD				BROWNSVILLE	ТХ	78521	US
14	CASTRO TRAWLERS INC		PO Box 1915				Port Isabel	ТХ	78578-1915	US
15	CMG BROWNSVILLE II LLC	ATTN CHIEF EXECUTIVE OFFICER	PO Box 1168				Addison	ТХ	75001-1168	US
16	CO-OP MARINE RAILWAY L.L.C.		2380 Everglades Rd				Brownsville	ТХ	78521-9234	US
17	CRUZ DANIEL		7125 Coffee Port Rd Ste 107				Brownsville	ТХ	78521-6994	US
18	CVC CONSTRUCTION INC DBA WELDING WORKS INTERNATION)	7620 Victoria Ct Suite 4				Brownsville	ТХ	78521-6936	US
19	DELGADILLO MARK LEE & ANDRES DELGADILLO		922 Tarpon Ave				Port Isabel	ТХ	78578-2529	US
20	DON NICO TRAWLERS, INC		244 Thomas St				Brownsville	ТХ	78521-2224	US
21	E & J TRAWLERS INC		1447 Morton St				Brownsville	ТХ	78521-3153	US
22	FEL GLO INC.		2259 ANGLER'S PLACE RD				BROWNSVILLE	ТХ	78521	US
23	FORTUNE FERROUS INC		21301 RL Ostos Rd				Brownsville	ТХ	78521-1060	US
24	G & O SHRIMP CO, INC		PO BOX 729				OLMITO	ТХ	78575	US
25	GONZALEZ JORGE JR		3805 Dry Dock Ct				Brownsville	ТХ	78521-9266	US
26	GONZALEZ TRAWLERS INC		3805 Dry Dock Ct				Brownsville	ТХ	78521-9266	US
27	HANCE HOLDINGS INC		6001 Fm 509 ZILLOCK RD				San Benito	ТХ	78586-8400	US
28	IRON MIKE MARINE INC		PO Box 1336				Los Fresnos	ТХ	78566-1336	US
29	JOSEFINA PIMIENTEL		1190 ANGLER'S PLACE ROAD				BROWNSVILLE	ТХ	78521	US
30	KEPPEL AMFELS INC	ATTN: DAVID WEDGEWORTH PRESIDENT	20000 State Highway 48				Brownsville	ТХ	78521-8910	US
31	LA WERA INC		319 Valle Alto Dr				Los Fresnos	ТХ	78566-3519	US
32	LABOR & PROSPER INC		1595 Bayou Ct				Brownsville	TX	78521	US
33	LERMA ASHLEY		872 Plantation St				Brownsville	ТХ	78526-3805	US
34	LERMA ROBERT J TRUSTEE	OF THE CARLOTA O LERMA TRUST	1000 E Van Buren St				Brownsville	ТХ	78520-7145	US
35	LIGHTHOUSE DOCKS INC		614 N Shore Dr				Port Isabel	ТХ	78578-4631	US
36	LINARTE YOLANDA		1120 Everglades Rd				Brownsville	ТХ	78521-9239	US
37	LINWOOD TRAWLERS INC	C/O DOLBY LINWOOD	HC 70 BOX 33				BROWNSVILLE	TX	78521	US
38	M/V CHALLENGE 42. INC		2025 Anglers Place Rd				Brownsville	TX	78521-9249	US
39	MARCELINO OCHOA		1595 Bayou Ct				Brownsville	TX	78521-9141	US
40	MARIA ELENA INC.		PO Box 68				Port Isabel	TX	78578-0068	US
41	MARINE BAILWAY INC		1430 Everglades Rd				Brownsville	TX	78521-9278	US
42	MONITA INC		2380 Everglades Rd				Brownsville	ТХ	78521-9234	US
43	MOYA ANA MARIA		3601 Carmen Ave				Rancho Vieio	ТХ	78575-9555	US
44	NTB DEVELOPMENT LLC		108 S Main St				La Feria	ТХ	78559-5005	US
45	OCEAN PORT MAINTENANCE INC		3805 DRY DOCK CT				BROWNSVILLE	ТХ	78521	US
46	OCHOA GUADALUPE		1595 Bayou Ct				Brownsville	тх	78521	US
47	OCHOA MARCELINO AKA GUADALUPE OCHOA		1595 Bayou Ct				Brownsville	TX	78521-9141	US

48	OIL PATCH FUEL & SUPPLY INC		PO BOX 1089	Combes	ТХ	78535	US
49	PAUL PIAZZA & SON INC		1552 Saint Louis St	New Orleans	LA	70112-3247	US
50	PORT MACHINE SHOP		HC70 BOX 8	BROWNSVILLE	ТХ	78521	US
51	PURATA TRAWLERS INC		25470 Ted Hunt Rd	Los Fresnos	ТХ	78566-4874	US
52	REYES MARINE INDUSTRIES		161 Village East Dr	Los Fresnos	ТХ	78566-3104	US
53	RODCO MARINE SUPPLY INC		1750 ANGLERS PLACE RD	BROWNSVILLE	ТХ	78521	US
54	RODRIGUEZ ARNULFO III		5169 Donna Dr	Brownsville	ТХ	78526-9466	US
55	SEA BREEZE MARINE INC C/O RAUL L GARCIA		2380 Everglades Rd	Brownsville	ТХ	78521-9234	US
56	SHALLOW STALKER BOATS LLC		PO Box 1096	Port Isabel	ТХ	78578-1096	US
57	SNODGRASS INC	C/O SAM SNODGRASS	HC 70 BOX 30	BROWNSVILLE	ТХ	78521-9802	US
58	SOLIS ROBERTO HIRAM III		38 Ventana Pkwy	San Antonio	ТХ	78256-1901	US
59	SPACE EXPLORATION TECHNOLOGIES CORP	ATTN: REAL ESTATE	1 Rocket Rd	Hawthorne	CA	90250-6844	US
60	SPRINT SPECTRUM LP	ATTN REAL PROPERTY MANAGER	7400 Blanco Rd Ste 200	San Antonio	ТХ	78216-4362	US
61	TEXAS SHRIMP ASSOCIATION		1000 Everglades Rd	Brownsville	ТХ	78521-9238	US
63	UNITED STATES OF AMERICA	FISH & WILDLIFE SERVICE	320 N MAIN ST	MCALLEN	ТХ	78501-4699	US
63	UNITED STATES OF AMERICA	U.S. FISH AND WILDLIFE SERVICE	PO BOX 1306	ALBUQUERQUE	NM	87103-1306	US
64	VEGA ALBERTO M		PO BOX 1423	SAN BENITO	ТХ	78586	US
65	VISTA DEL MAR IRRIG CO		PO Box 8313	Prairie Village	KS	66208-0313	US
66	WHELAN INDUSTRIES INC		35708 Marshall Hutts Rd	Rio Hondo	ТХ	78583-3445	US
67	WOLFE SANDBLASTING & INDUSTRIAL PAINTING		PO Box 4851	Brownsville	ТХ	78523-4851	US

Photo 1 Outfall No. 1 Downstream



Fishing Harbor Wastewater Treatment Plant

Photo 2 Outfall No. 1 Upstream

Brownsville Port Isabel Hww

48

Outfall 001 See Detail A For Photo Locations

Brownsville Ship Channel

Outfall No. 001 Notes Permit Number 02817-000 Latitude (Decimal Degrees) 25.976101 Longitude (Decimal Degrees) -97.334819 Horizonal Datum: NAD83 Created in TCEQ GIS Database: 07-15-2015 Source: TCEQ GIS Database 5-01-2023

Detail A



Exhibit E Original Photographs Map

150' Buffer 🛒

Port of Brownsville Fishing Harbor Wastewater Treatment Plant





Plant





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 <u>Instructions for Completing the Industrial Wastewater Permit Application</u>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).

The Brownsville Navigation District (BND) is marine cargo handling facility. As part of the operations, the BND, through the Fishing Harbor Wastewater Treatment (FHWWTP) treats wastewater influent collected from Fishing Harbor facility. The collection system receives discharges from the Fishing Harbor and nearby Industrial Facilities. The follow SIC Codes apply (2091) Canned and Cured Fish and Seafoods, (2092) Prepared Fresh or Frozen Fish and Seafoods, (4491) Marine Cargo Handling, and (4952) Sewerage Systems.

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

The Fishing Harbor Wastewater Treatment Plant provides primary and secondary treatment to influent collected from various commercial and industrial businesses located at the Port of Brownsville Fishing Harbor and adjacent District's land. Influent consists of wastewater from domestic sewage, shrimp processing plant wastewater, shrimp boat bilge water, and stormwater.

¹

https://www.tceq.texas.gov/permitting/wastewater/industrial/TPDES_industrial_wastewater_st eps.html

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

Raw Materials	Intermediate Products	Final Products

Attachment:

- d. Attach a facility map (drawn to scale) with the following information:
 - Production areas, maintenance areas, materials-handling areas, waste-disposal areas, and water intake structures.
 - The location of each unit of the WWTP including the location of wastewater collection sumps, impoundments, outfalls, and sampling points, if significantly different from outfall locations.

Attachment: Exhibit D Site Drawing Map

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

 \Box Yes \boxtimes No

If **yes**, provide background discussion:

- f. Is/will the treatment facility/disposal site be located above the 100-year frequency flood level.
 - 🖾 Yes 🗆 No

List source(s) used to determine 100-year frequency flood plain: FEMA Firm Database 2024

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

Attachment: Exhibit G FEMA Map

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?

 \Box Yes \boxtimes No \Box N/A (renewal only)

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

□ Yes □ No

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

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

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.

The treatment process will include preliminary treatment (screening and grit removal), enhanced secondary treatment (aeration and clarification), tertiary filtration, and chlorine disinfection. Flow metering will be performed following the final treatment unit. Process sensors for aeration basin DO, MLSS and sludge blanket are included. Solids handling includes sludge holding basins with gravity thickener. Sludge dewatering will be via screw press into roll-off container.

Grit removal- 1 unit- 17.89' L x 8' W x 8 D

Rapid Mix Basin- 1 unit- 10' L x 8' W x 15.5' D

Process Aeration - 2 units- 42' L x 34' W x 14' D

Clarifier – 2 units – 34' Diameter x 14' D

Disinfection - 1 unit- 24'L X 4'W x 14.5'

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: Exhibit C Flow Diagram Map

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).

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

Impoundment Information

Attachment:

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

- b. For new or proposed impoundments, attach any available information on the following items. If attached, check **yes** in the appropriate box. Otherwise, check **no** or **not yet designed**.
 - 1. Liner data
 - \Box Yes \Box No \Box Not yet designed
 - 2. Leak detection system or groundwater monitoring data
 - \Box Yes \Box No \Box Not yet designed
 - 3. Groundwater impacts
 - \Box Yes \Box No \Box 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:

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

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

Attachment:

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

Attachment:

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

Attachment:

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/0r numbered accordingly (i.e., page 6a, 6b, etc.) may be used to provide information on the additional outfalls.

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

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
001	25.976101	-97.334819

Outfall Location Description

Outfall No.	Location Description
001	Outfall flows into Brownsville Ship Channel in Segment No. 2494 of the Bays
	And Estuaries. Effluent flows through ditch to outfall1. The Ditch is owned by
	The Brownsville Navigation District (BND).

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

Outfall No.	Description of sampling point					
001	V-notch weir following disinfection system					

Outfall Flow Information - Permitted and Proposed

Outfall No.	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	0.25	0.25	0.5	0.5	12/31/24

Outfall Discharge - Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	N	Y	90 deg. V-notch weir

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	Ν	Y	Ν	24	30	12

Outfall Wastestream Contributions

Outfall No. 001

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Treated Domestic Wastewater	0.4	80
Shrimp Boat Bilge Water	0.1	20
Shrimp	0.00	0

Outfall No.

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

Outfall No.

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

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:
 - \Box Yes \boxtimes No Use cooling towers that discharge blowdown or other wastestreams
 - \square Yes \boxtimes No Use boilers that discharge blowdown or other wastestreams
 - \Box Yes \boxtimes 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:

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			
Boilers			

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: <u>Click to</u> 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:
- 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.	
Turning Basin WWTP	WQ0014355001	

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:

Item 9. Toxicity Testing (Instructions, Page 45)

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

🗆 Yes 🖾 No

If **yes**, identify the tests and describe their purposes:

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

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?
 - \Box Yes \boxtimes No

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

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

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

Attachment:

- c. Is or will wastewater from another TCEQ, NPDES, or TPDES permitted facility commingled with this facility's wastewater after final treatment and prior to discharge via the final outfall/point of disposal?
 - □ Yes □ No

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

Attachment:

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

 \Box Yes \Box 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)

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)	

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		
Owner		
Operator		

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: <u>PWS No.</u> <u>Click to</u> enter text.

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

 \Box Yes \Box 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.

 \Box Yes \Box 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*: Click to enter text.

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

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

- e. The facility does not meet the minimum requirements to be subject to the fill requirements of Section 316(b) **and uses**/proposes **to use cooling towers**.
 - □ Yes □ No

If **yes**, stop here. If **no**, complete Worksheet 11.0, Items 1.a, 1.b.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).

 \Box Yes \Box 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: Click to enter text.

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?

 \boxtimes Yes \Box 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 Brownsville Navigation District (BND) is requesting a change to the plant from 0.25 MGD to 0.5 MGD. The request is based on aging infrastructure and demand from customers for future growth.

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

🗆 Yes 🛛 No

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

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

🗆 Yes 🛛 No

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

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
 - \circ $\;$ 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: <u>Ariel Chavez</u>

Title: Director of Engineering Services

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

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.

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units

Production Data

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 metalbearing 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

c. Refineries (40 CFR Part 419)

Provide the applicable subcategory and a brief justification.

Click to enter text.

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.

Click to enter text.

Item 4. New Source Determination (Instructions, Page 54)

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

Process	EPA Guideline Part	EPA Guideline Subpart	Date Process/ Construction Commenced

Wastewater Generating Processes Subject to Effluent Guidelines
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): <u>07/01/2023-07-31-2023</u>
- b. \boxtimes 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: <u>Sample Cross Reference</u>

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:** <u>Click to enter text.</u>

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.: <u>001</u>	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						

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

Table 2 for Outfall No.: Click to enter text.		Samples are	e (check one):	Composit	e 🗆 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
Beryllium, total					0.5
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide, available					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5
Zinc, total					5.0

TABLE 3 (Instructions, Page 58)

Completion of Table 3 **is required** for all **external outfalls** which discharge process wastewater.

Partial completion of Table 3 **is required** for all **external outfalls** which discharge non-process wastewater and stormwater associated with industrial activities commingled with other wastestreams (see instructions for additional guidance).

Table 3 for Outfall No.: 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					50
Anthracene					10
Benzene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane [Dibromochloromethane]					10
Chloroform					10
Chrysene					5
m-Cresol [3-Methylphenol]					10
o-Cresol [2-Methylphenol]					10
p-Cresol [4-Methylphenol]					10
1,2-Dibromoethane					10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
1,1-Dichloroethene [1,1-Dichloroethylene]					10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10
2,4-Dimethylphenol					10
Di-n-Butyl phthalate					10
Ethylbenzene					10
Fluoride					500
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Methyl ethyl ketone					50
Nitrobenzene					10
N-Nitrosodiethylamine					20
N-Nitroso-di-n-butylamine					20
Nonylphenol					333
Pentachlorobenzene					20
Pentachlorophenol					5
Phenanthrene					10
Polychlorinated biphenyls (PCBs) (**)					0.2
Pyridine					20
1,2,4,5-Tetrachlorobenzene					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethene [Tetrachloroethylene]					10
Toluene					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethene					10
[Trichloroethylene]					
2,4,5-Trichlorophenol					50

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
TTHM (Total trihalomethanes)					10
Vinyl chloride					10

(*) Indicate units if different from μ g/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?

 \Box Yes \boxtimes 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.

 \boxtimes Yes \square No

Domestic wastewater is/will be discharged.

 \boxtimes Yes \square 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 \times

Domestic wastewater is/will be discharged.

Yes \times No

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

Table 4 for Outfall No.: <u>001</u>	Samples are (check one): \Box Composite \Box				
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 \boxtimes

Table 5 for Outfall No.: Clicl	Samples a	re (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
Endosulfan I (<i>alpha</i>)					0.01
Endosulfan II (<i>beta</i>)					0.02
Endosulfan sulfate					0.1

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Endrin					0.02
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 $\mu g/L$.

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							400	
Color (PCU)							—	
Nitrate-Nitrite (as N)							—	
Sulfide (as S)							—	
Sulfite (as SO3)							—	
Surfactants							—	
Boron, total							20	
Cobalt, total							0.3	
Iron, total							7	
Magnesium, total							20	
Manganese, total							0.5	
Molybdenum, total							1	
Tin, total							5	
Titanium, total							30	

TABLE 7 (Instructions, Page 60)

Check the box next to any of the industrial categories applicable to this facility. If no categories are applicable, check N/A. If GC/MS testing is required, check the box provided to confirm the testing results for the appropriate parameters are provided with the application.

🛛 N/A

Table 7 for Applicable Industrial Categories

Industrial Category		40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/ Neutrals Table 10	Pesticides Table 11
	Adhesives and Sealants		□ Yes	□ Yes	□ Yes	No
	Aluminum Forming	467	□ Yes	□ Yes	□ Yes	No
	Auto and Other Laundries		□ Yes	□ Yes	□ Yes	□ Yes
	Battery Manufacturing	461	□ Yes	No	□ Yes	No
	Coal Mining	434	No	No	No	No
	Coil Coating	465	□ Yes	□ Yes	□ Yes	No
	Copper Forming	468	□ Yes	□ Yes	□ Yes	No
	Electric and Electronic Components	469	🗆 Yes	🗆 Yes	□ Yes	□ Yes
	Electroplating	413	□ Yes	□ Yes	□ Yes	No
	Explosives Manufacturing	457	No	□ Yes	□ Yes	No
	Foundries		□ Yes	□ Yes	□ Yes	No
	Gum and Wood Chemicals - Subparts A,B,C,E	454	□ Yes	□ Yes	No	No
	Gum and Wood Chemicals - Subparts D,F	454	□ Yes	□ Yes	□ Yes	No
	Inorganic Chemicals Manufacturing	415	□ Yes	□ Yes	□ Yes	No
	Iron and Steel Manufacturing	420	🗆 Yes	□ Yes	□ Yes	No
	Leather Tanning and Finishing	425	🗆 Yes	🗆 Yes	□ Yes	No
	Mechanical Products Manufacturing		🗆 Yes	□ Yes	□ Yes	No
	Nonferrous Metals Manufacturing	421,471	□ Yes	□ Yes	□ Yes	□ Yes
	Oil and Gas Extraction - Subparts A, D, E, F, G, H	435	□ Yes	□ Yes	□ Yes	No
	Ore Mining - Subpart B	440	No	□ Yes	No	No
	Organic Chemicals Manufacturing	414	□ Yes	□ Yes	□ Yes	□ Yes
	Paint and Ink Formulation	446,447	□ Yes	□ Yes	□ Yes	No
	Pesticides	455	□ Yes	□ Yes	□ Yes	□ Yes
	Petroleum Refining	419	□ Yes	No	No	No
	Pharmaceutical Preparations	439	□ Yes	□ Yes	□ Yes	No
	Photographic Equipment and Supplies	459	□ Yes	□ Yes	□ Yes	No
□ Mar	Plastic and Synthetic Materials	414	□ Yes	□ Yes	□ Yes	□ Yes
	Plastic Processing	463	🗆 Yes	No	No	No
	Porcelain Enameling	466	No	No	No	No
	Printing and Publishing		🗆 Yes	□ Yes	□ Yes	□ Yes
	Pulp and Paperboard Mills - Subpart C	430	□ *	□ Yes	□ *	□ Yes
	Pulp and Paperboard Mills - Subparts F, K	430	□ *	□ Yes	- *	□ *
	Pulp and Paperboard Mills - Subparts A, B, D, G, H	430	□ Yes	□ Yes	□ *	*
	Pulp and Paperboard Mills - Subparts I, J, L	430	□ Yes	□ Yes	*	🗆 Yes
	Pulp and Paperboard Mills - Subpart E	430	□ Yes	□ Yes	□ Yes	□ *

TCEQ-10053 (01/08/2024) Industrial Wastewater Permit Application Technical Report

Ind	ustrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/ Neutrals Table 10	Pesticides Table 11
	Rubber Processing	428	🗆 Yes	□ Yes	□ Yes	No
	Soap and Detergent Manufacturing	417	🗆 Yes	□ Yes	□ Yes	No
	Steam Electric Power Plants	423	🗆 Yes	□ Yes	No	No
	Textile Mills (Not Subpart C)	410	🗆 Yes	□ Yes	□ Yes	No
	Timber Products Processing	429	□ Yes	□ Yes	□ Yes	□ Yes

* Test if believed present.

TABLES 8, 9, 10, and 11 (Instructions, Page 60)

Completion of Tables 8, 9, 10, and 11 **is required** as specified in Table 7 for all **external outfalls** that contain process wastewater.

Completion of Tables 8, 9, 10, and 11 **may be required** for types of industry not specified in Table 7 for specific parameters that are believed to be present in the wastewater.

Table 8 for Outfall No.: Click to enter text.Samples are (check one): CompositeGrab					
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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Methylene chloride [Dichloromethane]					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethylene [Tetrachloroethene]					10
Toluene					10
1,2-Trans-dichloroethylene [1,2-Trans-dichloroethene]					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethylene [Trichloroethene]					10
Vinyl chloride					10

* Indicate units if different from μ g/L.

Table 9 for Outfall No.: Click to enter text.Samples are (check one): CompositeGrab					
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
* Indiante unite if different frame un	- /I				

* Indicate units if different from μ g/L.

Table 10 for Outfall No.: Click to enter	text. Samp	les are (check	one): 🗆 Cor	nposite 🛛	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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Benzo(a)anthracene					5
Benzo(a)pyrene					5
3,4-Benzofluoranthene [Benzo(b)fluoranthene]					10
Benzo(ghi)perylene					20
Benzo(k)fluoranthene					5
Bis(2-chloroethoxy)methane					10
Bis(2-chloroethyl)ether					10
Bis(2-chloroisopropyl)ether					10
Bis(2-ethylhexyl)phthalate					10
4-Bromophenyl phenyl ether					10
Butylbenzyl phthalate					10
2-Chloronaphthalene					10
4-Chlorophenyl phenyl ether					10
Chrysene					5
Dibenzo(a,h)anthracene					5
1,2-Dichlorobenzene [o-Dichlorobenzene]					10
1,3-Dichlorobenzene [m-Dichlorobenzene]					10
1,4-Dichlorobenzene [p-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Indeno(1,2,3-cd)pyrene					5
Isophorone					10
Naphthalene					10
Nitrobenzene					10
N-Nitrosodimethylamine					50
N-Nitrosodi-n-propylamine					20
N-Nitrosodiphenylamine					20
Phenanthrene					10
Pyrene					10
1,2,4-Trichlorobenzene					10

* Indicate units if different from μ g/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		

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Heptachlor					0.01
Heptachlor epoxide					0.01
PCB 1242					0.2
PCB 1254					0.2
PCB 1221					0.2
PCB 1232					0.2
PCB 1248					0.2
PCB 1260					0.2
PCB 1016					0.2
Toxaphene					0.3

* Indicate units if different from μ g/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
- \boxtimes None of the above

Description:

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

 \Box Yes \boxtimes No

Description:

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): \Box Composite \Box 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	
2,3,7,8-TCDF	0.1					10	
1,2,3,7,8- PeCDF	0.03					50	
2,3,4,7,8- PeCDF	0.3					50	
2,3,7,8- HxCDFs	0.1					50	
2,3,4,7,8- HpCDFs	0.01					50	
OCDD	0.0003					100	
OCDF	0.0003					100	
PCB 77	0.0001					500	
PCB 81	0.0003					500	
PCB 126	0.1					500	
PCB 169	0.03					500	
Total							

TABLE 13 (HAZARDOUS SUBSTANCES)

Complete Table 13 is required for all external outfalls as directed below. (Instructions, Pages 60-61)

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

Yes 🖂 No

Are there pollutants listed in Item 1.c. of Technical Report 1.0 which are believed present in the discharge and have not been analytically quantified elsewhere in this application?

Yes 🖂 No

If **yes** to either Items a **or** b, complete Table 13 as instructed.

