



Administrative Package Cover Page

This file contains the following documents:

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS 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.

Gulf States Aquaculture LLC (CN604920272) operates Gulf States Aquaculture (RN101523785), a commercial Red Drum hatchery. The facility is located at 5000 Farm-to-Market Road 3280, in Palacios, Matagorda County, Texas 77465. Request for renewal of permit authorizing the discharge of 6 MGD of industrial wastewater.

Discharges from the facility are expected to contain CBOD(5), Total Suspended Solids, Ammonia Nitrogen, Copper. Process wastewater is treated by best management practices such as no discharge during harvesting.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0003660000

APPLICATION. Gulf States Aquaculture, LLC, 1305 Derek Drive, Suite 4, Hammond, Louisiana 70403, which owns an aquaculture facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0003660000 (EPA I.D. No. TX0119016) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 6,000,000 gallons per day via Outfalls 001 through 009. The facility is located at 5000 Farm-to-Market Road 3280, near the city of Palacios, in Matagorda County, Texas 77465. The discharge route is from the plant site via Outfalls 001 through 008 directly to Matagorda Bay/Powderhorn Lake, and via Outfall 009 directly to Tres Palacios/Turtle Bay. TCEQ received this application on November 13, 2024. The permit application will be available for viewing and copying at Bay City Public Library, 1100 7th Street, Bay City, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.
<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-96.315555,28.648888&level=18>

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

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

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

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

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

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

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

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

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

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

AGENCY CONTACTS AND INFORMATION. All public comments and requests must be submitted either electronically at <https://www14.tceq.texas.gov/epic/eComment/>, or in

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

Further information may also be obtained from Gulf States Aquaculture, LLC at the address stated above or by calling Mr. Shane Nicaud, Owner/Chief Administrative Officer, at 594-382-9737.

Issuance Date: December 9, 2024

Abesha Michael

From: Stephanie Landsman <stephanie@landsmanenviro.com>
Sent: Thursday, December 5, 2024 10:02 AM
To: Abesha Michael; Erwin Madrid; Shane Nicaud
Subject: Fwd: Gulf States Aquaculture NOD Response
Attachments: Gulf States Revised App Pages.pdf; Gulf States Aquaculture Spanish NORI wq renew.docx

Below is my response that was emailed earlier this week. Please let me know if you need anything further.

----- Forwarded message -----

From: **Stephanie Landsman** <stephanie@landsmanenviro.com>
Date: Mon, Dec 2, 2024 at 11:49 AM
Subject: Gulf States Aquaculture NOD Response
To: Abesha Michael <abesha.michael@tceq.texas.gov>

Here are the revised application pages for Gulf States. Please let me know if you need anything else.

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Stephanie Landsman
Wastewater Specialist
Landsman Environmental LLC
9597 Jones Road #962
Jersey Village, TX 77065
(281)-658-5899



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Stephanie Landsman
Wastewater Specialist
Landsman Environmental LLC
9597 Jones Road #962
Jersey Village, TX 77065
(281)-658-5899



If no, or a new application, provide an accurate location description: [Click to enter text.](#)

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

☒ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: [Click to enter text.](#)

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

☒ Yes ☐ No or New Permit

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

f. City nearest the outfall(s): Palacios

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

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

☐ Yes ☒ No

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

For new and amendment applications, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: [Click to enter text.](#)

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

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

☐ Yes No or New Permit ☐ [Click to enter text.](#)

If no, or a new application, provide an accurate location description: [Click to enter text.](#)

j. City nearest the disposal site: [Click to enter text.](#)

k. County in which the disposal site is located: [Click to enter text.](#)

l. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site: [Click to enter text.](#)

m. For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: [Click to enter text.](#)

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Ms. Full Name (Last/First Name): Landsman, Stephanie

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

Organization Name: Landsman Environmental LLC

Mailing Address: 9597 Jones Road #962

City/State/Zip: Jersey Village, TX 77065

Phone No: 281-658-5899

Email: stephanie@landsmanenviro.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: stephanie@landsmanenviro.com

☐ Fax: Click to enter text.