Table 13 for Outfall No.:	Samples are (check one): 🗆 Composite 🛛 Grab					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:

□ Irrigation

- □ Evaporation
- □ Evapotranspiration beds

Drip irrigation system

- □ Subsurface application
- \Box Subsurface soils absorption
- □ Surface application
- □ Other, specify: <u>Click to enter text</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
 - \Box Buffer zones
 - □ All surface waters in the state onsite and within 500 feet of the property boundaries

 $\hfill\square$ All water wells within ½-mile of the disposal site, was tewater 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.
 - \Box Yes \Box 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 5. Soil Map and Soil Information (Instructions, Page 71)

Check each box to confirm that the following information is attached:

- USDA NRCS Soil Survey Map depicting the area to be used for land application with the a. 🗆 locations identified by fields and crops.
- Breakdown of acreage and percent of total acreage for each soil type. b. □
- Copies of laboratory soil analyses. Attachment: Click to enter text. **c.** □

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

a. Completion of Table 14 is required for all renewal and major amendment applications. Complete the table with monitoring data for the previous two years for all parameters regulated in the current permit. An additional table has been provided with blank headers for parameters regulated in the current permit which are not listed in Table 14.

Table 14 f	or Outfall No.:	Click to e	nter text.	Samples a	re (check one): 🗆	Composite 🛛 Grab		
Date (mo/yr)	Daily Avg Flow (gpd)	BOD5 (mg/L)	TSS (mg/L)	Nitrogen (mg/L)	Conductivity (mmhos/cm)	Total acres	Hydraulic Application rate	
						irrigated	(acre-feet/month)	

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

b. Use this table to provide effluent analysis for parameters regulated in the current permit which are not listed in Table 14.

Additional Parameter Effluent Analysis

Date (mo/yr)				

c. Attach an explanation of all persistent excursions to permitted parameters and corrective actions taken. **Attachment:** <u>Click to enter text.</u>

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. \Box 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): CompositeGrab								
Pollutant	Sample 1	Sample 2	Sample 3	Sample 4				
	(mg/L)	(mg/L)	(mg/L)	(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 CaCO3)								
Temperature (°F)								
pH (standard units)								

Table 16 for Outfall No.: Click to enter text. Samples are (check one): □ Composite □ Grab Pollutant Sample 1 Sample 2 Sample 3 Sample 4 MAL ($\mu g/L$) $(\mu g/L)$ $(\mu g/L)$ $(\mu g/L)$ $(\mu g/L)$ Aluminum, total 2.5Antimony, 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?

 \Box Yes \Box 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): <u>Click to enter text</u>.
Design application rate (acre-ft/acre/yr): <u>Click to enter text</u>.
Design application frequency (hours/day): <u>Click to enter text</u>.
Design application frequency (days/week): <u>Click to enter text</u>.
Design total nitrogen loading rate (lbs nitrogen/acre/year): <u>Click to enter text</u>.
Average slope of the application area (percent): <u>Click to enter text</u>.
Maximum slope of the application area (percent): <u>Click to enter text</u>.
Irrigation efficiency (percent): <u>Click to enter text</u>.
Effluent conductivity (mmhos/cm): <u>Click to enter text</u>.
Soil conductivity (mmhos/cm): <u>Click to enter text</u>.
Curve number: <u>Click to enter text</u>.
Describe the application method and equipment: <u>Click to enter text</u>. b. Attach a detailed engineering report which includes a water balance, storage volume calculations, and a nitrogen balance. Attachment: <u>Click to enter text.</u>

Item 3. Evaporation Ponds (Instructions, Page 74)

- a. Daily average effluent flow into ponds: <u>Click to enter text.</u> gallons per day
- b. Attach a separate engineering report of evaporation calculations for average long-term and worst-case critical conditions. **Attachment:** <u>Click to enter text.</u>

Item 4. Evapotranspiration Beds (Instructions, Page 74)

a. Provide the following information on the evapotranspiration beds:

Number of beds: <u>Click to enter text.</u>

Area of bed(s) (acres): Click to enter text.

Depth of bed(s) (feet): <u>Click to enter text.</u>

Void ratio of soil in the beds: <u>Click to enter text.</u>

Storage volume within the beds (include units): <u>Click to enter text.</u>

Description of any lining to protect groundwater: <u>Click to enter text.</u>

- b. Attach a certification by a licensed Texas professional engineer that the liner meets TCEQ requirements. **Attachment:** <u>Click to enter text.</u>
- c. Attach a separate engineering report with water balance, storage volume calculations, and description of the liner. **Attachment:** <u>Click to enter text.</u>

Item 5. Overland Flow (Instructions, Page 74)

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

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
 - $\hfill\square$ Low pressure dosing
 - □ Other: <u>Click to enter text.</u>
- b. Provide the following information on the irrigation operations:

Application area (acres): <u>Click to enter text.</u>

Area of drainfield (square feet): <u>Click to enter text.</u>

Application rate (gal/square ft/day): Click to enter text.

Depth to groundwater (feet): <u>Click to enter text.</u>

Area of trench (square feet): Click to enter text.

Dosing duration per area (hours): <u>Click to enter text.</u>

Number of beds: <u>Click to enter text.</u>

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

Soil infiltration rate (inches/hour): <u>Click to enter text.</u>

Storage volume (gallons): <u>Click to enter text.</u>

Area of bed(s) (square feet): <u>Click to enter text.</u>

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:** <u>Click to enter text.</u>

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: <u>Click to enter text.</u>
- 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: <u>Click to enter text</u>.

- 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.

 \Box Yes \Box 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: <u>Click to enter text.</u>

e. Provide the legal name of the owner of the land where the SADDS is located: <u>Click to enter</u> <u>text.</u>

- 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: <u>Click to enter text.</u>

Item 3. SADDS (Instructions, Page 77)

- a. Check the box next to the type SADDS requested by this application:
 - □ Subsurface drip/trickle irrigation
 - \Box Surface drip irrigation
 - □ Other: <u>Click to enter text</u>.
- b. Attach a description of the SADDS proposed/used by the facility (see instructions for guidance). Attachment: <u>Click to enter text.</u>
- c. Provide the following information on the SADDS:

Application area (acres): <u>Click to enter text.</u>

Soil infiltration rate (inches/hour): <u>Click to enter text.</u>

Average slope of the application area: <u>Click to enter text.</u>

Maximum slope of the application area: Click to enter text.

Storage volume (gallons): <u>Click to enter text.</u>

Major soil series: <u>Click to enter text.</u>

Depth to groundwater (feet): <u>Click to enter text.</u>

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

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

□ Yes □ No

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

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

 \Box Yes \Box 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.

 \Box Yes \Box No

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

- Hydraulic application rate (gal/square foot/day): <u>Click to enter text.</u>
- Nitrogen application rate (gal/square foot/day): Click to enter text.
- g. Provide the following dosing information:

Number of doses per day: <u>Click to enter text.</u> Dosing duration per area (hours): <u>Click to enter text.</u> Rest period between doses (hours): <u>Click to enter text.</u> Dosing amount per area (inches/day): <u>Click to enter text.</u> Number of zones: <u>Click to enter text.</u>

- 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: <u>Click to enter text.</u>
- c. Attach a Recharge Feature Plan with all information required in *30 TAC § 222.79*.
 Attachment: <u>Click to enter text.</u>
- d. Provide soil sampling and testing with all information required in *30 TAC § 222.157*.
 Attachment: <u>Click to enter text.</u>

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: <u>Click to enter text.</u>

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:** <u>Click to enter text.</u>
- 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.

 \Box Yes \boxtimes 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:
- 2. The distance and direction from the outfall to the drinking water supply intake:
- b. Locate and identify the intake on the USGS 7.5-minute topographic map provided for Administrative Report 1.0.
 - $\hfill\square$ 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: <u>300</u> feet

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

🗆 Yes 🛛 No

If **yes**, provide the distance and direction from the outfall(s) to the oyster reefs:

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

🗆 Yes 🛛 No

If **yes**, provide the distance and direction from the outfall(s) to the grasses:

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:
- b. Check the appropriate description of the immediate receiving waters:
 - □ Lake or Pond
 - Surface area (acres):
 - Average depth of the entire water body (feet):
 - Average depth of water body within a 500-foot radius of the discharge point (feet):
 - □ Man-Made Channel or Ditch
 - □ Stream or Creek
 - □ Freshwater Swamp or Marsh
 - □ Tidal Stream, Bayou, or Marsh
 - □ Open Bay
 - \Box 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):

- \Box USGS flow records
- \Box personal observation
- □ historical observation by adjacent landowner(s)
- \Box other, specify:
- d. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point:
- e. The receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.).
 - \Box Yes \Box No

If yes, describe how: <u>Click to enter text.</u>

- f. General observations of the water body during normal dry weather conditions: Date and time of observation:
- g. The water body was influenced by stormwater runoff during observations.

 \Box Yes \Box No

If **yes**, describe how:

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

a. Is the receiving water upstream of the existing discharge or proposed discharge site influenced by any of the following (check all that apply):

oil field activities	urban runoff
agricultural runoff	septic tanks
upstream discharges	other, specify:

- b. Uses of water body observed or evidence of such uses (check all that apply):
 - livestock watering industrial water supply non-contact recreation irrigation withdrawal domestic water supply navigation picnic/park activities contact recreation other, specify: fishing
- c. Description which best describes the aesthetics of the receiving water and the surrounding area (check only one):
 - □ Wilderness: outstanding natural beauty; usually wooded or un-pastured area: water clarity exceptional
 - □ **Natural Area:** trees or native vegetation common; some development evident (from fields, pastures, dwellings); water clarity discolored
 - □ **Common Setting:** not offensive, developed but uncluttered; water may be colored or turbid
 - □ **Offensive:** stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 4.1: WATERBODY PHYSICAL CHARACTERISTICS

The following information **is required** for new applications, EPA-designated Major facilities, and major amendment applications requesting to add an outfall if the receiving waters are perennial or intermittent with perennial pools (including impoundments) for a TDPES permit.

Complete the transects downstream of the existing or proposed discharges.

Item 1. Data Collection (Instructions, Page 82)

a.	Date of study: <u>Click to enter text.</u> Time of study: <u>Click to enter text.</u>
	Waterbody name: <u>Click to enter text.</u>
	General location: <u>Click to enter text.</u>
b.	Type of stream upstream of an existing discharge or downstream of a proposed discharge (check only one):
	\Box perennial \Box intermittent with perennial pools \Box impoundment
c.	No. of defined stream bends:
	Well: Click to enter text.Moderately: Click to enter text.Poorly: Click to enter text.
d.	No. of riffles: <u>Click to enter text.</u>
e.	Evidence of flow fluctuations (check one):
	□ Minor □ Moderate □ Severe
_	

- f. Provide the observed stream uses and where there is evidence of channel obstructions/modifications: <u>Click to enter text.</u>
- g. Complete the following table with information regarding the transect measurements.

Stream Transect Data

Transect Location	Habitat Type*	Water Surface Width (ft)	Stream Depths (ft)**				

* riffle, run, glide, or pool

** channel bed to water surface

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): <u>Click to enter text.</u>

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

Number of lateral transects made: Click to enter text.

Average stream width (ft): <u>Click to enter text.</u>

Average stream depth (ft): <u>Click to enter text.</u>

Average stream velocity (ft/sec): <u>Click to enter text.</u>

Instantaneous stream flow (ft³/sec): <u>Click to enter text.</u>

Indicate flow measurement method (VERY IMPORTANT – type of meter, floating chip timed over a fixed distance, etc.): <u>Click to enter text.</u>

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: <u>Click to enter text.</u>

Number well defined: Click to enter text.

Number moderately defined: Click to enter text.

Number poorly defined: <u>Click to enter text</u>.

Total number of riffles: <u>Click to enter text.</u>

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?

 \boxtimes Yes \Box 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:**

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).
 - \hfill 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
 - \boxtimes Transported to another WWTP
 - □ Beneficial land application, attach Form TCEQ-10451
 - □ Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach the required TCEQ forms as directed. Failure to submit the required TCEQ form will result in delays in processing the application

Attachment:

b. Provide the following information for each disposal site:

Disposal site name: <u>Turning Basin WWTP</u>

TCEQ Permit/Registration Number: <u>WQ0014355001</u>

County where disposal site is located: Cameron

c. Method of sewage sludge transportation:

 \boxtimes truck \square train \square pipe \square other:

TCEQ Hauler Registration Number: Click to enter text.

- d. Sludge is transported as a:
 - \Box liquid \Box semi-liquid \Box semi-solid \boxtimes solid
- e. Purpose of land application: \Box reclamation \Box soil conditioning \boxtimes 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: Click to enter text.

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: Click to enter text.

NOTE: New authorization for beneficial land application, incineration, processing, or disposal in the TPDES permit or TLAP **requires a major amendment to the permit**. New authorization for composting may require a major amendment to the permit. See the instructions to determine if a major amendment is required or if authorization for composting can be added through the renewal process.
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.

maabana ober mormaton							
Type of Industrial User	Number of Industrial Users	Daily Average Flow (gallons per day)					
CIU	0						
SIU – Non-categorical	0						
Other IU	0						

Industrial User Information

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

🗆 Yes 🛛 No

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

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

🗆 Yes 🛛 No

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

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

🗆 Yes 🛛 No

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

If **no**, skip Item 2 and answer all questions in Item 3 for each 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*?
 - \Box Yes \Box No

If **yes**, include an attachment which identifies all substantial modifications that have not been submitted to the TCEQ and the purpose of the modifications.

Attachment:

b. Have there been any non-substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ)?

□ Yes □ No

If **yes**, include an attachment which identifies all non-substantial modifications that have not been submitted to the TCEQ and the purpose of the modification.

Attachment:

c. List all parameters measured above the MAL in the POTW's effluent monitoring during the last three years:

Pollutant	Concentration	MAL	Units	Date

Effluent Parameters Measured Above the MAL

Attachment:

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

□ Yes □ No

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

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.: First/Last Name:

Organization Name:SIC Code:Phone number:Email address:Physical Address:City/State/ZIP Code:Attachment:City/State/ZIP Code:

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):

c. Provide a description of the principal products(s) or service(s) performed: <u>Click to enter</u> <u>text</u>.

d. Flow rate information

Flow Rate Information

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

- e. Pretreatment Standards
 - 1. Is the SIU or CIU subject to technology-based local limits as defined in the application instructions?
 - □ Yes □ No
 - 2. Is the SIU subject to categorical pretreatment standards?
 - □ Yes □ No

If **yes**, provide the category and subcategory or subcategories in the SIUs Subject To Categorical Pretreatment Standards table.

SIUs Subject to Categorical Pretreatment Standards

Category in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR

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):

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.

Outfall	Authorization under MSGP	Authorized Under Individual Permit

Authorization Coverage

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: <u>Click to enter text.</u>

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.

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)

- b. Provide the following local area rainfall information and the source of the information. Wettest month: <u>Click to enter text.</u> Average rainfall for wettest month (total inches): <u>Click to enter text.</u>
 25-year, 24-hour rainfall (inches): <u>Click to enter text.</u> Source: Click to enter text.
- c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:** <u>Click to enter text.</u>
- 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: <u>Click to enter text</u>.
- e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility: <u>Click to enter text.</u>

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): <u>Click to enter text.</u>
- b. \Box 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

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
Lead, total						0.0005
Mercury, total						0.000005
Nickel, total						0.002
Selenium, total						0.005
Silver, total						0.0005
Zinc, total						0.005

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

d. Complete Table 18 as directed on pages 92-94 of the Instructions.

Table 18 for Outfall No.: <u>Click to enter text.</u>

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

Attachment: Click to enter text.

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: <u>Click to enter text.</u>

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): <u>Click to enter text.</u>

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)

Total surface area of all ponds: <u>Click to enter text.</u>

Raceway Descriptions

Number of Raceways	Dimensions (include units)

Fabricated Tank Descriptions

Number of Tanks	Dimensions (include units)

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

□ Yes □ No

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

Attachment: Click to enter text.

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

 \Box Yes \Box 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: <u>Click to</u> <u>enter text.</u>

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

Attachment: Click to enter text.

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

Attach a detailed stock management plan: <u>Click to enter text.</u>

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

Attach a detailed description of the discharge practices and water treatment process(es): <u>Click</u> to enter text.

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

Attach a description of the solid waste-disposal practices: Click to enter text.

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: <u>Click to enter text</u>.

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.): <u>Click to enter text.</u> Program ID: <u>Click to enter text.</u> Contact Name: <u>Click to enter text.</u> Phone Number: Click to enter text.

2. Agent/Consultant Contact Information

Contact Name: <u>Click to enter text.</u> Address: <u>Click to enter text.</u> City, State, and Zip Code: <u>Click to enter text.</u> Phone Number: <u>Click to enter text.</u>

3. Owner/Operator Contact Information

□ Owner □ Operator Owner/Operator Name: <u>Click to enter text.</u> Contact Name: <u>Click to enter text.</u> Address: <u>Click to enter text.</u> City, State, and Zip Code: <u>Click to enter text.</u> Phone Number: <u>Click to enter text.</u>

4. Facility Contact Information

Facility Name: <u>Click to enter text.</u>
Address: <u>Click to enter text.</u>
City, State, and Zip Code: <u>Click to enter text.</u>
Location description (if no address is available): <u>Click to enter text.</u>
Facility Contact Person: <u>Click to enter text.</u>
Phone Number: Click to enter text.

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

Latitude: <u>Click to enter text.</u> Longitude: <u>Click to enter text.</u> Method of determination (GPS, TOPO, etc.): <u>Click to enter text.</u> 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: <u>Click to enter text</u>.

Number of Injection Wells: <u>Click to enter text.</u>

7. Purpose

Detailed Description regarding purpose of Injection System:

Click to enter text.

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

8. Water Well Driller/Installer

Water Well Driller/Installer Name: <u>Click to enter text.</u> City, State, and Zip Code: <u>Click to enter text.</u> Phone Number: <u>Click to enter text.</u> License Number: <u>Click to enter text.</u>

Item 2. Proposed Down Hole Design

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

Down Hole Design Table

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Center	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing					
Screen					

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

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

System(s) Dimensions: <u>Click to enter text.</u>

System(s) Construction: Click to enter text.

Item 4. Site Hydrogeological and Injection Zone Data

- 1. Name of Contaminated Aquifer: Click to enter text.
- 2. Receiving Formation Name of Injection Zone: Click to enter text.
- 3. Well/Trench Total Depth: <u>Click to enter text.</u>
- 4. Surface Elevation: <u>Click to enter text.</u>
- 5. Depth to Ground Water: <u>Click to enter text.</u>
- 6. Injection Zone Depth: Click to enter text.
- 7. Injection Zone vertically isolated geologically? □ Yes □ No
 Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:

Name: <u>Click to enter text.</u> Thickness: <u>Click to enter text.</u>

- 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: <u>Click to enter text.</u>
- 13. Maximum injection Rate/Volume/Pressure: Click to enter text.
- 14. Water wells within 1/4 mile radius (attach map as Attachment I): Click to enter text.
- 15. Injection wells within 1/4 mile radius (attach map as Attachment J): <u>Click to enter text.</u>
- 16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): <u>Click to enter text.</u>
- 17. Sampling frequency: <u>Click to enter text</u>.
- 18. Known hazardous components in injection fluid: Click to enter text.

Item 5. Site History

- 1. Type of Facility: <u>Click to enter text.</u>
- 2. Contamination Dates: Click to enter text.
- 3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations. Attach as Attachment L.
- 4. Previous Remediation. Attach results of any previous remediation as Attachment M.

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

Item 6. CLASS V INJECTION WELL DESIGNATIONS

- 5A07 Heat Pump/AC return (IW used for groundwater to heat or cool buildings)
- 5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
- 5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
- 5D02 Stormwater Drainage (IW designed for the disposal of rain water)
- 5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
- 5F01 Agricultural Drainage (IW that receive agricultural runoff)
- 5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)

5S23 Subsidence Control Wells (IW used to control land subsidence caused by groundwater withdrawal)

- 5W09 Untreated Sewage
- 5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
- 5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
- 5W12 WTTP disposal
- 5W20 Industrial Process Waste-disposal Wells
- 5W31 Septic System (Well Disposal method)
- 5W32 Septic System Drainfield Disposal
- 5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, or fill sections of a mine)
- 5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
- 5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
- 5X27 Other Wells
- 5X28 Motor Vehicle Waste-disposal Wells (IW used to dispose of waste from a motor vehicle site These are currently banned)
- 5X29 Abandoned Drinking Water Wells (waste disposal)

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 10.0: QUARRIES IN THE JOHN GRAVES SCENIC RIVERWAY

This worksheet **is required** for all applications for individual permits for a municipal solid waste facility or mining facility located within a Water Quality Protection Area in the John Graves Scenic Riverway. **Note: Review 30 TAC §§ 311.71-311.82 thoroughly prior to completing any portion of this worksheet.**

Item 1. Exclusions (Instructions, Page 100)

- a. Is this a municipal solid waste facility?
 - □ Yes □ No
- 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:

 \square < 200 feet \square 200 feet - 1,500 feet \square 1,500 feet - 1 mile \square > 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: Click to enter text.
- b. Amount of Financial Assurance for Restoration: <u>Click to enter text.</u> Mechanism: <u>Click to enter text.</u>
- c. Attach a Technical Demonstration: Click to enter text.
- d. Attach a Reclamation Plan: Click to enter text.
- e. Amount of Financial Assurance for Reclamation: <u>Click to enter text.</u> Mechanism: <u>Click to enter text.</u>

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 11.0: COOLING WATER SYSTEM INFORMATION

This worksheet **is required** for all TPDES permit applications **that meet the conditions outlined in Technical Report 1.0, Item 12.**

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

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

Cooling Water System Data				
Parameter	Volume (include units)			
Total DIF				
Total AIF				
Intake Flow Use(s) (%)				
Contact cooling				
Non-contact cooling				
Process Wastewater				
Other				

- b. Attach the following information:
 - 1. A narrative description of the design and annual operation of the facility's cooling water system and its relationship to the CWIS(s).
 - 2. A scaled map depicting the location of each CWIS, impoundment, intake pipe, and canals, pipes, or waterways used to convey cooling water to, or within, the cooling water system. Provide the latitude and longitude for each CWIS and any intake pipe(s) on the map. Indicate the position of the intake pipe within the water column.
 - 3. A description of water reuse activities, if applicable, reductions in total water withdrawals, if applicable, and the proportion of the source waterbody withdrawn (on a monthly basis).
 - 4. Design and engineering calculations prepared by a qualified professional and data to support the information provided in above item a.
 - 5. Previous year (a minimum of 12 months) of AIF data.
 - 6. A narrative description of existing or proposed impingement and entrainment technologies or operation measures and a summary of their performance, including, but not limited to, reductions in impingement mortality and entrainment due to intake location and reductions in total water withdrawals and usage.

Attachment: Click to enter text.

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

a. Complete the following table with information regarding each cooling water intake structure (this includes primary and make-up CWIS(s)).

Cooling Water Intake Structure(s) Data

CWIS ID		
DIF (include units)		
AIF (include units)		
Intake Flow Use(s) (%)		
Contact cooling		
Non-contact cooling		
Process Wastewater		
Other		
Latitude (decimal degrees)		
Longitude (decimal degrees)		

- b. Attach the following information regarding the CWIS(s):
 - 1. A narrative description of the configuration of each CWIS, annual and daily operation, including any seasonal changes, and where it is located in the water body and in the water column.
 - 2. Engineering calculations for each CWIS.

Attachment: Click to enter text.

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		
Mean Annual Flow		
Source		

- b. Attach the following information regarding the source waterbody.
 - 1. A narrative description of the source water for each CWIS, including areal dimensions, depths, salinity and temperature regimes, and other documentation that supports this determination of the water body type where each cooling water intake structure is located.

- 2. A narrative description of the source waterbody's hydrological and geomorphological features.
- 3. Scaled drawings showing the physical configuration of all source water bodies used by the facility, including the source waterbody's hydrological and geomorphological features. **NOTE:** The source waterbody's hydrological and geomorphological features may be included on the map submitted for item 1.b.ii of this worksheet.
- 4. A description of the methods used to conduct any physical studies to determine the intake's area of influence within the waterbody and the results of such studies.

Attachment: Click to enter text.

Item 4. Operational Status (Instructions, Page 106)

a. Is this application for a power production or steam generation facility?

 \Box Yes \Box 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: Click to enter text.

- 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 $40 \ CFR \ \S \ 125.94(c)$?

□ Yes □ No

If **no**, proceed to Item 4.c. If **yes**, attach descriptions of the following information:

- Individual production processes and product lines
- The operating status, including age of each line and seasonal operation
- Any extended or unusual outages that significantly affect current data for flow, impingement, entrainment, or other factors

• Any major upgrades completed within the last 15 years and plans or schedules for decommissioning or replacement of process units or production processes and product lines.

Attachment: Click to enter text.

c. Is this an application for a nuclear power production facility?

□ Yes □ No

If **no**, proceed to Item 4.d. If **yes**, attach a description of completed, approved, or scheduled upgrades and the Nuclear Regulatory Commission relicensing status for each unit at the facility.

Attachment: Click to enter text.

d. Is this an application for a manufacturing facility?

 \Box Yes \Box No

If **no**, proceed to Worksheet 11.1. If **yes**, attach descriptions of current and future production schedules and any plans or schedules for any new units planned within the next five years (a minimum of 60 mos)

Attachment: Click to enter text.

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: Click to enter text.

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)]
- \Box Existing offshore velocity cap [40 CFR § 125.94(c)(4)] Proceed to Worksheet 11.2
- \Box Modified traveling screens [40 CFR § 125.94(c)(5)]
- \Box System of technologies [40 CFR § 125.94(c)(6)]
- □ Impingement mortality performance standard [40 CFR § 125.94(c)(7)]
- \Box 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 [$40 \ CFR \ \S \ 125.94(c)(2)$] or existing offshore velocity cap [$40 \ CFR \ \S \ 125.94(c)(4)$] 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)]

- \Box 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: Click to enter text.

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		

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

Calculated COCs Prior to Blowdown

Cooling Tower ID		
COCs		

- Describe conditions that may limit the number of COCs prior to blowdown, if any, including but not limited to permit conditions: <u>Click to enter text</u>.
- b. 0.5 ft/s Through Screen Actual Velocity [40 CFR § 125.94(c)(3)]

Provide daily intake flow measurement monitoring data from the previous year (a minimum of 12 months) as an attachment and proceed to Worksheet 11.2.

Attachment: Click to enter text.

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

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

- 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: Click to enter text.

d. System of technologies [40 *CFR* § 125.94(*c*)(6)] or impingement mortality performance standard [40 *CFR* § 125.94(*c*)(7)]

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

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: Click to enter text.

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

Provide the following information and proceed to Worksheet 11.2.

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: Click to enter text.

2. If the rate of impingement caused by the CWIS is extremely low (at an organism or ageone equivalent count), attach supplemental information to Worksheet 11.0, item 1.b.6. to support this determination.

Attachment: Click to enter text.

f. Low capacity utilization power-generation facilities [40 CFR § 125.94(c)(12)]

Attach monthly utilization data from the previous 2 years (a minimum of 24 months) for each operating unit and proceed to Worksheet 11.2.

Attachment: Click to enter text.

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: <u>Click to enter text.</u>

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.
 - \Box Yes \Box 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 $40 \ CFR \ S \ 125.95(f)$.

Attachment: Click to enter text.

- b. Is the facility requesting a waiver from application requirements at 40 CFR § 122.21(r)(4) in accordance with 40 CFR § 125.95 for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent?
 - □ Yes □ No

If **yes**, attach a copy of the most recent managed fisheries report to TPWD, or equivalent.

Attachment: Click to enter text.

- c. There are no federally listed threatened or endangered species or critical habitat designations within the source water body.
 - \Box True \Box 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: Click to enter text.

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

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

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

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

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: Click to enter text.

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)*: <u>Click</u> to enter text.
- b. Attach a comprehensive feasibility study, as described as 40 *CFR* § 122.21(*r*)(10): <u>Click to</u> <u>enter text.</u>
- c. Attach a benefits valuation study, as described as *40 CFR § 122.21(r)(11)*: Click to enter text.
- d. Attach a non-water quality environmental and other impacts study, as described as *40 CFR* § *122.21(r)*(*12*): <u>Click to enter text.</u>
- e. Attach a peer review analysis, as described as 40 CFR § 122.21(r)(13): Click to enter text.

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?
 - \Box Yes \Box No

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

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

Click to enter text.

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

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

Click to enter text.

b. Describe if the permit being sought is for discharges from exploration, development, production, or for a combination of more than one of those activities.

Click to enter text.

c. Provide information on all waste-streams generated and specify which waste-streams you are requesting to be authorized for discharge.

Wastestreams Generated

Wastestream	Requesting authorization to discharge? (Yes/No)	Volume (MGD)	% of Total Flow

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

Click to enter text.

Attachment: Click to enter text.

e. Provide information on miscellaneous discharges.

Click to enter text.

Attachment: Click to enter text.

f. List of chemicals that are in use, or will be used, downhole. Provide the category, concentration used/to be used, and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

Chemicals List

Category	Chemical Name	Concentration (include units)	Purpose

Attachment: Click to enter text.

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

Water Treatment Chemicals List

Category	Chemical Name	Concentration (include units)	Purpose

Attachment: Click to enter text.

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): Click to enter text.
- b. \Box 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: <u>Click to enter text.</u>
- 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):CompositeGrab

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

*Indicate units if different from mg/L.

Plant Flows:

Average Daily Flow =	0.50 mgd	= 347 gpm
2-hour Peak Flow =	2.00 mgd	= 1,389 gpm
Peak Factor =	4.00	

Waste Strength:

CBOD5 =	300 mg/l	= :	1,251 ppd
TSS =	175 mg/l	=	730 ppd
NH3-N =	75 mg/l	=	313 ppd
Total P =	9 mg/l	=	38 ppd

Effluent Limitations:

=	10 mg/l
=	15 mg/l
=	3 mg/l
=	n/a mg/l
=	4 mg/l
	= = = =

Basic Parameters:

Number of Trains =	=	2
Basin Wall Height	=	16 ft
Basin Wall Thickness	=	16 in

Process Description:

The treatment process will include preliminary treatment (screening and grit removal), enhanced secondary treatment (aeration and clarification), tertiary filtration, chlorine desinfection. Flow metering will be performed following the final treatment unit. Process sensors for aeration basin DO, MLSS and sludge blanket are included. Solids handling includes sludge holding basins with gravity thickener. Sludge dewatering will be via screw press into roll-off container.

Exhibit F Fishing Harbor Wasterwater Treatment Plant Port of Brownsville 0.5 MGD

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Preliminary Treatment

The Pre-Aeration Basin slows the raw wastewater for a smooth transition to screening. The aeration breaks up organic material and drives off hydrogen sulfide. This reduces downstream corrosion and provides a compact, convenient location to collect foul air.

Basin	Dime	nsions
Dusin		13013

Number of Basins =	1	
Sidewater Depth =	18.50	ft
Basin Length =	8.00	ft
Basin Width =	3.00	ft
Actual Basin Volume =	444	cf
Actual Detention Time =	9.56	minutes at average flow
Aeration System		

n System		
Airflow =	36 scfm	
Number of Diffusers =	2 - 1" GO diffusers	
Airflow per Diffuser =	17.8 scfm/diffuser	
Diffuser Submergence =	11.75 ft	

Screenings are removed by a unitized frame bar screen that discharge to a washer/compactor. The washer/compactor discharges to a stainless steel dumping hopper. A manual screen provides backup.

Design Flows					
Average Daily Flow $=$	0.50	mgd	=	347	gpm
2-hour Peak Flow =	2.00	mgd	=	1,389	gpm
Number of Screens =	1				
Flow per Screen $=$	1,389	gpm (p	beak)		
Channel Width =	3.00	ft			
Channel Depth =	5.00	ft			
Screen Width =	2.33	ft			
Bar Width =	0.47	in (12	mm)		
Clear Opening =	0.25	in (7 m	וm)		
Number of Bars $=$	39				

Exhibit F Fishing Harbor Wasterwater Treatment Plant Port of Brownsville 0.5 MGD

Hydra-Solids[™] WWTP

Process Calculations

Preliminary Treatment (continued)

Grit Removal is via aerated grit basins. Grit slurry is pumped to a classifier/hydro-cyclone.

Design Flows					
Average Daily Flow =	0.50	mgd	=	347	gpm
2-hour Peak Flow =	2.00	mgd	=	1,389	gpm
Process Criteria					
Detention Time =	4	min @	neak f	low	
Airflow –	50	scfm/1		:	
Grit Volume -	4.0	cf/Moa			
Grit Specific Gravity -	2 65	ci/ingu			
Grit Slurry Solids =	1.0%				
Volume Required					
Minimum Volume =	743	cf			
Basin Dimensions					
Number of Basins =	1				
Sidewater Depth =	17.89	ft			
Basin Width =	8.00	ft (squ	are)		
Hopper Depth =	5.20	ft			
Hopper Width =	2.00	ft (squ	are)		
Actual Basin Volume =	958	cf			
Actual Detention Time =	5.16	minute	es		
Aeration System					
, Airflow =	48	scfm/b	asin		
Number of Diffusers =	1	- 2" G	iO diffu	ser	
Airflow per Diffuser =	48.0	scfm/c	liffuser		
Diffuser Submergence =	14.89	ft			
Grit Volume					
Dry Grit Volume =	1.3	cf/dav			
Dry Grit =	219	lbs/da	v		
Grit Slurry =	21.910	lbs/da	, V		
Since State y	2.584	apd	,		
	-,	30.0			

Exhibit F Fishing Harbor Wasterwater Treatment Plant Port of Brownsville 0.5 MGD

Process Calculations

Grit Pump

Number of Pumps =1Run Time =0.6 min/hrRequired Capacity =179 gpm

Rapid Mix Basin

The Rapid Mix Basin is 10'-0" by 8'-0" and has an average sidewater depth of 15'-5". The Rapid Mix Basin provides the initial mixing of Raw Wastewater and Return Activated Sludge (RAS), creating a uniform mixed liquor to split between the 2 trains. This is the key to a "One Sludge" treatment plant.

Design Flows					
Average Daily Flow $=$	0.50	mgd	=	347	gpm
2-hour Peak Flow =	2.00	mgd	=	1,389	gpm
Process Criteria					
Detention Time =	5	min @ pe	eak fl	wo	
Airflow =	50	scfm/1,00	00 cf		
Volume Required					
Minimum Volume =	928	cf			
Basin Dimensions					
Number of Basins =	1				
Sidewater Depth =	15.45	ft			
Basin Length =	10.00	ft			
Basin Width =	8.00	ft			
Actual Basin Volume =	1,236	cf			
Actual Detention Time =	6.7	minutes			
Aeration System					
Airflow =	62	scfm			
Number of Diffusers =	1	- 2" GO	diffus	ser	
Airflow per Diffuser =	62.0	scfm/diff	user		
Diffuser Submergence =	12.45	ft			

Process Aeration

The plant includes 2 - 42'-0" by 34'-0" Aeration Basins with an average sidewater depth of 14'-0". The aeration systems includes an Air Bridge air supply and individually controlled air headers with medium bubble, GO Diffusers for aeration and mixing of the mixed liquor.

Design Flows					
Average Daily Flow $=$	0.50	mgd	=	347	gpm
Process Criteria					
Organic Loading =	33	lbs CB	OD ₅ /1,00	00 cf	
Oxygen Requirement =	1.50	lbs/lb	CBOD₅		
	4.60	lbs/lb	NH3 - N		
Volume Required					
Influent BOD5 =	1,251	ppd			
Minimum Volume =	37,909	cf			
Basin Dimensions					
Number of Basins =	2				
Sidewater Depth =	14.04	ft			
Basin Length =	42.00	ft			
Basin Width =	34.00	ft			
Triangular Area =	84.84	sf			
Rapid Mix Area =	105.78	sf (sub	otracted	from a	eration volume)
Actual Basin Volume =	39,510	cf			
Actual Loading					
Organic Loading =	31.7	lbs BO	D5/1,00	0 cf	
Oxygen Requirement					
Carbonaceous Oxygen =	1,877	lbs/da	у		
Nitrogenous Oxygen =	1,439	lbs/da	у		
Total Actual Oxygen =	3,315	lbs/da	у		
AOR/SOR =	0.45				
Airflow Requirement					
Clean Water Transfer =	24.93%)			
Required Airflow =	1,189	scfm			

Aeration System

Airflow per Basin =
Number of Plate Aerators =
Airflow per Plate =
Diffuser Submergence =

595 scfm/basin 24 plates/basin 24.8 scfm/plate 13.85 ft

Secondary Clarification

Enhanced Secondary Clarification consists of 2 - 34'-0" diameter basins with an average sidewater depth of 14'-1". The clarifier mechanism will be bridge supported. Scum shall be removed by a skimmer arm and scum trough. The clarifier drive includes torque monitoring and shut down in an overtorque condition. RAS is pumped via airlift pump to the Rapid Mix Basin. Waste Activated Sludge (WAS) is pumped via airlift pump to the Sludge Holding Basins.

Design Flows				
Average Daily Flow $=$	0.50 mg	jd =	347 gpm	
2-hour Peak Flow =	2.00 mg	gd =	1,389 gpm	
Process Criteria				
Surface Loading =	600 gpc	gpd/sf @ average flow		
	1,200 gpc	d/sf @ peal	k flow	
Detention Time =	3.0 hrs	hrs @ average flow		
	1.5 hrs	hrs @ peak flow		
RAS Rate =	150%			
Basin Requirements				
@ Average Flow =	833 sf			
	8,356 cf			
@ Peak Flow =	1,667 sf			
	16,711 cf			
Number of Basins =	2			
Minimum Diameter =	32.6 ft			
Basin Dimensions				
Basin Diameter =	34 ft			
Sidewater Depth =	14.03 ft			
Actual Surface Area =	908 sf			
Actual Volume =	12,738 cf			

Exhibit F Fishing Harbor Wasterwater Treatment Plant Port of Brownsville 0.5 MGD Process Calculations

Actual Surface Loading		
@ Average Flow =	= 275	gpd/sf
@ Peak Flow =	= 1,101	gpd/sf
Actual Detention Time		
@ Average Flow =	= 9.1	hrs
@ Peak Flow =	= 2.3	hrs
RAS Pumps		
RAS Flow =	= 260	gpm per clarifier
Number of Pumps =	= 2	per clarifier
Flow per Pump =	= 130	gpm
Pump Size :	= 4	inch
Airflow :	= 18	scfm each
	36	scfm per basin

Disinfection

Disinfection occurs via chlorine residual in 2 - 24'-0" by 4'-0" basins with a peak sidewater depth of 14'-6". Total peak water volume is 30,026 gallons.

0.500	mgd	=	347	gpm
2.00	mgd	=	1,389	gpm
20	min @ peak flow			
25	scfm/1,000 cf			
8	mg/l @ peak flow			
6	mg/l @) avera	ge flow	
3,714	cf			
2				
14.50	ft @ p	eak flov	v	
24.00	ft			
4.00	ft			
42.42	sf			
4,014	cf			
	0.500 2.00 25 8 6 3,714 2 14.50 24.00 4.00 42.42 4,014	0.500 mgd 2.00 mgd 20 min @ 25 scfm/1 8 mg/l @ 6 mg/l @ 3,714 cf 2 14.50 ft @ p 24.00 ft 4.00 ft 4.00 ft 4.00 ft	0.500 mgd = 2.00 mgd = 20 min @ peak fl 25 scfm/1,000 cf 8 mg/l @ peak fl 6 mg/l @ average 3,714 cf 2 14.50 ft @ peak flow 24.00 ft 4.00 ft 42.42 sf 4,014 cf	0.500 mgd = 347 2.00 mgd = $1,389$ 20 min @ peak flow 25 scfm/1,000 cf 8 mg/l @ peak flow 6 mg/l @ average flow 3,714 cf 2 14.50 ft @ peak flow 24.00 ft 4.00 ft 4.00 ft 4,014 cf
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Exhibit F Fishing Harbor Wasterwater Treatment Plant Port of Brownsville 0.5 MGD Process Calculations

Aeration System		
Airflow =	100	scfm
Number of Diffusers =	8	
Airflow per Diffuser =	12.5	scfm/diffuser
Diffuser Submergence =	13.75	ft
Chlorination System		
Peak Feed Rate =	133	ppd
Average Chlorine Usage =	25	ppd
Container Change =	79.9	days (ton container)
Peak Feed Rate =	67	ppd per train
Ejector Nozzle =	5A	
Required Water Supply =	6.34	gpm per train
at	38.00	psig
Ejector Back Pressure =	10.00	psig
Pump Capacity =	12.7	gpm
at	50.0	psig

Flow Measurement

A V-notch weir in the Chlorine Contact Basin provides the operator with a positive indication of the flow through each train. This weir does not replace the required effluent flow meter.

Average Flow $=$	174	gpm per train
Peak Flow =	694	gpm per train
V-Notch Angle =	22.5°	
V-Notch Constant =	0.497	
Head =	10.86	in @ average
	18.90	in @ peak

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Tertiary Filters

Packaged Cloth Disk Filters are included in the plant design. They can be installed as an alternate bid item or at any time in the future. Valving is provided for easy installation and future filter bypass.

Design Flows					
Average Daily Flow $=$	0.50	mgd	=	347	gpm
2-hour Peak Flow =	2.00	mgd	=	1,389	gpm
Process Criteria					
Max Filtration Rate =	6.5	gpm/sf	@ pea	k flow	
Area per Disk =	53.4	sf			
Filter Sizing					
Disks Required =	4.0				
Disks per Filter =	10				
Number of Filters =	1				
Average Daily Flow $=$	347	gpm pe	r filter		
2-hour Peak Flow =	1,389	gpm pe	r filter		
Total Filter Area =	534	sf			
Actual Filtration Rate =	0.7	gpm/sf	@ ave	rage flo	W
	2.6	gpm/sf	@ pea	k flow	

NPW Basin

Chlorinated effluent storage provides water for the non-potable water (NPW) pumps. Submersible well pumps are sized to provide water for spraybars, washdown, chlorination and sludge dewatering.

NPW Requirements				
Clarifier Spray Bars =	17	gpm		
Washdown =	20	gpm x 2 hours =	2,400	gpd
Chlorination =	14	gpm		
Polymer =	10	gpm x 6 hours =	3,600	gpd
Screw Press =	30	gpm x 2 hours =	3,600	gpd
Maximum Daily NPW = 5	54,240	gallons		

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Process Calculations

Basin Dimensions		
Sidewater Depth =	8.00	ft
Basin Length =	18.67	ft
Basin Width =	3.99	ft
Triangular Area =	87.11	sf
Actual Basin Volume =	1,293	cf
NPW Storage =	4.3	hours
Aeration System		
Airflow =	32	scfm
Number of Diffusers =	2	
Airflow per Diffuser =	16.2	scfm/diffuser
Diffuser Submergence =	7.25	ft
NPW Pumps		
Maximum NPW Flow =	91	gpm
Number of Pumps =	2	
Pump Flow =	60	gpm each
NPW Pressure =	60	psig

Post Aeration

Fine Bubble Aeration provides additional dissolved oxygen prior to discharge. Air is controlled by an automatic valve to maintain a minimum DO.

Design Flows					
Average Daily Flow =	0.50	mgd	=	347	gpm
2-hour Peak Flow =	2.00	mgd	=	1,389	gpm
Oxygen Required =	67	ppd			
AOR/SOR =	1.00	(clean	water)		
Airflow Requirement					
Clean Water Transfer =	14.4%				
Required Airflow =	19	scfm			
Aeration System					
Number of Plates =	1	- PB P	late Aer	ators™	
Airflow per Plate =	18.7	scfm/p	olate		
Submergence =	8.00	ft			

Process Calculations

Flow Measurement

A V-notch weir measures effluent flow for permit compliance. NPW and water used for irrigation is metered separately. A sensor for effluent dissolved oxygen is included.

Average Flow $=$	347	gpm
Peak Flow =	1,389	gpm
V-Notch Angle =	30°	
V-Notch Constant =	0.676	
Head =	12.67	in @ average
	22.05	in @ peak

Solids Handling

Sludge Holding Basins provide stabilization and a homogeneous sludge for consistent dewatering performance. The sludge holding basins have a maximum sidewater depth of 14'-6".

Design Flows					
Average Daily Flow $=$	0.50	mgd	=	347	gpm
2-hour Peak Flow =	2.00	mgd	=	1,389	gpm
Process Criteria					
Sludge Production =	0.65	lbs slud	lge/lb E	30D5	
	0.30	lbs slud	ge/lb 1	rss	
W.A.S. Concentration =	0.80%				
Sludge Holding Concentration =	1.75%				
Sludge Retention Time =	28	days			
Min. Digester Temperature =	20	°C			
Oxygen Requirement =	2.0	lbs/lb V	'SR		
Airflow =	30	scfm/1,	000 cf		

$\mathsf{Hydra}\text{-}\mathsf{Solids}^{\mathsf{TM}}\mathsf{WWTP}$

Process Calculations

WAS Calculations		
Influent BOD5 =	1,251	lbs/day
Influent TSS =	730	lbs/day
Waste Sludge =	1,032	lbs/day
Volatile Fraction =	0.68	(estimated)
Temperature x S.R.T. =	560	°C x days
Volatile Solids Reduction =	41.6%	
<or></or>	292	lbs/day
Sludge to Disposal =	740	lbs/day
WAS Pumps		
WAS Flow =	15,469	gpd
Number of Pumps =	2	
Operation Time =	5.0	mins/hour
Flow per Pump =	64	gpm each
Pump Size =	4	inch
Airflow =	7	scfm each
Gravity Thickener		
Floor Loading $=$	7.0	lb/sf
Area Required =	147	sf
Diameter Required =	13.70	ft
Number of Basins =	1	•
Basin Diameter =	14	ft
Actual Loading =	6.7	lbs/sf
Solids Handling (continued)		
Thickense Dec Mix		
I NICKENER Pre-MIX	4	
Number of Basins =	14.00	A
Sidewater Deptn =	14.00	nt A
Basin Length =	34.00	π
Basin Width =	0.00	π
Basin volume =	2,856	CI
Docuirod Airflow -	EO	ccfm/1 000 cf
Required Airflow =	142	
Number of Diffusors -	17	SUIII
Number of Dirusers –	12	

Hydra-Solids[™] WWTP

Process Calculations

Airflow per Diffuser = Diffuser Submergence =	11.9 13.00	scfm/diffuser ft
Sludae Holdina		
Sludge Mass =	20,723	lbs @ 28 davs
Minimum Volume =	18,977	cf @ 1.75%
	,	
Basin Dimensions		
Sidewater Depth =	14.50	ft (all sludge holding)
Number of Basins =	1	Sludge Holding #1
Basin Length =	28.00	ft
Basin Width =	16.00	ft
Actual Basin Volume =	6,496	cf
Number of Basins =	1	Sludge Holding #2
Basin Length =	28.00	ft
Basin Width =	16.00	ft
Actual Basin Volume =	6,496	cf
Number of Pasing -	1	Cludgo Holding #2
Recip Longth -	1 00 90	
Basin Lengur =	16.00	н А
BdSin Width =	10.00	ಗ
Actual Basin Volume =	0,490	Cl
Total Basin Volume =	19,488	cf
Aeration Calculations		
Oxygen Required =	584	lbs/day
AOR/SOR =	65%)
Clean Water Transfer =	8.37%)
Required Airflow =	432	scfm
Minimum Airflow =	585	scfm
Aeration System		
Number of Diffusers =	48	
Airflow per Diffuser =	12.180	scfm/diffuser
Diffuser Submergence =	13.50	ft

Sludge Disposal

Sludge Volume =	5,071	gpd
-	35,497	gallons per week
Liquid Hauling		
Volume per Truck =	6,500	gallons
Number of Trucks =	5.5	per week
Cost per Truck =	650.00	
Annual Liquid Hauling =	\$184,587	
Onsite Dewatering		
Screw Press Operation =	5	days/week (at design flow)
	6.0	hours/day (2 hours for setup & cleanup)
Dewatering Capacity =	19.7	gpm
	173	lbs/hour
Washwater Required =	30	gpm
Dewatered Sludge =	3.3	cy/day
	23	cy/week
Roll-off Container =	20	yards
Number of Containers =	1.1	per week
Cost per Container =	550.00	
Annual Dewatered Hauling =	\$32,550	

$\mathsf{Hydra}\text{-}\mathsf{Solids}^{\mathsf{TM}}\mathsf{WWTP}$

Process Calculations

Airflow Summary

Air Requirements	Airflow	Pressure
Pre-Aeration Basin =	36	
Rapid Mix Basin =	62	6.39
RAS Airlift Pumps =	72	6.57
Aeration Basins =	1,189	7.00
Chlorine Contact Basins =	100	6.96
NPW Basin =	32	4.14
Post-Aeration =	19	
Thickener Pre-Mix =	143	6.63
Sludge Holding Basins =	585	6.85
Total Airflow =	2,202	7.00

Blower Selection

Process Blowers =	2	
Airflow per Blower =	746	scfm each
Sludge Holding Blowers =	1	
Sludge Holding Blower =	727	scfm each
Total Firm Airflow =	2,219	scfm at 7.0 psig
Total Number of Blowers =	4	(3 duty, 1 standby)



SAMPLE CROSS REFERENCE



Brownsville Navig Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 7	ation Dist. 8521-		Printed	7/17/2023	Page 1 of 1 FHP
Sample ID	Taken	Time		Received	
FHWWP Eff Grab/Weekly	07/12/2023	09:00:00		07/14/2023	
Method Enterolert Subcontract	Bottle	PrepSet	Preparation 07/12/2023	QcGroup	Analytical 07/12/2023

Email: Kilgore.projectmanager@spl-inc.com



Report Page 1 of 5

Sample 2213942

BND1-R

Brownsville Navigation Dist.
Ariel Chavez II
FHWWP
1000 Foust Rd.
Brownsville, TX 78521-



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	Project
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Printed:

07/17/2023

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RESULTS

				9	Sample Res	olts						
2213942	FHWWP Eff Gra	b/Weekl	у	Week	kly Enteroco	cci Samp	ole			Received:	07/14	/2023
Non-Potable Water Collecter Taken: Enterococci subcontracted to City of Corpus Christi W		<i>ed by:</i> Client 07/12/2023 Vater Utilities La	ClientBrownsville Navigati12/202309:00:00Jtilities Laboratory.				PO:					
Enterolert Subcon	ntract			Prepared:	07/	12/2023	14:09:00	Analyzed		07/12/2023	14:09:00	SUE
Parameter Enterococci (l	RGV Subcontract)		Res S	sults ee Attached	Units	RL		Flags		CAS CCWU		Bottle

Qualifiers:

We report results on an As Received (or Wet) basis unless marked Dry Weight.