☐ Regular Mail (USPS)

Mailing Address: Click to enter text.

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

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Nicaud, Shane

Title: Owner/Chief Administrative Officer Credential: Click to enter text.

Organization Name: Gulf States Aquaculture LLC

Phone No: 594-382-9737

Email: shane@nolafoodbrokers.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: Bay City Public Library
Room Desk

Location within the building: Reference

Physical Address of Building: 1100 7th St.

City: Bay City County: Matagorda

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**INDUSTRIAL WASTEWATER PERMIT APPLICATION
CHECKLIST**

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

APPLICANT NAME: Gulf States Aquaculture, LLC

PERMIT NUMBER (If new, leave blank): WQ00 03660000

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

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

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION

ADMINISTRATIVE REPORT 1.0

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

Applications for oil and gas extraction operations subject to 40 CFR Part 435 must use the Oil and Gas Exploration and Production Administrative Report (TCEQ Form-20893 and 20893-inst¹).

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

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

Applicant Name: Gulf States Aquaculture, LLC

Permit No.: WQ0003660000

EPA ID No.: TX0119016

Expiration Date: 7/2/2025

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

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

☒ Active

☐ Inactive

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

☒ TPDES Permit

☐ TLAP

☐ TPDES with TLAP component

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

☐ New

☐ Renewal with changes

☒ Renewal without changes

☐ Major amendment with renewal

☐ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

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

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

Permit Number _____

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

g. Application Fee

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

h. Payment Information

Mailed

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

Check or money order amt.: Click to enter text.

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

Epay

Voucher number: 730373/730374

Copy of voucher attachment: K

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: CN604920272

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

b. Legal name of the entity (applicant) applying for this permit: Gulf States Aquaculture, LLC

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

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

Prefix: Mr. Full Name (Last/First Name): Nicaud, Shane

Title: Owner/Chief Administrative Officer Credential: Click to enter text.

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

☒ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

Prefix: Click to enter text.

Full Name (Last/First Name): Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

☐ Yes ☐ No

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

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

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

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

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

- a. ☒ Administrative Contact . ☐ Technical Contact

Prefix: Ms Full Name (Last/First Name): Landsman, Stephanie

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Landsman Environmental LLC

Mailing Address: 9597 Jones Road #962

City/State/Zip: Jersey Village, TX 77065

Phone No: 281-658-5899

Email: stephanie@landsmanenviro.com

- b. ☐ Administrative Contact ☒ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Nicaud, Shane

Title: Owner/Chief Administrative Officer Credential: Click to enter text.

Organization Name: Gulf States Aquaculture, LLC

Mailing Address: 1305 Derek Dr., Ste. 4

City/State/Zip: Hammond, LA 70403

Phone No: 504-382-9737

Email: Shane@nolafoodbrokers.com

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: Mr. Full Name (Last/First Name): Nicaud, Shane
Title: Owner/Chief Administrative Officer Credential: Click to enter text.
Organization Name: Gulf States Aquaculture, LLC
Mailing Address: 1305 Derek Dr., Ste. 4 City/State/Zip: Hammond, LA 70403
Phone No: 504-382-9737 Email: shane@nolafoodbrokers.com
- b. Prefix: . Full Name (Last/First Name): Click to enter text.
Title: Click to enter text. Credential: Click to enter text.
Organization Name: Click to enter text.
Mailing Address: Click to enter text. City/State/Zip: Click to enter text.
Phone No: Click to enter text. Email: Click to enter text.
Attachment: Click to enter text.