Unless otherwise noted, testing was performed at SPL, Inc.- Kilgore laboratory which holds International, Federal, and state accreditations. Please see our Websites for details.

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of Ana-Lab Corp. Unless otherwise specified, these test results meet the requirements of NELAC.

RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.

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Trey Peery, MA, Project Manager



Report Page 2 of 5

1065973 C	oC Print	Group	001	of	001
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Sample Comments: Phone: Interococci **Client Info** Ouptal Ybanez otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab. This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless) Corpus Christi Water Department Parameter Technical Director (or designee) Respectfully Submitted, Ana-Lab Corp P.O. Box 9000 Kilgore, TX 75663 Result <u>^</u> 13101 Leopard Street Water Utilities Laboratory City of Corpus Christi 361-826-1200 Fax: 361-242-9131 Unit MPN Flag ⋗ EMAIL: projectmanager@ana-lab.com RĽ, Date/Time Analyzed 7/12/23 14:09 Analytical Report Method Enterolert Date Sampled: 07/12/2023 Date Received: 07/12/2023 Sample Name: FHWWP-EFF GRAB/WEEKLY Report# /Lab ID#: AC15093 Analyst Ň Time: 09:00 Time: 13:54 Report Date: 7/13/23 Analysis Comments Page 7 of 21

Report Page 3 of 5

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Precision (PREC) is the absolute value of the relative percent difference between duplicate results
 Recovery (RECOV) is the percent of analyte recovered from a spiked sample.
 Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.
 Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.
 Data Qualifiers:

2 of 3

Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. MI=Not analyzed due to interferences. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. D=Sample dilution required for analysis/ q N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; no on ice. Eq=Equipment failure. I=Information on sample bottle and COC does not match. EL=Oxygen usage is less than 2mg/L for all dilutions analyzed. The reported value is an estimated less than value and is calculated for the dilution containing the greatest concentration of sample SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; QB=No QC data assigned to sample; sample result not affected. D=Sample dilution required for analysis/ quality control O^=Analysis flagged by outside laboratory. B=Sample broken in transit.

E= The data exceed the upper calibration limit; therefore the conecutration is reported as an estimate. EG=Less than 1mg/L DO remained for all dilutions analyzed. The reported value is an estimated greater than value and is calculated for the dilution containing the least concentration of sample.

Phone: City: Address: Client Name: Send Email report to WHITE (ORIGINAL) - Lab Copy Sampler (PLEASE PRINT)_ Relinquished By: FHWWP- Eff Grab/Weekly Relinquished By: Relinquished By: Relinquished By: Received By: Frank Gamez III - SPL, Inc. Received By:-Received By: Received By: (903) 984 - 0551 Kilgore Sample ID projectmanager@ana-lab.com cc: joel@ana-lab.com 2600 Dudley Rd. River Snut Ana-Lab Corp rank Gamez III - SPL, Inc. anne June Secting 5 _____State: <u>TX__</u>Zip: <u>___75662</u> ____Fax: <u>_____903) 984 - 5914</u> ALISOP3 CAUZ YELLOW - Submitter Copy Lab ID# *(Lab Use Geny)* Salver 52/21/6 Date Sampled Date Date: Date: Date: Date Date Date: Date: 09:00 Time 7-12-23 BND1 R-ENT 7-12-23 7/12/23 7 12 23 7.12.23 Sampled CHAIN OF CUSTODY RECORD 4 Х 1 L Grab Composite Other H₂SO₄ Time: Time: Time: 9:45 No. of Containers/ Preservative Time: Time: City of Christi Time: Time: 12:15 Time: 9:45- Special Instructions/Comments: HNO₃ X Thio 12-15 1354 32 None WW influent Matrix Х WW Effluent Water Utilities Laboratory 13101 Leopard St. Corpus Christi, TX 78410 Ph. (361) 826-1200 Fax: (361) 242-9131 Water Other * Sample(s) on ice: Corrected Temp (°C): Receiving Temp (°C): Temp. Device ID: Other -Specify Residual Chlorine نمع Total Free mg2, 4 CBOD 5 BOD **** For Laboratory Use Only TSS ん 1 No TDS Ammonia-N Data Flag(s): pH < 2? YES pH Strip Lot/ ID: TKN Chloride Analyze For Sulfate Rev. October 20, 205 Phosphorus z o Nitrate Nitrite Line(s) # Total Alkalinity TOC Fecal Coliform Total Coliform X Enterococci E. coli Other *

1065973 CoC Print Group 001 of 001

1

Report Page 5 of 5

1 2

3 of 3

Page 9 of 21



SAMPLE CROSS REFERENCE



	Brownsville Navigation Dist Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-			Printed	8/22/2023	Page 1 of 1 FHP
Sample ID		Taken	Time		Received	
FHWWP Eff Comp		07/18/2023	08:55:00		07/19/2023	

Bottle 01 Polyethylene 1/2 gal (White)

Sample 2215072

Bottle 02 NaOH to pH >12 Polyethylene 250 mL/amber

Bottle 03 BOD Titration Beaker A (Batch 1072890) Volume: 100.00000 mL <== Derived from 01 (100 ml)

Bottle 04 BOD Analytical Beaker B (Batch 1072890) Volume: 100.00000 mL <== Derived from 01 (100 ml)

Bottle 05 Prepared Bottle: CN TRAACS Autosampler Vial (Batch 1072964) Volume: 10.00000 mL <== Derived from 02 (5 ml)

	Method SM 5210 B-2016 SM 4500-CN ⁻ E-2016 SM 2540 D-2015	Bottle 01 05 01	PrepSet 1072890 1072964 1073226	Preparation 07/25/2023 07/20/2023 07/20/2023	QcGroup 1072890 1073279 1073226	Analytical 07/25/2023 07/21/2023 07/20/2023						
Sample	Sample ID	Taken	Time		Received							
2215073	FHWWP Eff Grab	07/18/2023	09:05:00		07/19/2023							
Bottle 01 H2SO4	Bottle 01 H2SO4 to pH <2 Glass Qt w/Teflon lined lid											
	Method EPA 1664B	Bottle	PrepSet	Preparation	QcGroup	Analytical						

Email: Kilgore.projectmanager@spl-inc.com



BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



Page 1 of 3
Project
1066390

Printed:

08/22/2023

1

RESULTS

FHWWP Eff Cor	mp	CO	MP: 07/17	085:	5 - 07/18	0855			Received:	07/19	9/2023
Water top 08:55 7/18/23	Collected by: Taken: 07/	Client 18/2023	Brownsv 0	ille Na 8:55:0	ivigati 00			PO:			
2015		Prepared:	1073226	07/20)/2023	15:15:00	Analyzed	1073226	07/20/2023	15:15:00	RC1
r pended Solids		<i>Results</i> 9.62	Un mg	its /L	<i>RL</i> 2.50		Flags	7	CAS		Bottle 01
<i>E-2016</i>		Prepared:	1072964	07/20)/2023	11:25:00	Analyzed	1073279	07/21/2023	06:43:00	AME
T total		<i>Results</i> 0.021	Un mg	<i>its</i> /L	<i>RL</i> 0.005		Flags	7	CAS		Bottle 05
2016		Prepared:	1072890	07/20)/2023		Analyzed	1072890	07/25/2023	12:50:59	JW1
r ical Oxygen Demand (BOD:	5)	<i>Results</i> 4.00	Un mg	<i>its</i> /L	<i>RL</i> 2.00		Flags	7	<i>CAS</i> 1026-3		Bottle 01
FHWWP Eff Gra	ab								Received:	07/19	0/2023
Water	Collected by: Taken: 07/	Client 18/2023	Brownsv 0	ille Na 9:05:0	ivigati 00			PO:			
		Prepared:	1078169	08/22	2/2023	08:30:00	Analyzed	1078169	08/22/2023	08:30:00	RRF
2T		Results	Un	its	RL		Flags	7	CAS		Bottle
rease (HEM)		<4.49	mg	/L	4.49		Н				01
201 Pr ica W	16 Il Oxygen Demand (BOD FHWWP Eff Gra ater	16 1 Oxygen Demand (BOD5) FHWWP Eff Grab ater Collected by: Taken: 07/	16 Prepared: Results 10 Oxygen Demand (BOD5) 4.00 FHWWP Eff Grab 4.00 ater Collected by: Client Taken: 07/18/2023 Prepared: Results ease (HEM) <4.49	16 Prepared: 1072890 Results Un Il Oxygen Demand (BOD5) 4.00 mg FHWWP Eff Grab Image: Collected by: Client Brownsw Taken: 07/18/2023 0 Prepared: 1078169 Results Un Results Un Collected by: Client Brownsw Taken: 07/18/2023 O 07/18/2023 0 Prepared: 1078169 Results Un Collected 4.49 mg Collected 4.49 mg	16 Prepared: 1072890 07/20 Results Units 1 Oxygen Demand (BOD5) 4.00 mg/L FHWWP Eff Grab ater Collected by: Client Brownsville Na Taken: 07/18/2023 09:05:0 Prepared: 1078169 08/22 Results Units ase (HEM) <4.49	16 Prepared: 1072890 07/20/2023 Results Units RL ul Oxygen Demand (BOD5) 4.00 mg/L 2.00 FHWWP Eff Grab ater Collected by: Client Brownsville Navigati Taken: 07/18/2023 09:05:00 Prepared: 1078169 08/22/2023 Results Units RL asee (HEM) <4.49	16 Prepared: 1072890 07/20/2023 Results Units RL Id Oxygen Demand (BOD5) 4.00 mg/L 2.00 FHWWP Eff Grab ater Collected by: Client Brownsville Navigati Taken: 07/18/2023 09:05:00 Prepared: 1078169 08/22/2023 08:30:00 Results Units RL ease (HEM) <4.49	16 Prepared: 1072890 07/20/2023 Analyzed Results Units RL Flags I Oxygen Demand (BOD5) 4.00 mg/L 2.00 FHWWP Eff Grab Image: Collected by: Client Brownsville Navigati Taken: 07/18/2023 09:05:00 09:05:00 Prepared: 1078169 08/22/2023 08:30:00 Analyzed Results Units RL Flags Results Units RL Flags Prepared: 1078169 08/22/2023 08:30:00 Analyzed Results Units RL Flags Results Units RL Flags Prepared: 1078169 08/22/2023 08:30:00 Analyzed Brase (HEM) <4.49	16 Prepared: 1072890 07/20/2023 Analyzed 1072890 I Oxygen Demand (BOD5) Results Units RL Flags I Oxygen Demand (BOD5) 4.00 mg/L 2.00 Flags I FHWWP Eff Grab ater Collected by: Client Brownsville Navigati PO: Taken: 07/18/2023 09:05:00 Prepared: 1078169 08:22/2023 08:30:00 Analyzed 1078169 Results Units RL Flags Results	16 Prepared: 1072890 07/20/2023 Analyzed 1072890 07/25/2023 Results Units RL Flags CAS Id Oxygen Demand (BOD5) 4.00 mg/L 2.00 1026-3 FHWWP Eff Grab Received: ater Collected by: Client Brownsville Navigati PO: Taken: 07/18/2023 09:05:00 Prepared: 1078169 08/22/2023 Prepared: 1078169 08/22/2023 08:30:00 Analyzed 1078169 08/22/2023 Results Units RL Flags CAS Results Units RL Flags CAS Mase (HEM) 4.49 H H	16 Prepared: 1072890 07/20/2023 Analyzed 1072890 07/25/2023 12:50:59 Results Units RL Flags CAS I Oxygen Demand (BOD5) 4.00 mg/L 2.00 1026-3 FHWWP Eff Grab Received: 07/19 ater Collected by: Client Brownsville Navigati PO: Taken: 07/18/2023 09:05:00 PO: 07/18/2023 08:30:00 Prepared: 1078169 08/22/2023 08:30:00 Analyzed 1078169 08/22/2023 08:30:00 Results Units RL Flags CAS Results Units RL Flags CAS Mathematical Collected by: 1078169 08/22/2023 08:30:00 Prepared: 1078169 08/22/2023 08:30:00 Analyzed 1078169 08/22/2023 08:30:00 Results Units RL Flags CAS Kase K



Report Page 2 of 12



1

		BND1-R Brownsville Navigation I	Dist.						Proj	Page 2 of 3 iect	5
		FHWWP 1000 Foust Rd. Brownsville, TX 78521-						Printed:	08/	22/2023	
	2215072	FHWWP Eff Comp	CON	MP: 07/1′	7 0855 - 07/2	18 0855			Received:	07/19/	/2023
(Composite Stop 0	8:55 7/18/23	07/18/2023								
			Prepared:		07/20/2023	09:32:42	Calculated		07/20/2023	09:32:42	CAL
	Environmenta	l Fee (per Project)	Verified								
2	SM 2540 D-2011		Prepared:	1072005	07/20/2023	15:15:00	Analyzed	1072005	07/20/2023	15:15:00	RC1
LAC	TSS Set Starte	ed	Started								
2	SM 4500-CN ⁻ C-	2016	Prepared:	1072964	07/20/2023	11:25:00	Analyzed	1072964	07/20/2023	11:25:00	REI
LAC	Cyanide Disti	llation	10/5	ml							02
2	SM 5210 B-2016		Prepared:	1072890	07/20/2023		Analyzed	1072890	07/20/2023	05:54:04	JW1
LAC	BOD Set Star	ted	Started								

Qualifiers:

NE

NE

NE

H - Sample started outside recommended holding time

We report results on an As Received (or Wet) basis unless marked Dry Weight.

Unless otherwise noted, testing was performed at SPL, Inc.- Kilgore laboratory which holds International, Federal, and state accreditations. Please see our Websites for details.

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Report Page 3 of 12

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



Bill Peery, MS, VP Technical Services





Printed:

08/22/2023

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Report Page 4 of 12

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville TX 78521

Brownsville, TX 78521-								Printed	08/22/2023	3	
Analytical Set	1072890								S	M 5210	B-2016
				B	lank						
Parameter Biochemical Oxygen Demand (BOD5) Biochemical Oxygen Demand (BOD5) Biochemical Oxygen Demand (BOD5) Biochemical Oxygen Demand (BOD5)	PrepSet 1072890 1072890 1072890 1072890	<i>Reading</i> 0.2 0.2 0.2 0.2	MDL 0.200 0.200 0.200 0.200	MQL 0.500 0.500 0.500 0.500	Units mg/L mg/L mg/L mg/L			<i>File</i> 125221730 125221780 125221830 125225642			
()	10/20/0		0.200	Dup	olicate						
Parameter	Sample		Result	Unknown	,		Unit		RPD		Limit%
Biochemical Oxygen Demand (BOD5) Biochemical Oxygen Demand (BOD5)	2214951 2214965 2215018 2215173 2215323 2215402		2420 2.43 1760 4.68 5.32 8.92	2190 3.67 1670 4.64 4.64 8.72			mg/L mg/L mg/L mg/L mg/L		9.98 40.7 5.25 0.858 13.7 2.27	*	30.0 30.0 30.0 30.0 30.0 30.0 30.0
Biochemical Oxygen Demand (BOD5)	2215605		6890	5920	d Dron		mg/L		15.1		30.0
Parameter Biochemical Oxygen Demand (BOD5) Biochemical Oxygen Demand (BOD5) Biochemical Oxygen Demand (BOD5) Biochemical Oxygen Demand (BOD5)	PrepSet 1072890 1072890 1072890 1072890	<i>Reading</i> 0.903 0.910 0.980 0.987	MDL 0.200 0.200 0.200 0.200	MQL 0.500 0.500 0.500 0.500	Units mg/L mg/L mg/L mg/L			<i>File</i> 125221732 125221782 125221832 125225644			
				Sta	ndard						
Parameter Biochemical Oxygen Demand (BOD5) Biochemical Oxygen Demand (BOD5) Biochemical Oxygen Demand (BOD5) Biochemical Oxygen Demand (BOD5)	Sample	<i>Reading</i> 224 205 17.2 224	<i>Known</i> 198 198 198 198	<i>Units</i> mg/L mg/L mg/L mg/L	<i>Recover%</i> 113 104 8.69 113	<i>Limits%</i> 83.7 - 116 83.7 - 116 83.7 - 116 83.7 - 116	•	<i>File</i> 125221733 125221783 125221833 125225645			
Analytical Set	1073279								SM 45	00-CN	E-2016
				B	lank						
<u>Parameter</u> Cyanide, total	PrepSet 1072964	<i>Reading</i> 0.0013	<i>MDL</i> 0.00119	<i>MQL</i> 0.0025	Units mg/L CCV			<i>File</i> 125233223			
Parameter Cyanide, total Cyanide, total Cyanide, total		<i>Reading</i> 0.519 0.528 0.535	Known 0.500 0.500 0.500	<i>Units</i> mg/L mg/L mg/L	<i>Recover%</i> 104 106 107	<i>Limits%</i> 90.0 - 110 90.0 - 110 90.0 - 110		<i>File</i> 125233167 125233168 125233169			



Project

1066390

Page 1 of 3

1 2



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106

108

108

109

90.0 - 110

90.0 - 110

90.0 - 110

90.0 - 110

90.0 - 110

Report Page 5 of 12

125233170

125233173

125233184

125233195

125233206

Cyanide, total

Cyanide, total

Cyanide, total

Cyanide, total

Cyanide, total

mg/L

mg/L

mg/L

mg/L

mg/L

0.528

0.532

0.540

0.540

0.545

0.500

0.500

0.500

0.500

0.500

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



1 2

Page 2 of 3

Project 1066390

Printed 08/22/2023

				С	CV						
Parameter		Reading	Known	Units	Recover%	Limits%		File			
Cyanide, total		0.545	0.500	mg/L	109	90.0 - 110		125233217			
Cyanide, total		0.545	0.500	mg/L	109	90.0 - 110		125233228			
Cyanide, total		0.544	0.500	mg/L	109	90.0 - 110		125233239			
Cyanide, total		0.543	0.500	mg/L	109	90.0 - 110		125233250			
Cyanide, total		0.538	0.500	mg/L	108	90.0 - 110		125233252			
Cyanide, total		0.542	0.500	mg/L	108	90.0 - 110		125233253			
Cyanide, total		0.544	0.500	mg/L	109	90.0 - 110		125233254			
Cyanide, total		0.537	0.500	mg/L	107	90.0 - 110		125233255			
				Dup	licate						
Parameter	Sample		Result	Unknown			Unit		RPD		Limit%
Cvanide total	2215021		0.0042	0.0056			mg/L		28.6	*	20.0
Cyanide, total	2215021		0.0036	ND			mg/I.		200	*	20.0
Cyanice, total	2215025		0.0050		cv		шgл		200		20.0
Damana séan		Decision	Varana	Linita	Basarra	T invite0/		Eile			
<u>Parameter</u>		<i>Reading</i>	A DOD	Units	Recover%			FIIe			
Cyanide, total		0.209	0.200	mg/L	104	90.0 - 110		125233100			
				LCS	5 Dup						
Parameter	PrepSet	LCS	LCSD		Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Cyanide, total	1072964	0.212	0.208		0.200	90.0 - 110	106	104	mg/L	1.90	20.0
				Mat.	Spike						
<u>Parameter</u>	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File			
Cyanide, total	2215021	0.432	0.0056	0.400	mg/L	107	90.0 - 110	125233229			
Cyanide, total	2215023	0.434	ND	0.400	mg/L	108	90.0 - 110	125233232			
	1072226									SNA 2540	2015
Analytical Set	10/3220			ы	ank					51VI 2340	D-2015
				DI	diik						
Parameter	PrepSet	Reading	MDL	MQL	Units			File			
Total Suspended Solids	1073226	ND	2	2	mg/L			125231633			
				Cont	rolBlk						
<u>Parameter</u>	PrepSet	Reading	MDL	MQL	Units			File			
Total Suspended Solids	1073226	0			grams			125231632			
				Dup	licate						
Parameter	Sample		Result	Unknown			Unit		RPD		Limit%
Total Suspended Solids	2214842		9.45	12.5			mg/L		27.8	*	20.0
Total Suspended Solids	2214953		223	206			mg/L		7 93		20.0
Total Suspended Solids	2214955		21400	21400			mg/L		0		20.0
.				L	cs		-0-				
Parameter	PronSot	Reading		Known	Unite	Recover%	I imits	File			
Total Suspended Solids	1072006	50 0		50.0	ma/I	100	00 0 _ 110	125231666			
i otar Suspended Sonds	10/3220	50.0		50.0	шуг.	100	JU.U - 11U	123231000			
				Star	ndard						
Parameter	Sample	Reading	Known	Units	Recover%	Limits%		File			
									Repor	t Page	6 of 12

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



Page 3 of 3



Printed 08/22/2023

	Standard												
Parameter	Sample	Reading	Known	Units	Recover%	Limits%		File					
Total Suspended Solids		100	100	mg/L 100 90.0 - 110			125231665						
Analytical Set	1078169									EP	A 1664B		
Blank													
<u>Parameter</u>	PrepSet	Reading	MDL	MQL	Units			File					
Oil and Grease (HEM)	1078169	ND	0.557	4.00	mg/L			125359187					
LCS Dup													
<u>Parameter</u>	PrepSet	LCS	LCSD		Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%		
Oil and Grease (HEM)	1078169	37.3	31.9		40.0	78.0 - 114	93.2	79.8	mg/L	15.6	20.0		

Standard

* Out RPD is Relative Percent Difference: abs(r1-r2) / mean(r1,r2) * 100%

Recover% is Recovery Percent: result / known * 100%

Blank - Method Blank (reagent water or other blank matrices that contains all reagents except standard(s) and is processed simultaneously with and under the same conditions as samples; carried through preparation and analytical procedures exactly like a sample; monitors); LCS - Laboratory Control Sample (reagent water or other blank matrices that is spiked with a known quantity of target analyte(s) and carried through preparation and analytical procedures exactly like a sample; monitors); LCS - Laboratory Control Sample (reagent water or other blank matrices that is spiked with a known quantity of target analyte(s) and carried through preparation and analytical procedures exactly like a sample; typically a mid-range concentration; verifies that bias and precision of the analytical process are within control limits; determines usability of the data.); CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); ICV - Initial Calibration Verification; LCS Dup - Laboratory Control Sample Duplicate (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.)