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): Nicaud, Shane
Title: Owner/Chief Administrative Officer Credential: Click to enter text.
Organization Name: Gulf States Aquaculture, LLC
Mailing Address: 1305 Derek Dr., Ste. 4 City/State/Zip: Hammond, LA 70403
Phone No: 504-382-9737 Email: shane@nolafoodbrokers.com

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

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

Prefix: Mr. Full Name (Last/First Name): Nicaud, Shane
Title: Owner/Chief Administrative Officer Credential: Click to enter text.
Organization Name: Gulf States Aquaculture, LLC
Mailing Address: 1305 Derek Dr., Ste. 4 City/State/Zip: Hammond, LA 70403
Phone No: 504-382-9737 Email: shane@nolafoodbrokers.com

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Ms. Full Name (Last/First Name): Landsman, Stephanie

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

Organization Name: Landsman Environmental LLC

Mailing Address: 9597 Jones Road #962

City/State/Zip: Jersey Village, TX 77065

Phone No: 281-658-5899

Email: stephanie@landsmanenviro.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: stephanie@landsmanenviro.com

☐ Fax: Click to enter text.

☐ Regular Mail (USPS)

Mailing Address: Click to enter text.

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

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Nicaud, Shane

Title: Owner/Chief Administrative Officer Credential: Click to enter text.

Organization Name: Gulf States Aquaculture LLC

Phone No: 594-382-9737

Email: shane@nolafoodbrokers.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: Matagorda County Annex Building Location within the building: Click to enter text.

Physical Address of Building: 2200 7th St.

City: Bay City County: Matagorda

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? [Click to enter text.](#)
- f. Plain Language Summary Template – Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment. Attachment: [E](#)
- g. Complete one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment and include as an attachment. Attachment: [Click to enter text.](#)

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

- a. TCEQ issued Regulated Entity Number (RN), if available: [RN101523785](#)

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): [Gulf States Aquaculture](#)

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

☒ Yes ☐ No ☐ N/A (new permit)

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

- d. Owner of treatment facility:

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

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

or Organization Name: [Gulf States Aquaculture, LLC](#)

Mailing Address: [1305 Derek Dr., Ste. 4](#)

City/State/Zip: [Hammond, LA 70403](#)

Phone No: [504-387-9737](#)

Email: [shane@nolafoodbrokers.com](#)

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

f. Owner of land where treatment facility is or will be: [Click to enter text.](#)

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

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

or Organization Name: [Gulf States Aquaculture LLC](#)

Mailing Address: [137 Girod St., Ste. B](#)

City/State/Zip: [Mandeville, LA 70448](#)

Phone No: [504-387-9737](#)

Email: [shane@nolafoodbrokers.com](#)

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

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

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

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

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

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

City/State/Zip: [Click to enter text.](#)

Phone No: [Click to enter text.](#) Email: [Click to enter text.](#)

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

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

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

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

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

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

City/State/Zip: [Click to enter text.](#)

Phone No: [Click to enter text.](#) Email: [Click to enter text.](#)

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

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

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

☐ Yes ☒ No

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

☒ One-mile radius

☒ Three-miles downstream information

☒ Applicant's property boundaries

☒ Treatment facility boundaries

☒ Labeled point(s) of discharge

☒ Highlighted discharge route(s)

☐ Effluent disposal site boundaries

☐ All wastewater ponds

☐ Sewage sludge disposal site

☐ New and future construction

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

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: [Click to enter text.](#)

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

☒ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: [Click to enter text.](#)

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

☒ Yes ☐ No or New Permit

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

f. City nearest the outfall(s): [Palacios](#)

g. County in which the outfalls(s) is/are located: [Matagorda](#)

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

☐ Yes ☒ No

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

For new and amendment applications, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: [Click to enter text.](#)

For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: [Click to enter text.](#)

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

☐ Yes ☐ No or New Permit ☐ [Click to enter text.](#)

If no, or a new application, provide an accurate location description: [Click to enter text.](#)

j. City nearest the disposal site: [Click to enter text.](#)

k. County in which the disposal site is located: [Click to enter text.](#)

l. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site: [Click to enter text.](#)

m. For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: [Click to enter text.](#)

Item 12. Miscellaneous Information (Instructions, Page 33)

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

☐ Yes ☒ No

If yes, list each person: [Click to enter text.](#)

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

☐ Yes ☒ No

If yes, provide the following information:

Account no.: [Click to enter text.](#)