Report Page 7 of 12

1 2 3

1 of 5

1066390 CoC Print Group 001 of 001

600 Dudley Rd. Kilgore, Texas 75662 ? O. Box 9000 Kilgore, Texas 75663)ffice: 903-984-0551 * Fax: 903-984-5914	P-UP FEE \$ SUB: ALL CHENT COCS OI	TT TT	ANA Testing the Limit:	S of Science and	4B t Service
CHAIN OF CUSTODY	, PROJECT? YES	<i></i>	Printed 06/18/2	020 Pa	ige 1 of 2
Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-	BND1-R BOD	Lab Nu PO Nu Phone	mber <u>2266</u> nber	<u>956/8</u>	
FI	HWWP Eff Con	ıp	19. 19.		·
Composite poured into Sample bottles : Date/Time/Tech Matrix : Nen-Potable Water Sample Collection Start Date: <u>j7/1712023</u> Time: <u>D8:55</u> Sampler Printed Name: <u>Macco Actualo Gazanen</u> Sampler Affiliation: <u>DND</u> Sampler Signature: <u>Macco Actualo Gazanen</u> Sampler Signature: <u>Samples Radioactive?</u> <u>0</u> On Site Testing CiCk Field Cl2 Check for CNa Quality Control	S	Sample Collection Date: <u>07/18/</u> Sampler Printed N Sampler Affiliation Sampler Signatur Sampler Signatur	i Stop 2023 Time: Yame: Murco Ant in: BND e: Murco Ant ples Biological Hazard?	08:55 DAVO GURM	-
Collected By Date Time Results Units Temp	Analyzed By Dat	te T: Units	ime Temp	C	
S2Ck Field Sulfide	Check for CNa				
Field Sulfide Check for CNa Quality Control	•				
Collected By Date Time Results Units Temp	Analyzed By Da C Duplicate	teT	ime Temp	c	
1 Polyethylene 1/2 gal	(White)				
NELAC Short Hold BOD Biochemical	Oxygen Demand (BOD5)	SM 5210 B-	2011 CAS:1026-3 (2.00	days)	
NELAC TSS Total Suspen	ided Solids	SM 2540 D	-2011 (7.00 days)		<u>.</u>
1 NaOH to pH >12 Pc	olyethylene 250 mL/	amber			
	E	RGV Reg	ion: 2039 E. Price Rd.	Ste. E Brownsville	Report P

NELAP-accredited #T104704201-20-17

Report Page 8 of 12

Form rptcoc 1N Created 12/13/2019 v1.6

2 of 5

1066390 CoC Print Group 001 of 001

600 Dudley Rd. Kilgore, Texas 75662 Y.O. Box 9000 Kilgore, Texas 75663 Yffice: 903-984-0551 * Fax: 903-984-5914

CHAIN OF CUSTODY



Printed 06/18/2020

SM 4500-CN⁻ E-2011 (14.0 days)

Page 2 of 2

Brownsville Navigation Dist. Ariel Chavez II FHWWP			BND1-R BOD
1000 Foust Rd. Brownsville, TX 78521- NELAC	CNa	Cyanide, total	

Date	Time	Relinquished	Received
07118125	1530	Printed Name Antonio Games Alliliation Marco Antonio Games BND Signature March Alto Tuo	Printed Name Salinas - SPLARitiation
1-18:23	17-30	Signature Jaime Salinais/Adminutic.	Printed Name FED EX Altiliation
7/19/23	1130	Printed Name FEO EY	Signature Kathy Tarver SPL, inc. Annatori
		Printed Name Affiliation Signature	Printed Nine Altihation Signature
Sample	Received -	on Ice? $\mathbf{I}^{Y_{\text{CS}}}$ \mathbf{I}^{N_0} Method of Shipment: \mathbf{I}^{UYS}	Bus FedEx I I.one Star Hand Delivered Other

Cooler/Sample Secure? Yes Attached Hand Delivered to Region []

The accredited column designates accreditation by A - A2LA, N - NELAC, or z - not listed under scope of accreditation. Unless otherwise specified, ANA -LAB shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement (available for download from the welcome page at http://www.ara-bb.com). Ara-Lab personnel collect samples as specified by Ana -Lab SOP # 000323.

Comments

RGV Region: 2039 E. Price Rd. Ste. E Brownsville TX 78521



NELAP-accredited #T104704201-20-17





1 2 3

3 of 5

Report Page 10 of 12

1 2 3

4 of 5

1066390 CoC Print Group 001 of 001

:600 Dudley Rd. Kilgore, Texas 75662 ?.O. Box 9000 Kilgore, Texas 75663)ffice: 903-984-0551 * Fax: 903-984-5914	P-UP FEE \$ 0.0	Testing the Limits of Science and Service
CHAIN OF CUSTO	DYROJECT? YES	NO Printed 06/18/2020 Page 1 of 1
Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-	BND1-R FHP	Lab Number 22 50 73 PO Number
	FHWWP Eff Gra	<i>b</i>
Matrix : Non-Potable Water Sample Collection Start Date: 07/18/2013 Time: 09:05 Sampler Printed Name: Marco Arts Mb G1 Sampler Printed Name: Marco Arts Mb G1 Sampler Signature: Marco Arts Mb G1 Sampler Signature: Marco Arts Mb G1 Sampler Signature: Marco Arts Mb G1 Samples Radioactive? 1 HEM 0il an	Samples Contains Dioxin? 2 GlQt w/Tef-lined lid ad Grease (HEM)	Samples Biological Hazard? EPA 1664B (HEM) (28.0 days)
Ambient Conditions Comments	4	Passiund
19 19 19 19 19 19 19 19 19 19	Alliliation Pri Sig Salinas SPL, Inc. Pri Alliliation Pri Sig Alliliation Pri	nted Name Alliliation pature Jaime Salinas - SPL, Inc. pature aime Salinas - SPL, Inc. inted Name Alliliation fed Ex Alliliation tated Name Alliliation gnature inted Name Alliliation gnature Alliliation
Signature	Si <u>e</u>	gnature
Sample Received on Ice? Yes No Metho Cooler/Sample Secure? Yes No If Ship The accredited column designates accreditation by A - A2LA, N	Dd of Shipment: U48 D H pod: Tracking Number & Temp - See A N - NELAC; or z - not listed under scope	Bus FedEx Lone Star Hand Delivered Other Attached Hand Delivered to Region [] of accreditation. Unless otherwise specified, ANA -LAH shall

The accredited column designates accreditation by A - AZLA, N - NELAC, or z - not listed under scope of accreditation. Unless otherwise specified, ANA -LAB shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement (available for download from the welcome page at < http://www.ara-lab.com>). Ana-Lab personnel collect samples as specified by Ana-Lab SOP # 00023. Comments



RGV Region: 2039 E. Price Rd. Ste. E Brownsville TX 78521



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1

1066390 CoC Print Group 001 of 001



Report Page 12 of 12

5 of 5



SAMPLE CROSS REFERENCE



07/22/2023

Brownsville Navigatio	n Dist.		Printed	7/28/2023	Page 1 of 1
Ariel Chavez II					
FHWWP					
1000 Foust Rd.					
Brownsville, TX 78521	L-				
	Taken	Time		Received	

09:25:00

Bottle 01 Polyethylene 1/2 gal (White)

Sample 2216199

Bottle 02 NaOH to pH >12 Polyethylene 250 mL/amber

FHWWP Eff Comp

Sample ID

Bottle 03 BOD Titration Beaker A (Batch 1073321) Volume: 100.00000 mL <== Derived from 01 (100 ml)

Bottle 04 BOD Analytical Beaker B (Batch 1073321) Volume: 100.00000 mL <== Derived from 01 (100 ml)

 $Bottle \ 05 \ Prepared \ Bottle: \ CN \ TRAACS \ Autosampler \ Vial \ (Batch \ 1073416) \ Volume: \ 10.00000 \ mL <== Derived \ from \ 02 \ (\ 5 \ ml \)$

07/20/2023

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
SM 5210 B-2016	01	1073321	07/27/2023	1073321	07/27/2023
SM 4500-CN ⁻ E-2016	05	1073416	07/24/2023	1073873	07/26/2023
SM 2540 D-2015	01	1074359	07/25/2023	1074359	07/25/2023

Email: Kilgore.projectmanager@spl-inc.com



BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



Page 1 of 2
Project
1066882

Printed:

07/28/2023

RESULTS

					Sample	Resul	ts						
	2216199	FHWWP Eff Co	omp	Cor	np: 7/19 0)925 - 7	7/20 09	25			Received:	07/22	2/2023
]	Non-Potable Wate Composite Stop 0	<i>y:</i> Client 7/20/2023	Brownsv	ille Navigati)9:25:00				PO:					
	SM 2540 D-2015			Prepared:	1074359	07/25/.	2023	09:00:00	Analyzed	1074359	07/25/2023	09:00:00	LR3
NELAC	Parameter Total Suspend	led Solids		<i>Results</i> 4.50	Ui mį	nits g/L	<i>RL</i> 2.00		Flag	5	CAS		Bottle 01
,	SM 4500-CN ⁻ E-	2016		Prepared:	1073416	07/24/.	2023	10:50:09	Analyzed	1073873	07/26/2023	07:06:00	AMB
NELAC	Parameter Cyanide, total	l		<i>Results</i> <0.005	Uı mı	nits g/L	<i>RL</i> 0.005		Flag	5	CAS		Bottle 05
	SM 5210 B-2016			Prepared:	1073321	07/22/.	2023		Analyzed	1073321	07/27/2023	10:56:17	JW1
NELAC	Parameter Biochemical (Oxygen Demand (BOI	D5)	<i>Results</i> 2.91	Ui mį	nits g/L	<i>RL</i> 2.00		<i>Flag</i> . B	5	<i>CAS</i> 1026-3		Bottle 01
				S	ample Pı	r <mark>epara</mark>	tion						
	2216199	FHWWP Eff Co	omp	Cor	np: 7/19 0	925 - 1	7/20 09	25			Received:	07/22	2/2023
(Composite Stop 0	9:25 7/20/23	0	7/20/2023									
				Prepared:		07/24/.	2023	10:34:27	Calculated	1	07/24/2023	10:34:27	CAL
z	Environmenta	ll Fee (per Project)		Verified									
	SM 2540 D-2011			Prepared:	1072567	07/25/.	2023	09:00:00	Analyzed	1072567	07/25/2023	09:00:00	LR3
NELAC	TSS Set Starte	ed		Started									
						100							

Report Page 2 of 8



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			BND1-R									Page 2 of 2	
		Bro Ari FH	wnsville Navigation el Chavez II WWP 10 Foust Rd.	Dist.							Proj 106	^{iect} 6882	
		Bro	wnsville, TX 78521-							Printed:	07/2	28/2023	
	2216199	FHV	/WP Eff Comp		Con	np: 7/19 (925 - 7/20 ()925			Received:	07/22/	2023
(Composite Stop 0	9:25	7/20/23	07/20/20	023								
	SM 4500-CN ⁻ C·	-2016			Prepared:	1073416	07/24/2023	10:50:09	Analyzed	1073416	07/24/2023	10:50:09	AMI
ELAC	Cyanide Disti	illation			10/5	ml							02
	SM 5210 B-2016				Prepared:	1073321	07/22/2023		Analyzed	1073321	07/22/2023	12:41:10	JW1
ELAC	BOD Set Star	ted			STARTED								

Qualifiers:

Ν

B - Analyte detected in the associated method blank

We report results on an As Received (or Wet) basis unless marked Dry Weight.

Unless otherwise noted, testing was performed at SPL, Inc.- Kilgore laboratory which holds International, Federal, and state accreditations. Please see our Websites for details.

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of Ana-Lab Corp. Unless otherwise specified, these test results meet the requirements of NELAC.

RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.

BOLLOW

Bill Peery, MS, VP Technical Services



Report Page 3 of 8

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



1 2

Page 1	of 2
Project	
1066882	

Printed 07/28/2023

Analytical Set	1073321								1	SM 5210) B-2016
				Bl	ank						
Parameter	PrepSet	Reading	MDL	MQL	Units			File			
Biochemical Oxygen Demand (BOD5)	1073321	0.2	0.200	0.500	mg/L			125234183			
Biochemical Oxygen Demand (BOD5)	1073321	0.3	0.200	0.500	mg/L		*	125234233			
				Dup	licate						
Parameter	Sample		Result	Unknown			Unit		RPD		Limit%
Biochemical Oxygen Demand (BOD5)	2215975		86.5	85.0			mg/L		1.75		30.0
Biochemical Oxygen Demand (BOD5)	2216064		755	629			mg/L		18.2		30.0
Biochemical Oxygen Demand (BOD5)	2216074		513	568			mg/L		10.2		30.0
Biochemical Oxygen Demand (BOD5)	2216178		189	189	l Dura		mg/L		0		30.0
				Seed	Drop						
Parameter	PrepSet	Reading	MDL	MQL	Units			File			
Biochemical Oxygen Demand (BOD5)	1073321	1.13	0.200	0.500	mg/L			125234185			
Biochemical Oxygen Demand (BOD5)	10/3321	1.07	0.200	0.500	mg/L			125254255			
				Sta	ndard						
Parameter	Sample	Reading	Known	Units	Recover%	Limits%		File			
Biochemical Oxygen Demand (BOD5)		231	198	mg/L	117	83.7 - 116		125234186			
Biochemical Oxygen Demand (BOD5)		230	198	mg/L	116	83.7 - 116		125234236			
Analytical Set	1073873								SM 4	500-CN	E-2016
				BI	ank						
Parameter	PrepSet	Reading	MDL	MQL	Units			File			
Cyanide, total	1073416	0.0019	0.00119	0.0025	mg/L			125250556			
				c	CV						
Parameter		Reading	Known	Units	Recover%	Limits%		File			
Cyanide, total		0.527	0.500	mg/L	105	90.0 - 110		125250555			
Cyanide, total		0.527	0.500	mg/L	105	90.0 - 110		125250565			
Cyanide, total		0.527	0.500	mg/L	105	90.0 - 110		125250576			
Cyanide, total		0.538	0.500	mg/L	108	90.0 - 110		125250583			
				Dup	licate						
Parameter	Sample		Result	Unknown			Unit		RPD		Limit%
Cyanide, total	2216110		0.0048	0.0056			mg/L		15.4		20.0
Cyanide, total	2216114		0.0126	0.0132			mg/L		4.65		20.0
				ŀ	CV						
Parameter		Reading	Known	Units	Recover%	Limits%		File			
Cyanide, total		0.212	0.200	mg/L	106	90.0 - 110		125250554			
				LCS	5 Dup						
Parameter	PrepSet	LCS	LCSD		Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Cyanide, total	1073416	0.219	0.218		0.200	90.0 - 110	110	109	mg/L	0.458	20.0



Report Page 4 of 8

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



Page 2 of 2

Project 1066882

Printed 07/28/2023

Mat. Spike													
<u>Parameter</u> Cyanide, total Cyanide, total	<i>Sample</i> 2216110 2216114	<i>Spike</i> 0.415 0.413	<i>Unknown</i> 0.0056 0.0132	<i>Known</i> 0.400 0.400	<i>Units</i> mg/L mg/L	<i>Recovery %</i> 102 100	<i>Limits %</i> 90.0 - 110 90.0 - 110	<i>File</i> 125250564 125250561					
Analytical Set	1074359								SM	1 2540 D-2015			
				В	lank								
<u>Parameter</u> Total Suspended Solids	<i>PrepSet</i> 1074359	<i>Reading</i> ND	<i>MDL</i> 2	<i>MQL</i> 2	<i>Units</i> mg/L			<i>File</i> 125264562					
				Con	trolBlk								
<u>Parameter</u> Total Suspended Solids	<i>PrepSet</i> 1074359	<i>Reading</i> -0.0002	MDL	MQL	Units grams			<i>File</i> 125264561					
				Dup	olicate								
<u>Parameter</u> Total Suspended Solids Total Suspended Solids Total Suspended Solids	<i>Sample</i> 2215875 2215983 2215984		<i>Result</i> 29.5 9080 7020	Unknown 31.0 9120 7060	1		<i>Unit</i> mg/L mg/L mg/L		<i>RPD</i> 4.96 0.440 0.568	<i>Limit%</i> 20.0 20.0 20.0 20.0			
				L	_CS								
<u>Parameter</u> Total Suspended Solids	PrepSet 1074359	<i>Reading</i> 47.0		Known 50.0	<i>Units</i> mg/L	<i>Recover%</i> 94.0	<i>Limits</i> 90.0 - 110	<i>File</i> 125264595					
				Sta	ndard								
<u>Parameter</u> Total Suspended Solids	Sample	<i>Reading</i> 96.0	Known 100	<i>Units</i> mg/L	<i>Recover%</i> 96.0	<i>Limits%</i> 90.0 - 110		<i>File</i> 125264594					

* Out RPD is Relative Percent Difference: abs(r1-r2) / mean(r1,r2) * 100%

Recover% is Recovery Percent: result / known * 100%

 Blank - Method Blank
 (reagent water or other blank matrices that contains all reagents except standard(s) and is processed simultaneously with and under the same

 conditions as samples; carried through preparation and analytical procedures exactly like a sample; monitors); CCV - Continuing Calibration Verification
 (same standard

 used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); ICV - Initial Calibration Verification; LCS Dup Laboratory Control Sample Duplicate
 (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.); LCS - Laboratory

Control Sample (reagent water or other blank matrices that is spiked with a known quantity of target analyte(s) and carried through preparation and analytical procedures exactly like a sample; typically a mid-range concentration; verifies that bias and precision of the analytical process are within control limits; determines usability of the data.)

Udld



Report Page 5 of 8

1 of 3

1 2 3

1066882 CoC Print Group 001 of 001

: 903-984-0551 * Fax: 903-9	53 84-5914	P-UP FEE \$ SUB: ALL CLIENT COCS ON SI ALL CLIENT 2 YES	NGLE NO Te	Sting the Limits of Sc	LAB
HAIN OF (CUSTO	DDYPROJECT	Pr	inted 06/18/2020	Page 1 of 2
Brownsville Navigation Dis Ariel Chavez II	st.	BND1-R BOD	Lab Numbe PO Numbe	т <u>221с1</u> 9 г	<u>۲</u>
1000 Foust Rd. Brownsville, TX 78521-			Phone	•	956/831-4155
		FHWWP Eff Con	пp		
posite poured into Sample bottles. tix : Non-Potable Water	: Date/Time/Tech			F.	
Sample Collection Start	- 40	S	ample Collection Sto	p	
Date: <u>01/19/2073</u>	Time: <u>ΟΥ: Ζ</u>	<u>5 </u>	Date: 0112012	$\frac{7(-5)}{(1-5)} \text{ Time: } \frac{a_{-3}}{a_{-3}} $	<u>.</u>
Sampler Printed Name: 11 Ac	CO H. GUZMCA	S	ampler Printed Name	: <u>11101:00 H. Lavi</u> 2110	man
Sampler Affiliation: 15141)	A 11	S	ampler Affiliation:	Nr All an	
Sampler Signature:	amples Radioactive	Samples Contains Dioxin?	ampler Signature: 777	Nological Hazard?	<u>~</u>
	On Site Test				
1 11 1	UM SHE LESE	1112			
Cl2 Check for CNa Quality Co	ClCk Fi	ield Cl2 Check for CNa			
l Cl2 Check for CNa Quality Co Collected By Date	CICk Fintrol	ield Cl2 Check for CNaAnalyzed By Dat	eTime_		
Collected By Date Results Unit	CICk Fintrol	Analyzed By Dat	e Time Units	C	
I Cl2 Check for CNa Quality Co Collected By Date Results Unit	CICk Fintrol	ield Cl2 Check for CNa Analyzed By Dat C Duplicate	e Time Units	C	
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I Cl2 Check for CNa Quality Co Collected By Date Results Unit I Sulfide Check for CNa Quality Collected By Date Results Unit 1 NELAC Short Hold NELAC	CICk Fintrol CICk Fintrol CICk Fintrol CICk Fintrol CONTROL CO	Analyzed By Dat C Duplicate ield Sulfide Check for CNa C Duplicate Analyzed By Dat C Duplicate tC Duplicate tC Duplicate tochemical Oxygen Demand (BOD5) 'otal Suspended Solids	e Time Units e Time Units SM 5210 B-2011 SM 2540 D-2011	C	
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I Cl2 Check for CNa Quality Co Collected By Data Results Unit I Sulfide Check for CNa Quality Collected By Data Results Unit 1 NELAC Short Hold NELAC 1	ClCk Fintrol ClCk Fintrol ClCk Fintrol ClCk Fintrol Control Co	ield Cl2 Check for CNa	e Time Units e Time Units SM 5210 B-2011 SM 2540 D-2011 SM 2540 D-2011 umber Units RGV Region: 2	C C C C CAS:1026-3 (2.00 days) (7.00 days) (7.00 days) 039 E. Price Rd. Ste. E E	krownsville TX 78521

NELAP-accredited #T104704201-20-17

Report Page 6 of 8

2 of 3

1066882 CoC Print Group 001 of 001

600 Dudle '.O. Box 90)ffice: 903-	y Rd. Kilgo 200 Kilgore 984-0551 '	ore, Texas 75662 , Texas 75663 * Fax: 903-984-5914	ANA LAB Testing the Limits of Science and Service								
CHA	AIN	OF CUSTODY	Printed 06/18/2020 Page 2 of 2								
Brow Ariel FHW 1000 Brow	vnsville Na Chavez II WP Foust Rd. vnsville, TX NELAC Condition	vigation Dist. BND1-R BOD (78521- CNa Cyanide, total	SM 4500-CN ⁻ E-2011 (14.0 days)								
Date	Time	Relinquished	Received								
Silester	15:3-	Printed Name Ambiation Marco A. Gurman BND Signature Mores A. Marco Printed Name Allifaction Signature Allifaction	Printed Name Affiliation Signature SIC Printed Name Affiliation Signature SICOEX								
7/ 2/3	1070	Signature PCDE> Printed Name PCDE> Printed Name Affiliation Signature	Printed Name Athination Signature Printed Name Athination Signature Signature Signature Signature								
Sample Cooler/S	Received (Sample Se	on Ice? γ_{res} N_7 Method of Shipment: Urs cure? γ_{res} N_8 If Shipped: Tracking Number & Temp	Bus FedEx Lone Star Hand Delivered Other See Attached Hand Delivered to Region []								

The accredited column designates accreditation by A - A2LA, N - NELAC, or z - not listed under scope of accreditation. Unless otherwise specified, ANA -LAB shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement (available for download from the welcome page at <htp://www.ara-kb.com>). Am -Lab personnel collect samples as specified by Ana -Lab SOP# (00323.

Comments

See Attached for Tracking # and Teme

RGV Region: 2039 E. Price Rd. Ste. E Brownsville TX 78521



I.DSClient v1.15.23,1928

NELAP-accredited #T104704201-20-17

Report Page 7 of 8

1066882 CoC Print Group 001 of 001



Temp: 13.5 /16.4 C

Therm#: 6205 Corr Eact: -0.1 C

3 of 3

1 2 3



SAMPLE CROSS REFERENCE



	Brownsville Navig Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 7	ation Dist. 8521-	Printed	7/24/2023	Page 1 of 1 FHP	
	Sample ID	Taken	Time		Received	
FHWWP Eff Grab/Weekly		07/19/2023	08:50:00		07/22/2023	
	Method Enterolert Subcontract	Bottle	PrepSet	Preparation 07/19/2023	QcGroup	Analytical 07/19/2023

Email: Kilgore.projectmanager@spl-inc.com



Report Page 1 of 5

Sample 2216207

BND1-R

Brownsville Navigation Dist.
Ariel Chavez II
FHWWP
1000 Foust Rd.
Brownsville, TX 78521-



Summer of the second second	The Science of Sure
_	Page 1 of 1
	Project
	1066889

Printed:

07/24/2023

1

RESULTS

				9	Sample Res	ults						
2216207	FHWWP Eff Gr	ab/Weekl	у	Week	tly Enterococ	cci Samp	ole			Received:	07/22	/2023
Non-Potable Wat	er tracted to City of Corpt	<i>Collecte Taken:</i> us Christi W	ed by: Client 07/19/2023 Vater Utilities Labo	ratory.	Brownsville N 08:50:	lavigati 00			PO:			
Enterolert Subco	ntract		Pr	epared:	07/1	9/2023	14:45:00	Analyzed		07/19/2023	14:45:00	SUE
Parameter Enterococci (RGV Subcontract)		Result See .	s Attached	Units	RL		Flags		CAS CCWU		Bottle

Qualifiers:

We report results on an As Received (or Wet) basis unless marked Dry Weight.

Unless otherwise noted, testing was performed at SPL, Inc.- Kilgore laboratory which holds International, Federal, and state accreditations. Please see our Websites for details.

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of Ana-Lab Corp. Unless otherwise specified, these test results meet the requirements of NELAC.

RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.

U

Trey Peery, MA, Project Manager



Report Page 2 of 5

eyr Rd. Table T. Zibr. 75662 .r.ar. [003 964 - 5914 water utilities Laboratory Carpons Constant IX 7841 Carpons Con	WHITE (ORIGINAL) - Lab Copy	Received By:	Relinguished By:	Received By: Fabran	Relinquished By: Frank Gamez	Received By: Frank Game	Relinquished By:	Received By:	Relinquished By: Macco A. C	6		· dd16007	FHWWP- Eff Grab/Weekly	Sample ID			cc: joel	Send Email report to: projectma	Phone: (903) 984 - 0551	city: Kilgore	Address: 2600 Dudl
Value utitizes Laboratory (City of Sampled Mater utitizes Laboratory (City of Sampled BND1 R=ENT Non President President Compare Netroit Netroit Netroit Nature City of President City of Compare Netroit Netroi	YELLOW – Submitter Copy			Mertiner	II-SPL Inc.	zill-SPL, Inc.	The fing	Manjorg	, MAN				[0]	Lab (J)# (Lab Use taby)	- 	. Guzman	@ana-lab.com	nager@ana-lab.	Fax: (903) 984	State: TX Zip:	ey Rd.
Ware utilities Laboratory Corpus Christian BND1 Fear- interim Sampled Mark None None File		Date	Date	Date	, Date	Date	Date	Date	Date				119/2023	Date Sample	d			com	1 - 5914	75662	
Water Utilities Laboratory (3101 Licepand S. Compus Chright Commonitie Preservative Matrix Residual Commonitie Analyze For Preservative Matrix Residual (Str) 242-9131 Analyze For Preservative Matrix Residual Commonitie Nanyze For Preservative Matrix Residual (Str) 242-9131 Analyze For Preservative None Commonitie Nanyze For Preservative Collorine Collorine Nanyze For Preservative Collorine Collorine Nanyze For Preservative Collorine Collorine Nanyze For Var None Collorine Collorine Var None Collorine Nanyze For Var None Collorine Nanyze For Var None Collorine Nanyze For Var Special Instructions/Comments: Nitrate Nitrate Var Nitrate Nitrate Nitrate Var Nano Phosebory X Var Nano Phosebory X Var Time: Var Phosebory Var Nano Phosebory X Var Time: Var<				: 7-19	7.19	1.14	7/19	7/19	- 1111 CO				08:50	Time Sample	d	R-ENT					
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Water Utilities Laboratory 13101 Leopard St Corpus Chiefsi, TX, 78410 Par: (361) 242-9131 Namx Residual Receiving Temp (C): 7.6 Analyze For Disc. 100 B00 B00		Time:	Time:	Time:	Time: H	Time:	Time: 13	Time: 9	Time: 9				x	H ₂ SO ₄ HNO ₃ Thio		No. of Containers/	Christ	City of	{4 {4		
arer Utilities Laboratory 13101 Leopard St. Corpus Christi, TX 78410 Ph: (361) 826-1200 Fax: (361) 242-9131 Analyze For Chonine Residual angle Cabon Chonine Supple Cabon BOD Supple Cabon BOD Supple Cabon BOD Supple Cabon BOD Supple Cabon BOD Supple Cabon BOD Supple Analyze For Cabon BOD Supple BOD Supple BOD Total Alkalinity Total Akalinity Total Akalinity Total Akalinity Total Colliform Fecal Colliform Total Colliform Fecal Colliform Total Colliform Cabonal Flag(s): Bot Occuber ID: Bot Occuber ID; #		0	R	25 s	2	1.00	00	11 0	.// S				×	WW Influen WW Effluent Water	t t	Matrix					ž
Laboratory II, LX opart St. IX, TX opart	emp. Device ID:	orrected Temp (eceiving Temp (ample(s) on ice:				ther* -	pecial Instr				3.7	Other-Spec	ify Total	Residual Chlorine		Fax: (36)	Corpus Christ Ph: (36	auer Ourres 13101	afor fillflag
Data Flag(s): Data Flag(s): The boratory Use Only **** Analyze Tor Rev October 20, 2017 Line(s) ** Total Alkalinity Image: Strate of the strate	α	° <u>c):</u> 2 . €	°C: 7,6	NES NO	•••• Fol				uctions/Co					CBOD BOD TSS TDS) 242-9131) 826-1200	Leopard St.	aboratori
Similar Sulfate NO Line (5) #. Line (5) #. Similar Total Alkalinity Total Colliform Total Colliform Total Colliform Total Colliform Kentopic		Data Flag	pH < 2?	pH Strip Lo	r Laboratory				mments:		 			Ammonia-N TKN Chloride						Ner	
Image: Set of the set of th	Rev. Octobe	(s):	YES NO	N ID	Use Only **									Sulfate Phosphorus Nitrate	 s	Analyze Fo		Ser of			ACON
Total Coliform Enterococci E. coli	ir 20, 2017		Line(s) #:		Ŧ									Total Alkali TOC Fecal Colife	<u>nity</u>	7					
													X	Total Colifo Enterococc E. coli	1.						

1066889 CoC Print Group 001 of 001

1 of 3

Client Name:

Ana-Lab Corp.

CHAIN OF CUSTODY RECORD

Report Page 3 of 5
1066889 CoC Print Group 001 of 001

	 Quality assurance data for the sample batch which included this sample. Precision (PREC) is the absolute value of the relative percant difference between duplicate resi Recovery (RECOV) is the percent of analyte recovered from a spiked sample. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte. Data Qualifiers: N=Analysis not performed as per client request. H=Sample acceptance limit of Quantitation (LOQ) of the analytical meth Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded hed acceptance limit or Standard failed. U=Unsuitable; sample turned turbid after incubation.	Technical Director (or designee)	M. M. C.	Respectfully Submitted,	This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclose otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's without the written consent of the City of Corpus Christi-Water Utilities Lab.	Sample Comments:	Enterococci <1.0 MPN 1 7/19/23 14:45	Parameter Result Unit Flag RL 5 Date/Time	Phone: EMAIL: projectmanager@ans	Client Info Ana-Lab Corp P.O. Box 9000 Kilgore, TX 75663	Corpus Christi Water Department Water Department 361-826-1200 Fax: 361-242-9131
	Its . d. sis is from an unpreserved sample. J=Va LA=Lab accident. LE=Lab error. OA=C nrice. EQ=Equipment failure Leinform formed by an outside NELAC accredited la por more determinations R=Reagent wa lowable oxygen depletion. D=Sample d Ne QC data assigned to sample; sample r Ne QC data assigned to sample and is calculated for t ated less than value and is calculated for t ated less than value and is calculated for t stimate.				d results reflect only the sample(s) identif QA/QC program. No part of this report st		Enterolert MONIC	Method Analy	-lab.com	Report# /Lab ID Sample Name: Date Received: Date Sampled:	Analytical Report
Page 5 (/alue reported is less than the RL but greater than the MDL. mation on sample bottle and COC does not match. Tab: O^=Analysis flagged by outside laboratory. rater contamination suspected. B=Sample broken in transit. dilution required for analysis/ quality control. the dilution containing the greatest concentration of sample. r the dilution containing the least concentration of sample.				ified above. The results have been carefully reviewed and, unless shall be reproduced or transmitted in any form or by any means			Analysis Comments		D#: AC15515 Report Date: //21/23 : FHWWP-EFF GRAB/WEEKLY :: 07/19/2023 Time: 14:25 : 07/19/2023 Time: 08:50	

City: Phone: Address: Client Name: Send Email report to:___ Sampler, PLEASE PRINTY March A. Cauzman FHWWP- Eff Grab/Weekly Relinquished By: Marco A. Gurman WHITE (DRIGINAL) - LAB COPY Relinquished By: Frank Gamez III - SPL. Inc. Relinquished By Relinquished By: (903) 984 - 0551 Received By: Received By: Received By: Received By Kilgore Sample ID 2600 Dudley Rd. projectmanager@ana-lab.com cc: joel@ana-lab.com Labilin Ana-Lab Corp. Frenk Gamez III - SPL, Inc. _____State: <u>TX</u>_Zip: <u>75662</u> _____Fax: <u>(903) 984 - 5914</u> AUSSIS Mertine 1 rELLOW – Submitter Copy 10m Lab ID# *(Lab Use Unity)* 07:191701308:50 Date Sampled Date: Date: 7/19/23 Date: Date: Date: 07/19/1073 Date: Date Date Time BND1 R-ENT Sampled CHAIN OF CUSTODY RECORD フットク・フフ 7. 1922 5 14 .14-23 Х Grab 7 Composite Ś Other H₂SO₄ No. of Containers/ Preservative City of Christi Time: Time: 12:00 Time: Time: Time: Time: Time: Time: HNO3 X Thio H:25 11.6 9:11 00.21 1425 None WW Influent WW Effluent Matrix Х **Water Utilities Laboratory** 13101 Leopard St. Corpus Christi, TX 78410 Ph: (361) 826-1200 Fax: (361) 242-9131 Water Other • Special Instructions/Comments: Sample(s) on ice: Receiving Temp (°C): Z. 6 Corrected Temp (°C): Other -Specify Temp. Device ID: Residual Chlorine 3 free mg/L Total mg/L 1 CBOD MES NO BOD 2 ---- For $\overline{\omega}$ TSS 0 TDS Ammonia-N Laboratory Use Only ***** pH Strip LoV ID: Data Flag(s) pH < 2? YES TKN Chloride Analyze For Sulfate Phosphorus Rev. October 20, 201 NO Nitrate Nitrite Line(s) #: Total Alkalinity TOC Fecal Coliform Total Coliform X Enterococci E. coll Other*

Page 6 of 8

Report Page 5 of 5

3 of 3

1



SAMPLE CROSS REFERENCE



		Brownsville Navigation Dist Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-			Printed	7/26/2023	Page 1 of 1 FHF
Sample	Sample ID		Taken	Time		Received	
2216242	FHWWP Eff Grab		07/20/2023	09:30:00		07/22/2023	
Bottle 01 H2S	O4 to pH <2 Glass Qt w/Te	flon lined lid					
	Method		Bottle	PrepSet	Preparation	QcGroup	Analytical
	EPA 1664B (HE	M)	01	1073487	07/26/2023	1073487	07/26/2023

Email: Kilgore.projectmanager@spl-inc.com



Report Page 1 of 6

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



Page 1 of 2
Project
1066907

Printed:

07/26/2023

1

RESULTS

				Sample	Resu	lts						
2216242	FHWWP Eff Gra	b								Received:	07/22	2/2023
Non-Potable Wate	er	Collected by Taken: 07	: Client /20/2023	Browns	ville Na 09:30:0	vigati 0			PO:			
EPA 1664B (HEN	M)		Prepared:	1073487	07/26	[/2023	08:35:00	Analyzed	1073487	07/26/2023	08:35:00	BJE
Parameter			Results	U	nits ~/T	<i>RL</i>		Flag	5	CAS		Bottle
ELAC OIL and Greas	se (HEM)		<4.30	ample P	yL ropar	4.30						01
			5	ampier	ера	ation						
2216242	FHWWP Eff Gra	b								Received:	07/22	2/2023
		07	/20/2023									
			Prepared:		07/24	/2023	10:34:43	Calculated	1	07/24/2023	10:34:43	CA
Environmenta	al Fee (per Project)		Verified									
Qualifiers:												
We report results on a	an As Received (or Wet) bas	is unless marked	Dry Weight.									
Unless otherwise note	ed, testing was performed a	t SPL, Inc Kilgo	re laboratory which hold	ls Internation	al, Feder	al, and sta	ate					
accreditations. Please These analytical result	e see our Websites for detai ts relate to the sample teste	ils. ed. This report m	ay NOT be reproduced E	EXCEPT in FU	LL with	out writter	n approval of					
Ana-Lab Corp. Unless	s otherwise specified, these	test results meet	the requirements of NE	ELAC.								
RL is the Reporting Lir	mit (sample specific quantit	tation limit) and is	at or above the Method	d Detection L	imit (MD	L). CAS is	Chemical					
Detection Limit (IDL).	Method Detection Limit (N	Inc, or Minimum (MDL), and Practic	al Quantitation Level. The	RL takes into QL), and any	dilutions	and/or co	ncentrations					

Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.



Report Page 2 of 6

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



Bill Peery, MS, VP Technical Services



1



07/26/2023

Printed:

Report Page 3 of 6

B

Brownsvill Ariel Chav FHWWP 1000 Fous Brownsvil

Parameter

Parameter

Parameter

Parameter

Oil and Grease (HEM)

Oil and Grease (HEM) Oil and Grease (HEM)

Oil and Grease (HEM)

The Science of Sure

2

					Page 1 of 1							
In the second se	Dist.			t)7								
rownsville, IX 78521-								I IIIIteu	07/20/202	-5		
Analytical Set	1073487								EP	A 1664	B (HEM)	
				В	lank							
	PrepSet	Reading	MDL	MQL	Units			File				
HEM)	1073487	ND	0.804	4.00	mg/L			125238484				
				Con	trolBlk							
	PrepSet	Reading	MDL	MQL	Units			File				
HEM)	1073487	0			grams			125238483				
HEM)	1073487	-0.0003			grams			125238508				
				LC	S Dup							
	PrepSet	LCS	LCSD		Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%	

78.0 - 114

Limits

78.0 - 114

89.5

MS%

84.5

Oil and Grease (HEM) 2216138 44.0 0 10.2 40.0

1073487

Sample

* Out RPD is Relative Percent Difference: abs(r1-r2) / mean(r1,r2) * 100%

35.8

MS

36.4

MSD

Recover% is Recovery Percent: result / known * 100%

mg/L

Units

mg/L

1.66

RPD

20.0

Limit%

20.0

91.0

MSD%

Blank - Method Blank (reagent water or other blank matrices that contains all reagents except standard(s) and is processed simultaneously with and under the same

conditions as samples; carried through preparation and analytical procedures exactly like a sample; monitors); MS - Matrix Spike (same solution and amount of target (replicate LCS; analyzed analyte added to the LCS is added to a second aliquot of sample; quantifies matrix bias.); LCS Dup - Laboratory Control Sample Duplicate

40.0

Known

MS

UNK

when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.)

Report Page 4 of 6

1 2 3

1066907 CoC Print Group 001 of 001

:600 Dudley Rd. Kilgore, Texas 75662 9.0. Box 9000 Kilgore, Texas 75663 Office: 903-984-0551 * Fax: 903-984-5914	P-UP FEE S			
CHAIN OF CUSTOD	Y PROJECT? YES	NC Prin	1ted 06/18/2020	Page 1 of 1
Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-	BND1-R FHP	Lab Number PO Number Phone	2716	<u>942</u> 956/831-4155
	FHWWP Eff Gra	ıb	I	
Maurix : Nen-Potable Water Sample Collection Start Date: 07/20/2013 Time: 9.30 Sampler Printed Name: Marco A. Gun.on Sampler Affiliation: 0.ND Sampler Signature: Muran A. Marco Samples Radioactive? 1 1 H2SO4 to pH <2 0 NELAC HEM Oil and G	Samples Contains Dioxin? GlQt w/Tef-lined lid irease (HEM)	Samples Bio EPA 1664B (HEM)	ological Hazard?	·
Ambient Conditions/Comments Date Time Relinquished	T		Referred	<i>a</i>
D7/2012 5-30 Printed Name Marco A. Gurmon Signaly Printed Name Printed Name	Alfiliation P SND S Alfiliation P	rinted Name		iliation VC Illiation
1 1 Signature 1 Printed Name 1 Signature	Affiliation P	ignature	ATT	liffation
23 Printed Name	Affiliation P	rinted Name	Ali Ali	liliation
Signature	S	ignature		
Sample Received on Ice? Vestor No Method of It Shipped Cooler/Sample Secure? Fres No If Shipped The accredited column designates accreditation by A - A2LA, N - I provide these ordered services pursuant to our Standard Terms & Clara - Lab personnel collect samples as specified by Ana - Lab SOP# No	of Shipment: : Tracking Number & Temp - See NELAC, or z - not listed under scop onditions Agreement (available for 00023.	Bus Heredia I. Attached Hand e of accreditation. Unless download from the welco.	one Star Hand Deliv Delivered to Region otherwise specified, ANA me page at <http: td="" www.au<=""><td>vered [] Other a []] -LAB shall ra-lab .com>).</td></http:>	vered [] Other a []] -LAB shall ra-lab .com>).

Comments



RGV Region: 2039 E. Price Rd. Ste. E Brownsville TX 78521



See Attached for Tracking # and Temp

Report Page 5 of 6

NELAP-accredited #T104704201-20-17

1066907 CoC Print Group 001 of 001



7/2 3 25 Date Time ech Temp: _ C, 📞 / 0 С

Therm#: 6205 Corr Fact: -0.1 C

2 of 2

1 2 3



SAMPLE CROSS REFERENCE



07/26/2023

		Brownsville Navigation Dist Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-	Printed	8/18/2023	Page 1 of 1 FHP		
Sample	Sample ID		Taken	Time		Received	
2217121	FHWWP Eff Grab		07/25/2023	08:40:00		07/26/2023	
Bottle 01 H2SO	04 to pH <2 Glass Qt w/T€	flon lined lid					
	<mark>Method</mark> EPA 1664B (HE	M)	Bottle 01	PrepSet 1073887	Preparation 08/01/2023	QcGroup 1073887	Analytical 08/01/2023
Sample	Sample ID		Taken	Time		Received	

08:55:00

Bottle 01 Polyethylene 1/2 gal (White)

Sample 2217122

Bottle 02 NaOH to pH >12 Polyethylene 250 mL/amber

FHWWP Eff Comp

Bottle 03 BOD Titration Beaker A (Batch 1074099) Volume: 100.00000 mL <== Derived from 01 (100 ml)

Bottle 04 BOD Analytical Beaker B (Batch 1074099) Volume: 100.00000 mL <== Derived from 01 (100 ml)

Bottle 05 Prepared Bottle: CN TRAACS Autosampler Vial (Batch 1074406) Volume: 10.00000 mL <== Derived from 02 (5 ml)

07/25/2023

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
SM 5210 B-2016	01	1074099	08/01/2023	1074099	08/01/2023
SM 4500-CN ⁻ E-2016	05	1074406	07/28/2023	1074680	07/31/2023
SM 2540 D-2015	01	1074675	07/27/2023	1074675	07/27/2023

Email: Kilgore.projectmanager@spl-inc.com



BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



Page 1 of
Project
1067279

Printed:

08/18/2023

1

RESULTS

					Sample	Res	ults						
	2217121 F	HWWP Eff Gr	ab								Received:	07/26	5/2023
ľ	Non-Potable Water		Collecte Taken:	<i>d by:</i> Client 07/25/2023	Brownsy	ville N 08:40:	lavigati :00			PO:			
	EPA 1664B (HEM)			Prepared:	1073887	08/0	01/2023	09:30:00	Analyzed	1073887	08/01/2023	09:30:00	RRF
	Parameter			Results	U	nits	RL		Flags		CAS		Bottle
NELAC	Oil and Grease (H	IEM)		<4.55	m	g/L	4.55						01
	2217122 F	HWWP Eff Co	mp	CO	MP: 07/24	4 085	55 - 07/25	5 0855			Received:	07/26	5/2023
١	Non-Potable Water		Collecte	d by: Client	Brownsy	ville N	lavigati			PO:			
(Composite Stop 08:55	5 7/25/23	Taken:	07/25/2023		08:55:	:00						
-	SM 2540 D-2015			Prepared:	1074675	07/2	27/2023	09:10:00	Analyzed	1074675	07/27/2023	09:10:00	LR3
	Parameter			Results	U	nits	RL		Flags		CAS		Bottle
NELAC	Total Suspended	Solids		4.30	m	g/L	2.00						01
5	SM 4500-CN ⁻ E-201	6		Prepared:	1074406	07/2	28/2023	10:36:56	Analyzed	1074680	07/31/2023	08:07:00	AME
	Parameter			Results	U	nits	RL		Flags		CAS		Bottle
NELAC	Cyanide, total			<0.005	m	g/L	0.005						05
2	SM 5210 B-2016			Prepared:	1074099	07/2	27/2023		Analyzed	1074099	08/01/2023	12:54:20	JW1
	Parameter			Results	U	nits	RL		Flags		CAS		Bottle
NELAC	Biochemical Oxy	gen Demand (BOD	5)	2.35	m	g/L	2.00		В		1026-3		01

Sample Preparation



Report Page 2 of 11



1

		BND1-R								Page 2 of 3	3
		Brownsville Navigation D Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-	ist.					Printed:	Proj 106' ^{08/}	ect 7279	
_	2217122	FHWWP Eff Comp	CON	MP: 07/24	4 0855 - 07/2	25 0855			Received:	07/26/	/2023
(Composite Stop 08	3:55 7/25/23	07/25/2023								
			Prepared:		07/27/2023	10:47:37	Calculated	1	07/27/2023	10:47:37	CAL
	Environmental	Fee (per Project)	Verified								
1	SM 2540 D-2011		Prepared:	1073743	07/27/2023	09:10:00	Analyzed	1073743	07/27/2023	09:10:00	LR3
LAC	TSS Set Starte	đ	Started								
1	SM 4500-CN ⁻ C-2	2016	Prepared:	1074406	07/28/2023	10:36:56	Analyzed	1074406	07/28/2023	10:36:56	REI
LAC	Cyanide Distil	lation	10/5	ml	l						02
1	SM 5210 B-2016		Prepared:	1074099	07/27/2023		Analyzed	1074099	07/27/2023	06:04:51	JW1
LAC	BOD Set Start	ed	Started								

Qualifiers:

NE

NE

NE

B - Analyte detected in the associated method blank

We report results on an As Received (or Wet) basis unless marked Dry Weight.

Unless otherwise noted, testing was performed at SPL, Inc.- Kilgore laboratory which holds International, Federal, and state accreditations. Please see our Websites for details.

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAC.

RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.



Report Page 3 of 11

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



Bill Peery, MS, VP Technical Services





Printed:

08/18/2023

1



Report Page 4 of 11

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-

Analytical Set	1074099							SI	A 5210 B-2016
				В	lank				
Parameter	PrepSet	Reading	MDL	MQL	Units		File		
Biochemical Oxygen Demand (BOD5)	1074099	0.2	0.200	0.500	mg/L		1252574	93	
Biochemical Oxygen Demand (BOD5)	1074099	0.3	0.200	0.500	mg/L	*	12525754	43	
Biochemical Oxygen Demand (BOD5)	1074099	0.3	0.200	0.500	mg/L	*	1252575	93	
				Dup	olicate				
Parameter	Sample		Result	Unknown	1	Un	nit	RPD	Limit%
Biochemical Oxygen Demand (BOD5)	2216987		6.13	5.97		mg	/L	2.64	30.0
Biochemical Oxygen Demand (BOD5)	2217004		726	698		mg	/L	3.93	30.0
Biochemical Oxygen Demand (BOD5)	2217047		117	41.0		mg	/L	96.2	* 30.0
Biochemical Oxygen Demand (BOD5)	2217266		2.63	2.15		mg	/L	20.1	30.0
Biochemical Oxygen Demand (BOD5)	2217301		5.84	5.68		mg	/L	2.78	30.0
Biochemical Oxygen Demand (BOD5)	2217376		294	379		mg	/L	25.3	30.0
				See	d Drop	U			
Parameter	PrenSet	Reading	MDL	MOL	Units		File		
Biochemical Oxygen Demand (BOD5)	1074099	1.32	0.200	0.500	mg/L		1252574	95	
Biochemical Oxygen Demand (BOD5)	1074099	1.12	0.200	0.500	mg/L		1252575	45	
Biochemical Oxygen Demand (BOD5)	1074099	1.31	0.200	0.500	mg/L		1252575	95	
				Sta	ndard				
Daramatar	Sample	Pending	Known	Unite	Pacovar0/	Limite0/	File		
Biochemical Oxygen Demand (BOD5)	Sample	210	108	ma/T	111	83.7 - 116	1252574	96	
Biochemical Oxygen Demand (BOD5)		213	190	mg/L mg/I	115	83.7 - 116	1252575	3 0 46	
Biochemical Oxygen Demand (BOD5)		220	100	mg/L mg/I	113	83.7 - 116	1252575	40 96	
Bioenennear Oxygen Demand (BOD5)			170	шg/L	117	85.7 - 110	1252575.		
Analytical Set	1074680			D	امماد			SM 450	0-CN E-2016
_				в	lank				
Parameter	PrepSet	Reading	MDL	MQL	Units		File	a <i>c</i>	
Cyanide, total	1074406	ND	0.00119	0.0025	mg/L		1252/27.	35	
				Ĺ					
Parameter		Reading	Known	Units	Recover%	Limits%	File		
Cyanide, total		0.532	0.500	mg/L	106	90.0 - 110	1252727	34	
Cyanide, total		0.532	0.500	mg/L	106	90.0 - 110	1252854	74	
Cyanide, total		0.531	0.500	mg/L	106	90.0 - 110	1252854	75	
Cyanide, total		0.536	0.500	mg/L	107	90.0 - 110	1252727	38	
Cyanide, total		0.544	0.500	mg/L	109	90.0 - 110	1252727-	49	
Cyanide, total		0.547	0.500	mg/L	109	90.0 - 110	1252727	60	
Uyanide, total		0.547	0.500	mg/L ~	109	90.0 - 110	1252727	64 ~ 7	
Uyanide, total		0.546	0.500	mg/L ~	109	90.0 - 110	1252727	60	
Uyanide, total		0.545	0.500	mg/L ~	109	90.0 - 110	1252727	66	
Uyanide, total		0.538	0.500	mg/L	108	90.0 - 110	1252727	68	
				Dup	olicate				
Parameter	Sample		Result	Unknown	1	Un	nit	RPD	Limit%



Report Page 5 of 11



Project

1067279

Printed 08/18/2023

Page 1 of 3

1 2

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



Page 2 of 3

Project 1067279

Printed 08/18/2023

				Dup	licate						
<u>Parameter</u> Cyanide, total Cyanide. total	<i>Sample</i> 2216438 2216542		<i>Result</i> 0.0126 0.0034	<i>Unknown</i> 0.0142 0.004			<i>Unit</i> mg/L mg/L		<i>RPD</i> 11.9 16.2		<i>Limit%</i> 20.0 20.0
				I	cv		0				
<u>Parameter</u> Cyanide, total		<i>Reading</i> 0.216	<u>Known</u> 0.200	<i>Units</i> mg/L	<i>Recover%</i> 108	<i>Limits%</i> 90.0 - 110		<i>File</i> 125272733			
				LCS	5 Dup						
<u>Parameter</u> Cvanide, total	<i>PrepSet</i> 1074406	<i>LCS</i> 0.208	<i>LCSD</i> 0.209		<i>Known</i> 0.200	<i>Limits%</i> 90.0 - 110	<i>LCS%</i> 104	<i>LCSD%</i> 104	<i>Units</i> mg/L	<i>RPD</i> 0.480	<i>Limit%</i> 20.0
				Mat.	Spike				8		
<u>Parameter</u> Cyanide, total Cyanide, total	<i>Sample</i> 2216438 2216542	<i>Spike</i> 0.399 0.426	<i>Unknown</i> 0.0142 0.004	<i>Known</i> 0.400 0.400	<i>Units</i> mg/L mg/L	<i>Recovery %</i> 96.2 106	5 <i>Limits %</i> 90.0 - 110 90.0 - 110	<i>File</i> 125272741 125272744			
Analytical Set	1073887								EP	A 1664	B (HEM)
				Bl	ank						
<u>Parameter</u> Oil and Grease (HEM)	PrepSet 1073887	<i>Reading</i> ND	<i>MDL</i> 0.804	MQL 4.00 Cont	<i>Units</i> mg/L rolBlk			<i>File</i> 125251051			
<u>Parameter</u> Oil and Grease (HEM) Oil and Grease (HEM)	<i>PrepSet</i> 1073887 1073887	<i>Reading</i> -0.0004 -0.0005	MDL	MQL	Units grams grams			<i>File</i> 125251050 125251075			
				LCS	5 Dup						
<u>Parameter</u> Oil and Grease (HEM)	<i>PrepSet</i> 1073887	<i>LCS</i> 37.2	<i>LCSD</i> 35.3		Known 40.0	<i>Limits%</i> 78.0 - 114	<i>LCS%</i> 93.0	<i>LCSD%</i> 88.2	<i>Units</i> mg/L	<i>RPD</i> 5.24	<i>Limit%</i> 20.0
				Ν	MS						
<u>Parameter</u> Oil and Grease (HEM)	<i>Sample</i> 2215795	MS 30.3	MSD 0	<i>UNK</i> 6.02	<u>Known</u> 40.0	<i>Limits</i> 78.0 - 114	<i>MS%</i> 60.7 *	MSD%	<i>Units</i> mg/L	RPD	<i>Limit%</i> 20.0
Analytical Set	1074675								1	SM 254	0 D-2015
				BI	ank						
<u>Parameter</u> Total Suspended Solids	PrepSet 1074675	<i>Reading</i> ND	<i>MDL</i> 2	MQL 2	Units mg/L			<i>File</i> 125272609			
Devenuetor	DronCot	Dooding	MDI	MOL	Inita			File			
Total Suspended Solids	1074675	-0.0002	MDL	MQL	grams			125272608			
				Dup	licate						
<u>Parameter</u> Total Suspended Solids Total Suspended Solids	<i>Sample</i> 2217004 2217006		<i>Result</i> 34.0 15100	Unknown 35.5 15400			<i>Unit</i> mg/L mg/L		<i>RPD</i> 4.32 1.97		<i>Limit%</i> 20.0 20.0



Report Page 6 of 11

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



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2

Page 3 of 3 *Project* 1067279

Printed 08/18/2023

Duplicate										
Parameter	Sample		Result	Unknown			Unit		RPD	Limit%
Total Suspended Solids	2217011		760	780			mg/L		2.60	20.0
LCS										
Parameter	PrepSet	Reading		Known	Units	Recover%	Limits	File		
Total Suspended Solids	1074675	49.0		50.0	mg/L	98.0	90.0 - 110	125272642		
				Star	ndard					
Parameter	Sample	Reading	Known	Units	Recover%	Limits%		File		
Total Suspended Solids		98.0	100	mg/L	98.0	90.0 - 110		125272641		

* Out RPD is Relative Percent Difference: abs(r1-r2) / mean(r1,r2) * 100%

Recover% is Recovery Percent: result / known * 100%

Blank - Method Blank (reagent water or other blank matrices that contains all reagents except standard(s) and is processed simultaneously with and under the same conditions as samples; carried through preparation and analytical procedures exactly like a sample; monitors); MS - Matrix Spike (same solution and amount of target analyte added to the LCS is added to a second aliquot of sample; quantifies matrix bias.); LCS Dup - Laboratory Control Sample Duplicate (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.); LCS - Laboratory Control Sample (reagent water or other blank matrices that is spiked with a known quantity of target analyte(s) and carried through preparation and analytical procedures exactly like a sample; typically a mid-range concentration; verifies that bias and precision of the analytical process are within control limits; determines usability of the data.); CCV - Continuing Calibration Verification (same

standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); ICV - Initial Calibration Verification



Report Page 7 of 11

1 2 3

1067279 CoC Print Group 001 of 001

:600 Dudley Rd. Kilgore, ⁷ .0. Box 9000 Kilgore, Te ⁷ .051 Solution ⁷ .051 Sol	Texas 75662 exas 75663 ex: 903-984-5914 FCIISTODV	P-UP FEE \$_0 ~ SUB: ALL CLIENT COCs PROJECT? YE	D TT DN SINGLE S NO	Testing the Limits of S Printed 06/18/2020	cience and Service
Brownsville Navig Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78	ation Dist.	BND1-R FHP	Lab Na PO Nu Phone	mber <u>221712</u>	956/831-4155
	FH	IWWP Eff Gr	ab		
Matrix : Nen-Polable Water Sample Collection S Date: <u>07/25/20</u> Sampler Printed Na Sampler Affiliation Sampler Signature: <u>NELAC</u>	Start Time: 0840 me: Marco A. Gurun BMD Mar A. Mar Samples Radioactive? [] 1 H2SO4 to pH <2 GlQt HEM Oil and Grease (- Samples Contains Dioxin w/Tef-lined lid HEM)	2 Sam EPA 1664B	ples Biological Hazard?	
Date Time	Relinquished	· · · · · · · · · · · · · · · · · · ·		Received	
311 ^{12/12/23} (5.30 5 7.25.73 1730 5	rinted Name Allin ignature rinted Name Jalmo Salinas - SPI ignature Oprice	iation i BND · iation · Loc. ·	Printed Name Signature (Printed Name	Janne Salines · SPL Lanne Salinia (FED EX	A/IIIiation
diller off s	rinted Name FED EX	iation .	Printed Name Signature Printed Name Signature	Jenniler Garrett SPL, Inc	A Miliation
Sample Received on Cooler/Sample Secur The accredited column desi provide these ordered servi Ara -Lab personnel collect :	Ice? Yes Nb Method of Sh e? Yes Nb If Shipped: Track gnates accreditation by A - A2LA, N - NELAC ces pursuant to our Standard Terms & Conditio samples as specified by Ana -Lab SOP#000023	ipment: [] UPS [] king Number & Temp - Se C, or z - not listed under sco ms Agreement (available fo 3.	Bus FedEx e Attached oe of accreditation r download from th	E Lonc Star Hand D Hand Delivered to Reg Unless otherwise specified. At www.	elivered Other ion [] Other ×A -LAB shall v.ana-kab.com>).

Comments

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RGV Region: 2039 E. Price Rd. Ste. E Brownsville TX 78521



1.DSClient v1.15.23.1928

NELAP-accredited #T104704201-20-17

Report Page 8 of 11

1067279 CoC Print Group 001 of 001

600 Dudley Rd. Kilgore, Texas 75662 ⁹ O. Box 9000 Kilgore, Texas 75663 ⁹ Office: 903-984-0551 * Fax: 903-984-5914 CHAIN OF CUSTONV	P-UP FEE \$ 0 -0 SUR: ALL CLIENT COCS ON S	IT Testing the	Limits of Science a	AB nd Service
Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-	BND1-R BOD	Lab Number 22 PO Number Phone	21 [,] 7-122 956	/831-4155
FH	IWWP Eff Comp		en de la companya de	
Composite poured into Sample bottles: Date/Time/Tech Matrix : Non-Potable Water Sample Collection Start Date: 07/24/2023Time: 08:55 Sampler Printed Name: Marco A. Cruzanan Sampler Affiliation: BND Sampler Signature: Marco A. Cruzanan Sampler Signature: Sampler Signature: Signature: Sampler Signature: Sampler Signature: Sampler Signature: Sampler Signature: Sampler Signature: Sampler Signature: Signature: Sampler Signature: Signature: Signature: Sampler Signature: Signatu	Samp Date: Samp Samp Samples Contains Dioxin? ck for CNa	ble Collection Stop D7/2-5/2023 bler Printed Name: Marce bler Affiliation: BND bler Signature: Marce Samples Biological	Time: 08:55 A. Gurmin J. Mac Hazard?	
		Time		
ResultsUnitsTemp	_C Duplicate	Units Temp	c	
S2Ck Field Sulfide C	Check for CNa			
Field Sulfide Check for CNa Quality Control				
Collected By Date Time	Analyzed By Date	Time		
ResultsTemp	_C Duplicate	Units Temp	c	
I Polyethylene 1/2 gal NELAC Short Hold BOD Biochemical C NELAC TSS Total Suspender	(White) Dxygen Demand (BOD5) led Solids	SM 5210 B-2011 CAS:1026 SM 2540 D-2011 (7.00 days	-3 (2.00 days))	
1 NaOH to pH >12 Po	lyethylene 250 mL/am	ber		
	8	RGV Region: 2039 E. Pri	ce Rd. Ste. E Brownsvil	Report Pa

NELAP-accredited #T104704201-20-17

Report Page 9 of 11

Form rptcoc IN Created 12/13/2019 v1.6

1067279 CoC Print Group 001 of 001

600 Dudley Rd. Kilgore, Texas 75662 .O. Box 9000 Kilgore, Texas 75663)ffice: 903-984-0551 * Fax: 903-984-5914 Testing the Limits of Science and Service **CHAIN OF CUSTODY** Printed 06/18/2020 Page 2 of 2 BND1-R Brownsville Navigation Dist. Ariel Chavez II BOD FHWWP 1000 Foust Rd. Brownsville, TX 78521-NELAĊ CNa Cyanide, total SM 4500-CN E-2011 (14.0 days) Ambient Conditions/Comments Time Relinquished Received Date Printed Name Alliliation $A\theta$ 01251202 BIND Jeime Salinas - SPL, Inc. Marco A 15³⁰ $\overline{}$ Signature Salina 21mle Affiliation Printed Name Jaime Sainas - SPL, inc. Printed Nam Fed Er 1730 7-25-23 6 Signature Signature ame Palina Jennifer Garrett SPL, Inc. Inc. Affiliation rint inted Nam Aler Fed & Signature Signa Affiliation Alliliation Printed Name Signature Signature Hand Delivered FedEx Lone Star Other Yes Yes Method of Shipment: UPS Bus Sample Received on Ice? Π No Hand Delivered to Region 🗗 Cooler/Sample Secure? **∏** № If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NELAC, or z - not listed under scope of accreditation. Unless otherwise specified, ANA - LAB shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement (available for download from the welcome page at < http://www.ava-lab.com>). Ava - Lab personnel collect samples as specified by Ava - Lab SOP # 000323.

Comments

I.DSClient v1.15.23.1928



RGV Region: 2039 E. Price Rd. Ste. E Brownsville TX 78521



Report Page 10 of 11

1067279 CoC Print Group 001 of 001



1 2 3

4 of 4

SAMPLE CROSS REFERENCE



Project 1067481

Brownsville Navig Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78	ation Dist. 8521-		Printed	8/18/2023	Page 1 of 1 FHP
Sample ID	Taken	Time		Received	
FHWWP Eff Grab/Weekly	07/26/2023	08:50:00		07/27/2023	
Method Enterolert Subcontract	Bottle	PrepSet	Preparation 07/26/2023	QcGroup	Analytical 07/26/2023

Email: Kilgore.projectmanager@spl-inc.com



Report Page 1 of 5

Sample 2217547

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



Page 1 of 1
Project
1067481

Printed:

08/18/2023

1

RESULTS

				9	Sample Res	ults						
2217547	FHWWP Eff Gr	ab/Week	ly	Week	ly Enterocod	cci Samp	ole			Received:	07/27	/2023
Non-Potable Water Collected by:			ed by: Client		Brownsville N	avigati			PO:			
		Taken:	07/26/2023		08:50:	00						
Enterococci subcon	tracted to City of Corp	us Christi V	Vater Utilities Lab	oratory.								
Enterolert Subcon	ntract		P	repared:	07/2	26/2023	14:45:00	Analyzed		07/26/2023	14:45:00	SUE
Parameter			Resul	ts	Units	RL		Flags		CAS		Bottle
Enterococci (RGV Subcontract)		See	Attached						CCWU		

Qualifiers:

We report results on an As Received (or Wet) basis unless marked Dry Weight.

Unless otherwise noted, testing was performed at SPL, Inc.- Kilgore laboratory which holds International, Federal, and state accreditations. Please see our Websites for details.

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAC.

RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.

Bill Peery, MS, VP Technical Services



Report Page 2 of 5

City: Address: Client Name: Send Email report to: __ Phone: WHITE (ORIGINAL) - Lab Copy Sampler, (PLEASE PRINT) FHWWP- Eff Grab/Weekly Relinquished By: Mare A. Gurman Relinquished By: Relinguished By: Relinquished By: Frank Gamez III - SPL. Inc. Received By: Received By: Frank Gamez III - SPL, Inc. Received By: Received By Finne (903) 984 - 0551 Kilgore Sample ID 2600 Dudley Rd. projectmanager@ana-lab.com cc: joel@ana-lab.com 22/7547 Ana-Lab Corp. _Fax: (903) 984 - 5914 _State: TX Zip: _ YELLOW – Submitter Copy Lab ID# *(Lat tise thely)* Ľ 07/24/202 08:50 75662 Date Sampled Date: Date: Date: Date: Date: Date: Date: 7.26.25 Date: 07/26/2023 Time 7.26.20 BND1 R-ENT Sampled 126/23 CHAIN OF CUSTODY RECORD Ş Х Grab Composite Other No. of Containers/ Preservative H₂SO Time: 9:35 Time: 1340 Time: 1340 Time: 9135 Time: Time: Time: Time: City of Christi HNO₃ X Thio None WW Influent Х Matrix WW Effluent **Water Utilities Laboratory** 13101 Leopard St. Corpus Christi, TX 78410 Ph: (361) 826-1200 Fax: (361) 242-9131 Water Other * -Corrected Temp (°C): Receiving Temp (°C): (0 -Sample(s) on Ice: (YES) NO Special Instructions/Comments: Temp. Device ID: Other - Specify Residual Chlorine mg/≓ بہ ھ ng, Free \leq CBOD \mathbb{D} 6 BÓD TSS For Laboratory Use Only ***** TDS Ammonia-N pH Strip Lot/ ID: Data Flag(s): pH < 27 YES TKN Chioride Analyze For Sulfate Rev. October 20, 2017 Phosphorus N Nitrate Nitrite Line(s) #: Total Aikalinity TOC Fecal Coliform Total Coliform Х Enterococci E. coli Other*

1067481 CoC Print Group 001 of 001

1 of 3

Report Page 3 of 5

1 2 1067481 CoC Print Group 001 of 001

EG=Less than 1mg/L DO remained for all dilutions analyzed. The reported value is a EG=Less than 1mg/L DO remained for all dilutions analyzed. The reported value is a E= The data exceed the upper calibration limit; therefore the conecntration is reported	b. Data Qualities: N=Analysis not performed as per client request. H=Sample exceeded holding time. X=MSMSD recovery or duplicates analysis exceeded the acceptance limit or Standa U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirer S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=An: S=Stow to filter; sample contains floc and/or large amount of residue on filter. O=An: S=Too many colonies present to provide a result (NTC). A=Value reported is the m NI=Not analyzed due to interferences. K=BOD result estimated due to blank exceen SG=BOD/CBOD calculated using a seed correction factor not within acceptable rang SG=BOD/CBOD calculated using a seed correction factor not within acceptable rang SG=BOD/CBOD calculated using a seed correction factor not within acceptable rang SG=BOD/CBOD calculated using a seed correction factor not within acceptable rang SG=BOD/CBOD calculated using a seed correction factor not within acceptable rang SG=BOD/CBOD calculated using a seed correction factor not within acceptable rang SG=BOD/CBOD calculated using a seed correction factor not within acceptable rang SG=BOD/CBOD calculated using a seed correction factor not within acceptable rang SG=BOD/CBOD calculated using a seed correction factor not within acceptable rang SG=BOD/CBOD calculated using a seed correction factor not within acceptable rang SG=BOD/CBOD calculated using a seed correction factor not within acceptable rang SG=BOD/CBOD calculated using a seed correction factor not within acceptable rang SG=BOD/CBOD calculated using a seed correction factor not within acceptable rang SG=BOD/CBOD calculated using a seed correction factor not within acceptable rang SG=BOD/CBOD calculated using a seed correction factor not within second value is intervent and second value is intervent acceptable range se	1. Quality assurance data for the sample batch which included this sample. 1. Quality assurance data for the sample batch which included this sample. 2. Precision (PREC) is the absolute value of the relative percent difference between dupl 3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample. 4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of an 5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytic	Suplal Ybarez	This analytical report is respectfully submitted by the Water Utilities Laboratory. The otherwise indicated, meet the NELAC requirements as described by the Water Utilities without the written consent of the City of Corpus Christi-Water Utilities Lab. Respectfully Submitted,	Sample Comments:	Enterococci <1.0 MPN 1 7/26/	Parameter Result Unit Fieg RLs Anal	Phone: EMAIL: projectmanag	Cilent Info Ana-Lab Corp P.O. Box 9000 Kilgore, TX 75663	Corpus Christi Water Department Water Department 361-826-1200 Fax: 361-242-9131
stimated greater than value and is calculated for the dilus an estimate.	=Analysis is from an unpreserved sample. J=Value reg failed. LA=Lab accident. LE=Lab error. OA=Outside it; not on ice. EQ=Equipment failure. leinformation sis performed by an outside NELAC accredited lab; nof two or more determinations. R=Reagent water con the allowable oxygen depletion. D=Sample dilution the allowable oxygen depletion. D=Sample dilution QB=No QC data assigned to sample; sample result of the allowable oxygen dis calculated for the dilution statisticated less than value and is calculated for the dilution of the sample result.	ite results . te. I method.		nclosed results reflect only the sample(s) identified ab Lab's QA/QC program. No part of this report shall be		14:45 Enterolert VP	me Method Analyst	@ana-lab.com	Report# /Lab ID#: A Sample Name: FHV Date Received: 07/2 Date Sampled: 07/2	Analytical Report
lution containing the least concentration of sample.	ported is less than the RL but greater than the MDL. y the scope of the lab's NELAC accreditation. on sample bottle and COC does not match. O -Analysis flagged by outside laboratory. ntamination suspected. B =Sample broken in transit. required for analysis/ quality control. not affected. tion containing the greatest concentration of sample.			ove. The results have been carefully reviewed and, unless ; reproduced or transmitted in any form or by any means			Analysis Comments		.C15950 Report Date: //2/123 NWP-EFF GRAB/WEEKLY !6/2023 Time: 13:40 !6/2023 Time: 08:50	

City: Send Email report to Phone: Address: Client Name: Sampler (PLEASE PRINT) MALLO A. CAULMAN VHITE (ORIGINAL) - Lab Copy Relinquished By: Marco A. Guranna FHWWP- Eff Grab/Weekly Relinguished By: Relinquished By: Frank Gamez III - SPL, Inc. Relinquished By: Received By: Frank Gamez III - SPL, Inc. Received By: Power Received By: (903) 984 - 0551 Received By: Kilgore Sample ID 2600 Dudley Rd. projectmanager@ana-lab.com cc: joel@ana-lab.com Ana-Lab Corp. __State: <u>TX</u>_Zip: <u>75662</u> __Fax: <u>(903)</u> 984 - 5914 ACISSIDA YELLOW – Submitter Copy Lab ID# *Il at tise terty)* Q 07/24/2-03 08:50 Date Sampled Date: Date: Date: Date: 7 26 23 Date: 0712612023 Date: Date: 7.26 Date Time BND1 R-ENT 1126/23 Sampled CHAIN OF CUSTODY RECORD X Grab ż Composite Other Time: 9:35 Time: 9:35 No. of Containers/ Preservative Time: 1340 H₂SO₄ Time: Time: Time: 1340 Time: City of Christi Time: HNO₃ X Thio None WW Influent Matrix X WW Effluent Water Utilities Laboratory 13101 Leopard St. Corpus Christi, TX 78410 Ph: (361) 826-1200 Fax: (361) 242-9131 Water Other * Special Instructions/Comments: Corrected Temp (°C): Temp. Device ID: Receiving Temp (°C): Sample(s) on ice: YES Other -Specify Residual Chlorine 3 Total myli Free mg/ CBOD BOD e 6 5 ***** For Laboratory Use Only TSS No. TDS Ammonia-N Data Flag(s) pH < 2? YES pH Strip Lot/ ID TKN Chloride Analyze For Sulfate Phosphorus Rev. October 20, 201 No Nitrate Nitrite 1 Line(s) # Total Alkalinity тос Fecal Coliform Total Coliform Х Enterococci E. coli Other*

3 of 3

1

Page 6 of 12

Report Page 5 of 5



SAMPLE CROSS REFERENCE



	Brownsville Navigation Dist Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-			Printed	8/18/2023	Page 1 of 1 FHF
Sample ID		Taken	Time		Received	
FHWWP Eff Comp	,	07/27/2023	08:25:00		07/28/2023	

Bottle 01 Polyethylene 1/2 gal (White)

Sample 2217926

Bottle 02 NaOH to pH >12 Polyethylene 250 mL/amber

Bottle 03 BOD Titration Beaker A (Batch 1074511) Volume: 100.00000 mL <== Derived from 01 (100 ml)

Bottle 04 BOD Analytical Beaker B (Batch 1074511) Volume: 100.00000 mL <== Derived from 01 (100 ml)

Bottle 05 Prepared Bottle: CN TRAACS Autosampler Vial (Batch 1074650) Volume: 10.00000 mL <== Derived from 02 (5 ml)

Bottle 06 Prepared Bottle: CN TRAACS Autosampler Vial (Batch 1074650) Volume: 10.00000 mL <= Derived from 02 (5 ml)

Bottle 07 Prepared Bottle: CN TRAACS Autosampler Vial (Batch 1074650) Volume: 10.00000 mL <== Derived from 02 (5 ml)

	Method SM 5210 B-2016 SM 4500-CN ⁻ E-2016 SM 2540 D-2015	Bottle 01 05 01	PrepSet 1074511 1074650 1075152	Preparation 08/03/2023 07/31/2023 08/01/2023	QcGroup 1074511 1075117 1075152	Analytical 08/03/2023 08/02/2023 08/01/2023
Sample	Sample ID	Taken	Time		Received	
217928	FHWWP Eff Grab	07/27/2023	08:15:00		07/28/2023	
Bottle 01 H2SC	04 to pH <2 Glass Qt w/Teflon lined lid Method	Bottle	PrepSet	Preparation	OcGroup	Analytical
			I		S. COL	

Email: Kilgore.projectmanager@spl-inc.com



Report Page 1 of 11

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



Page 1 of 3 *Project* 1067652

Printed:

08/18/2023

1

RESULTS

					Results	Sample			
07/28/2023	Received:			7 0825	5 0825 - 07/27	MP: 07/26	CO	FHWWP Eff Comp	2217926
		PO:			ille Navigati 8:25:00	Brownsv 0	<i>ected by:</i> Client 07/27/2023	Collec: 25 7/27/23 Taken:	Non-Potable Water Composite Stop 08:2
08:15:00 LR.	08/01/2023	1075152	Analyzed	08:15:00	08/01/2023	1075152	Prepared:		SM 2540 D-2015
Bottle 01	CAS		Flags		<i>its RL</i> /L 2.00	Un mg	Results 2.10	d Solids	Parameter AC Total Suspended
08:53:00 RE.	08/02/2023	1075117	Analyzed	11:18:34	07/31/2023	1074650	Prepared:	916	SM 4500-CN ⁻ E-20
Bottle	CAS		Flags		its RL	Un	Results		Parameter
05			Р		/L 0.005	mg	<0.005		Cyanide, total
10:39:44 JW	08/03/2023	1074511	Analyzed		07/29/2023	1074511	Prepared:		SM 5210 B-2016
Bottle	CAS		Flags		its RL	Un	Results		Parameter
01	1026-3				/L 2.00	mg	3.81	cygen Demand (BOD5)	C Biochemical Ox
07/28/2023	Received:							FHWWP Eff Grab	2217928
		PO:			ille Navigati	Brownsv	ected by: Client	Collec	Non-Potable Water
					8:15:00	0	07/27/2023	Taken:	
09:35:00 RR	08/04/2023	1073928	Analyzed	09:35:00	08/04/2023	1073928	Prepared:)	EPA 1664B (HEM)
Bottle	CAS		Flags		its RL	Un	Results		Parameter
01					/T . 449	mg	<4.49	(HEM)	• Oil and Grease (



Report Page 2 of 11



1

		BND1-R								Page 2 of 3	3
		Brownsville Navigation E Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-	bist.					Printed:	Proj 106' ^{08/}	ect 7652 18/2023	
	2217926	FHWWP Eff Comp	CO	MP: 07/26	5 0825 - 07/2	27 0825			Received:	07/28/	/2023
C	Composite Stop 08	8:25 7/27/23	07/27/2023								
			Prepared:		07/31/2023	12:15:30	Calculated		07/31/2023	12:15:30	CAL
	Environmental	l Fee (per Project)	Verified								
5	SM 2540 D-2011		Prepared:	1074752	08/01/2023	08:15:00	Analyzed	1074752	08/01/2023	08:15:00	LR3
LAC	TSS Set Starte	od.	Started								
5	SM 4500-CN ⁻ C	2016	Prepared:	1074650	07/31/2023	11:18:34	Analyzed	1074650	07/31/2023	11:18:34	REI
LAC	Cyanide Distil	llation	10/5	ml							02
S	SM 5210 B-2016		Prepared:	1074511	07/29/2023		Analyzed	1074511	07/29/2023	06:09:13	JW1
LAC	BOD Set Start	ed	Started								

Qualifiers:

LDSClient v2.23.8.24

NE

NE

NE

P - Spike recovery outside control limits due to matrix effects.

We report results on an As Received (or Wet) basis unless marked Dry Weight.

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Report Page 3 of 11

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



Bill Peery, MS, VP Technical Services





Printed:

08/18/2023

1



Report Page 4 of 11

1074511

PrepSet

1074511

1074511

Sample

2217805

2217906

2217916

2218066

PrepSet

1074511

1074511

Sample

1075117

Reading

Reading

Reading

1.26

1.13

218

218

0.2

0.2

MDL

0.200

0.200

Result

216

1130

620

5.05

MDL

0.200

0.200

Known 198

198

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-

Analytical Set

Biochemical Oxygen Demand (BOD5)

Analytical Set

Parameter

Parameter

Parameter

Parameter

	SPL
And the second s	The Science of Sure

2

				Page 1 of 3			
				1	Project 06765	t 52	
				Printed	08/18/202	23	
						SM 5210	B-2016
Bla	nk						
<i>MQL</i> 0.500 0.500	<i>Units</i> mg/L mg/L			<i>File</i> 125267689 125267739			
Dupli	icate						
Unknown 224 1240 626 4.89 Seed MQL 0.500 0.500 Stan Units	Drop Units mg/L mg/L dard Recover%	Limits%	Unit mg/L mg/L mg/L mg/L	File 125267691 125267741 File	<i>RPD</i> 3.64 9.28 0.96 3.22		Limit% 30.0 30.0 30.0 30.0
mg/L	110	83.7 - 116		125267692			
Bla	nk	83.7 - 110		123207742	SM 4	500-CN	E-2016
<i>MQL</i> 0.0025	Units mg/L			<i>File</i> 125283168			
CC	2V						
Units mg/L mg/L mg/L mg/L	<i>Recover%</i> 104 105 106 105	Limits% 90.0 - 110 90.0 - 110 90.0 - 110 90.0 - 110		File 125283149 125283158 125283167 125283178			
mg/L	106	90.0 - 110		125283189			

<u>Parameter</u> P	PrepSet I	Reading	MDL	MQL	Units			File		
Cyanide, total 1	.074650 1	ND	0.00119	0.0025	mg/L			125283168		
				СС	v					
Parameter	I	Reading	Known	Units	Recover%	Limits%		File		
Cyanide, total	(0.521	0.500	mg/L	104	90.0 - 110		125283149		
Cyanide, total	(0.525	0.500	mg/L	105	90.0 - 110		125283158		
Cyanide, total	(0.530	0.500	mg/L	106	90.0 - 110		125283167		
Cyanide, total	(0.527	0.500	mg/L	105	90.0 - 110		125283178		
Cyanide, total	(0.528	0.500	mg/L	106	90.0 - 110		125283189		
Cyanide, total	(0.529	0.500	mg/L	106	90.0 - 110		125283196		
Cyanide, total	(0.530	0.500	mg/L	106	90.0 - 110		125283197		
				Dupli	cate					
<u>Parameter</u> S	Sample		Result	Unknown		l	Unit		RPD	Limit%
Cyanide, total 2	216561		0.0054	0.0048		n	ng/L		11.8	20.0
Cyanide, total 2	217926		0.004	0.0044		n	ng/L		9.52	20.0
Cyanide, total 2	218274		0.156	0.189		n	ng/L		19.1	20.0
				IC	V					
Parameter	Ι	Reading	Known	Units	Recover%	Limits%		File		
Cyanide, total	(0.209	0.200	mg/L	104	90.0 - 110		125283148		



Report Page 5 of 11

BND1-R

Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-



Page 2 of 3

Project 1067652

Printed 08/18/2023

				LC	S Dup						
Parameter	PrepSet	LCS	LCSD		Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Cyanide, total	1074650	0.208	0.209		0.200	90.0 - 110	104	104	mg/L	0.480	20.0
Mat. Spike											
Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File			
Cyanide, total	2216561	0.418	0.0048	0.400	mg/L	103	90.0 - 110	125283173			
Cyanide, total	2217926	0.353	0.0044	0.400	mg/L	87.2	90.0 - 110	125283176		*	
Cyanide, total	2218274	15.4	0.189	18.3	mg/L	83.1	90.0 - 110	125283166		*	
				Unl	known						
Parameter											
Cyanide, total											
Analytical Set	1073928								EF	PA 1664]	B (HEM)
				В	lank						
Parameter	PrepSet	Reading	MDL	MQL	Units			File			
Oil and Grease (HEM)	1073928	ND	0.804	4.00	mg/L			125254102			
				Con	trolBlk						
Parameter	PrenSet	Reading	MDL	MOL	Units			File			
Oil and Grease (HEM)	1073928	-0.0004	MDL	mqL	orams			125254101			
Oil and Grease (HEM)	1073928	-0.0004			grams			125254126			
· · · · · · · · · · · · · · · · · · ·				LC	S Dup						
Daramatar	Prop Sat	LCS	LCSD		Knoum	I imite0/	1.05%	LCSD%	Unite	רוסס	I imit0/
Oil and Grease (HEM)	1073928	36.2	38.1		40.0	78.0 - 114	90.5	95.2	mg/L	5.11	20.0
	1075152								6	SNA 0540	D 2015
Analytical Set	1075152			В	lank					5111 2340	J D-2013
Parameter	PrenSet	Reading	MDI	MOL	Units			File			
Total Suspended Solids	1075152	ND	2	2	mg/L			125283812			
			-	- Con	trolBlk						
Parameter	PronSot	Reading	MDI	MOL	Unite			File			
Total Suspended Solids	1075152	-0 0001	MDL	MQL	orams			125283811			
Total Suspended Sonds	10,0102	0.0001		Dur	olicate			120200011			
D (<i>a</i> 1		D <i>t</i>		Jillate		T T 10				T: :0/
<u>Parameter</u> Total Sugnandad Salida	Sample		<i>Result</i>		2		Unit mal		2 02		20.0
Total Suspended Solids	221/3//		7180	7400 206			mg/L mg/I		5.02 15.2		20.0
Total Suspended Solids	2217910		93.3	92.0			mg/L mg/I.		1 40		20.0
Total Suspended Sonds	2217917		23.5	,2.0	CS.		шgл		1.40		20.0
LCS											
D. (P. (7.)	D 1'			TT 10	D 0/	+ · · · ·	T2'1			
Parameter Tastal Surger and ad Scillet	PrepSet	<i>Reading</i>		Known	Units	Recover%	Limits	<i>File</i>			
<u>Parameter</u> Total Suspended Solids	<i>PrepSet</i> 1075152	<i>Reading</i> 47.0		Known 50.0	Units mg/L	<i>Recover%</i> 94.0	<i>Limits</i> 90.0 - 110	<i>File</i> 125283845			
<u>Parameter</u> Total Suspended Solids	<i>PrepSet</i> 1075152	<i>Reading</i> 47.0		<i>Known</i> 50.0 Sta	<i>Units</i> mg/L indard	<i>Recover%</i> 94.0	<i>Limits</i> 90.0 - 110	<i>File</i> 125283845			
<u>Parameter</u> Total Suspended Solids <u>Parameter</u>	PrepSet 1075152 Sample	Reading 47.0 Reading	Known	Known 50.0 Sta Units	Units mg/L indard Recover%	Recover% 94.0 Limits%	<i>Limits</i> 90.0 - 110	File 125283845 File			



Report Page 6 of 11

LDSClient v2.23.8.24



Recover% is Recovery Percent: result / known * 100%

Page 3 of 3

2

BND1_I	2							- 1.91 - 1	
DIND1-1	N.							Project	
Brownsville Naviga	tion Dist.							-	
Ariel Chavez II								1067652	
FHWWP								1007032	
1000 Foust Rd.									
Brownsville, TX 78	521-						Pr	inted 08/18/2023	
				Sta	andard				
Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File		
Total Suspended Solids		100	100	mg/L	100	90.0 - 110	12528	3844	

* Out RPD is Relative Percent Difference: abs(r1-r2) / mean(r1,r2) * 100%

LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.); CCV - Continuing Calibration Verification

Blank - Method Blank (reagent water or other blank matrices that contains all reagents except standard(s) and is processed simultaneously with and under the same conditions as samples; carried through preparation and analytical procedures exactly like a sample; monitors); LCS Dup - Laboratory Control Sample Duplicate

(replicate (same standard used to

prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); ICV - Initial Calibration Verification; LCS - Laboratory Control Sample (reagent water or other blank matrices that is spiked with a known quantity of target analyte(s) and carried through preparation and analytical procedures exactly like a sample; typically a mid-range concentration; verifies that bias and precision of the analytical process are within control limits; determines usability of the data.)



Report Page 7 of 11

1 2 3

1 of 4

1067652 CoC Print Group 001 of 001

600 Dudley Rd. Kilgore, Texas 75662 ⁹ .O. Box 9000 Kilgore, Texas 75663 Office: 903-984-0551 * Fax: 903-984-5914		OTT ANA	LAB
CHAIN OF CUSTODY	ALL CLIENT COCS OF PROJECT? YES	N SINGLE Printed 06/18	/2020 Page 1 of 2
Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-	BND1-R BOD	Lab Number <u>222</u> PO Number Phone	<u>956/831-4155</u>
FI	HWWP Eff Comp		
Composite poured into Sample bottles: Date/Time/Tech Matrix: Non-Potable Water Sample Collection Start Date: 07/26/2023Time: 08:25 Sampler Printed Name: Marco A. Gurman Sampler Affiliation: BND Sampler Signature: Marco A. Gurman Sampler Affiliation: BND Sampler Signature: Marco A. Gurman Sampler Affiliation: BND Sampler Signature: Marco A. Gurman Sampler Collection Start Sampler Affiliation: BND Sampler Signature: Marco A. Gurman Sampler Affiliation: BND Sampler Affiliation: BND Sampler Signature: Marco A. Gurman Sampler Signature: Sampler Samp	Sam Date 	pple Collection Stop e: 07/27/2023 Tim ppler Printed Name: Morce A- ppler Affiliation: BND ppler Signature: Marca A Samples Biological Hazar	e: 08:25 Guzma Mar 1?
Collected By Date Time	Analyzed By Date	Time	
Results Temp	_C Duplicate	_Units Temp	C
S2Ck Field Sulfide	Check for CNa		
Collected By Date Time	Analyzed By Date _	Time	
Results Units Temp	C Duplicate	_UnitsTemp	C
I Polyethylene 1/2 gal NELAC Short Hold BOD NELAC TSS Total Suspender	(White) Oxygen Demand (BOD5) ded Solids	SM 5210 B-2011 CAS:1026-3 (2.0 SM 2540 D-2011 (7.00 days)	90 days)
1 NaOH to pH >12 Pc)yethylene 250 mL/am	ıber	
	ô	RGV Region: 2039 E. Price Rd	I. Ste. E Brownsville TX 78521 Report Pa

NELAP-accredited #T104704201-20-17

Report Page 8 of 11

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Page 2 of 2

ANAQLA

Printed 06/18/2020

SM 4500-CN⁻ E-2011 (14.0 days)

Testing the Limits of Science and Service

1067652 CoC Print Group 001 of 001

600 Dudley Rd. Kilgore, Texas 75662 '.O. Box 9000 Kilgore, Texas 75663)ffice: 903-984-0551 * Fax: 903-984-5914

CHAIN OF CUSTODY

Brownsville Navigation Dist. Ariel Chavez II FHWWP			BND1-R BOD
1000 Foust Rd. Brownsville, TX 78521- <i>NELAC</i>	CNa	Cyanide, total	l
Ambient Conditions/Comments			

Date	Time	Relinquished	Received				
2		Printed Name Alliliation	Printed Name Jaime Salinas - SPL, Inc.				
olicitz	1530	Signature A Alers	signature aime Salini				
1		Printed Name Affiliation Jaime Salinas - SPL, Inc.	Printed Name Altiliation				
7-27-23	1730	signature Laime Salings	Signature FEDET				
A	Into	Printed Name A Hiliation	Printed Name Jennifer Garrett SPL, Inc. Allihation				
Nu	N/	Signature VEDET	signature				
	1	Printed Name A Miliation	Printed Name Alliliation				
		Signature	Signature				
Sample Cooler/S	Received Sample Se	on Ice? Yes No Method of Shipment: I to cure? Yes No If Shipped: Tracking Number & To	UPS Bus FedEx Lone Star Hand Delivered Other emp - See Attached Hand Delivered to Region []				

The accredited column designates accreditation by A - A2LA, N - NELAC, or z - not listed under scope of accreditation. Unless otherwise specified. ANA -LAB shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement (available for download from the welcome page at http://www.ara-lab.com). Ana -Lab personnel collect samples as specified by Ana -Lab SOP # 000323.

Comments

RGV Region: 2039 E. Price Rd. Ste. E Brownsville TX 78521



NELAP-accredited #T104704201-20-17

Report Page 9 of 11

1 2 3

1067652 CoC Print Group 001 of 001

:600 Dudley Rd. Kilgore, Texas 75662 ?.O. Box 9000 Kilgore, Texas 75663 Office: 903-984-0551 * Fax: 903-984-5914	P-UP FEE \$ 0 .0		OLAB
CHAIN OF CUSTO	DYPROJECT? YES	NO Printed 06/18/2	020 Page 1 of 1
Brownsville Navigation Dist. Ariel Chavez II FHWWP 1000 Foust Rd. Brownsville, TX 78521-	BND1-R FHP	Lab Number <u>2217</u> PO Number Phone	<u>956/831-4155</u>
	FHWWP Eff Gra	ıb	
Matrix: Non-Potable Water Sample Collection Start		TE Starry .	
Sampler Affiliation: <u>BND</u> Sampler Signature: <u>Muse A. Accommons</u> Sampler Signature: <u>Muse A. Accommons</u> Samples Radioactive?	Samples Contains Dioxin? 2 GlQt w/Tef-lined lid	Samples Biological Hazard?	0
NELAC HEM Oil an	d Grease (HEM)	EPA 1664B (HEM) (28.0 days)	
Date Time Relinquished	Allinguion Pr	Received rinted Name janature	Alliliation SPL inc.
7-21-23 7-21-23 173 ^d Signature Signat	Altiliation Pro-	ignature	Affiliation
TOT US Printed Name Signature FCDE	Affiliation Pr Affiliation St Affiliation R	rintedNane Jenniler Garrett igneture	A Miliation SPL, Inc.
Signature	Simulation Fi	ignature	
Sample Received on Ice? Y_{res} N_{in} Metho Cooler/Sample Secure? Y_{res} N_{in} N_{in} N_{in} Y_{res} N_{in} N_{in} N_{in} Y_{res} N_{in} N_{in} N_{in} Y_{res} N_{in} N_{in N_{in} N_{in	Ded of Shipment: Ded of Shipment: UTS ped: Tracking Number & Temp - See - NELAC, or z - not listed under scope Confilions A greement (available for	Bus FedEx Lone Star F Attachet Hand Delivered to e of accreditation. Unless otherwise specifi download from the welcome mage at shirts	land Delivered [] Other Region [] ed, ANA -I.AB shall # www.ara-bb. (vm>)

Provide these ordered services pursuant to our Standard Terms & Conditions Agreement (available for download from the welcome page at <htp://www.am-kb.com>) Ana-Lab personnel collect samples as specified by Ana-Lab SOP # 000323. Comments



RGV Region: 2039 E. Price Rd. Ste. E Brownsville TX 78521



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NELAP-accredited #T104704201-20-17

1067652 CoC Print Group 001 of 001



Report Page 11 of 11

4 of 4

Leah Whallon

From:	Manuel Martinez <mmartinez@portofbrownsville.com></mmartinez@portofbrownsville.com>
Sent:	Monday, October 7, 2024 11:21 AM
То:	Leah Whallon
Cc:	Nora Gonzalez
Subject:	RE: Application to Amend Permit No. WQ0002817000; Brownsville Navigation District;
	Fishing Harbor WWTP
Attachments:	Industrial Discharge Amendment Spanish NORI.docx

Good morning Ms. Whallon... I apologize for the late response. We have reviewed the English version, and everything seems correct. Please find attached the Spanish version requested on the email; I tried to erase all the red and complete the permit number on the top, but it does not let me edit the document.. please let me know if you would like for me to make any other edits.

Best regards

Manuel Martinez

From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Monday, September 23, 2024 4:31 PM
To: Manuel Martinez <mmartinez@portofbrownsville.com>
Cc: jconstante@rrpeng.com
Subject: Application to Amend Permit No. WQ0002817000; Brownsville Navigation District; Fishing Harbor WWTP

Good Afternoon,

Please see the attached Notice of Deficiency letter dated September 23, 2024 requesting additional information needed to declare the application administratively complete. Please send the complete response by October 7, 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 Ieah.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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please notify the sender and permanently delete the e-mail and any attachments immediately. You should not retain, copy or use this e-mail or any attachments for any purpose, nor disclose all or any part of the contents to any other person. E-mail transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors in the contents of this message. If verification is required please contact the Information Technology Office of the Brownsville Navigation District. Employees of the Brownsville Navigation District are expressly required not to make defamatory statements and not to infringe or authorize any infringement of copyright, privacy rights or any other legal right by email communications. Any such communication is contrary to BND policy and outside the scope of the employment of the individual concerned. BND will not accept any liability in respect of such communication, and the employee responsible will be personally liable for any damages or other liability arising. Brownsville Navigation District - 1000 Foust Rd. Brownsville TX 78521 USA - Tel. (956) 831-4592

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. WQ000_____

SOLICITUD. Distrito de Navegación de Brownsville, 1000 Foust Road, Brownsville TX, 78521 ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) para modificar el Permiso No. WQ0002817000 (EPA I.D. No. TX 0100242) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar el incremento de volumen de descarga producto de tratamiento de drenaje sanitatio y pluvial a 500,000 galones por día. La planta está ubicada en 1025 Fisherman's Place Road, Brownsville en el Condado de Cameron, Texas 78521. La ruta de descarga es del sitio de la planta directamente al canal de navegación de Brownsville. La TCEQ recibió esta solicitud el día 12 de Septiembre, 2024. La solicitud para el permiso estará disponible para leerla y copiarla en la oficina administrativa del Distrito de Navegación de Brownsville ubicada en 1000 Foust Road, Brownsville TX, 78521, en el Condado de Cameron 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/pendingpermits/tpdes-applications. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.3375,25.981388&level=18

Include the following non-italicized sentence if the facility is located in the Coastal Management Program boundary and is an application for a major amendment which will increase the pollutant loads to coastal waters or would result in relocation of an outfall to a critical area, or a renewal with such a major amendment. The Coastal Management Program boundary is the area along the Texas Coast of the Gulf of México as depicted on the map in 31 TAC §503.1 and includes part or all of the following counties: Cameron, Willacy, Kenedy, Kleberg, Nueces, San Patricio, Aransas, Refugio, Calhoun, Victoria, Jackson, Matagorda, Brazoria, Galveston, Harris, Chambers, Jefferson y Orange. If the application is for amendment that does not meet the above description or a renewal without such a major amendment, do not include the sentence: El Director Ejecutivo de la TCEQ ha revisado esta medida para ver si está de acuerdo con los objetivos y las regulaciones del Programa de Administración Costero de Texas (CMP) de acuerdo con las regulaciones del Consejo Coordinador de la Costa (CCC) y ha determinado que la acción es conforme con las metas y regulaciones pertinentes del CMP.

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 una audiencia administrativa de lo contencioso una audiencia administrativa de lo contencioso. Una audiencia administrativa de lo contencioso.

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 especifico. Si desea que se agrega 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.

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 Distrito de Navegación de Brownsville a la dirección indicada arriba o llamando a Sr. Manuel Martinez al 956-831-4592.

Fecha de emisión _____ [Date notice issued]