Total amount due: [Click to enter text.](#)

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

☐ Yes ☒ No

If yes, provide the following information:

Enforcement order no.: [Click to enter text.](#)

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

Item 13. Signature Page (Instructions, Page 33)

Permit No: W00003660000


Applicant Name: Gulf States Aquaculture LLC

Certification: I, Shane Nicaud, 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): Shane Nicaud

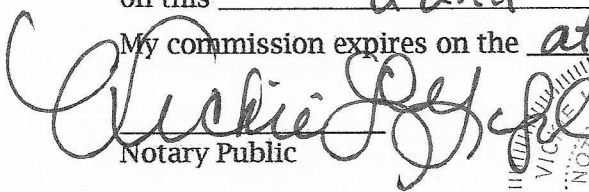
Signatory title: Owner/Chief Administrative Officer

Signature: 
(Use blue ink)

Date: 10/22/2024

Subscribed and Sworn to before me by the said Applicant
on this 22nd day of October, 2024.

My commission expires on the at death day of —, 20—.


Notary Public



VICKIE L GARAFOLA
Notary Public
Notary ID No. 48849
TANGIPAHOA Parish, LA

County, Texas

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

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: F



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION

TECHNICAL REPORT 1.0

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

For **additional information** or clarification on the requested information, please refer to the Instructions for Completing the Industrial Wastewater Permit Application¹ 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).

Commercial Red Drum hatchery and production ponds.

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

The pond effluent is the wastewater.

¹

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

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

Materials List

Raw Materials	Intermediate Products	Final Products
Fish Feed	Fish	Fish

Attachment: Click to enter text.

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

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

Attachment: C

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

☐ Yes ☒ No

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

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

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: FEMA FIRM #4803790512B

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

Attachment: Click to enter text.

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

☐ Yes ☐ No ☒ N/A (renewal only)

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

☐ Yes ☐ No

If **yes**, provide the permit number: [Click to enter text.](#)

If **no**, provide an approximate date of application submittal to the USACE: [Click to enter text.](#)

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 facility does not use any physical, chemical or biological treatment of pond effluent other than best management practices such as no discharge during harvesting.

- 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: C

Item 3. Impoundments (Instructions, Page 40)

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

☐ Yes ☒ No

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

- a. Complete the table with the following information for each existing, new, or proposed impoundment. Attach additional copies of the Impoundment Information table, if needed.

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

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

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

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

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

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

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

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

Impoundment Information

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

Attachment: Click to enter text.

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

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

1. Liner data

☐ Yes ☐ No ☐ Not yet designed

2. Leak detection system or groundwater monitoring data

☐ Yes ☐ No ☐ Not yet designed

3. Groundwater impacts

☐ Yes ☐ No ☐ Not yet designed

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

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

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

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

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

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

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

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

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

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

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

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

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

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
001	28.642885	-96.322318
002	28.643277	-96.319861
003	28.644745	-96.313455

Outfall Location Description

Outfall No.	Location Description
001	Drainage pipe at the edge of Matagorda Bay
002	Drainage pipe at the edge of Matagorda Bay
003	Drainage pipe at the edge of Matagorda Bay

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

Outfall No.	Description of sampling point
001	saa
002	saa
003	saa

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	6.0	6.0			
002	6.0	6.0			
003	6.0	6.0			

Outfall Discharge - Method and Measurement

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

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	N	Y	var	var	Var
002	N	N	Y	var	var	var
003	N	N	Y	var	var	var

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
004	28.644839	-96.312850
005	28.643525	-96.310611
006	28.645525	-96.309513

Outfall Location Description

Outfall No.	Location Description
004	Drainage pipe at the edge of Matagorda Bay
005	Drainage pipe at the edge of Matagorda Bay
006	Drainage pipe at the edge of Matagorda Bay

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

Outfall No.	Description of sampling point
004	saa
005	saa
006	saa

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)
004	6.0	6.0			
005	6.0	6.0			
006	6.0	6.0			

Outfall Discharge - Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
004	N	Y	Estimate
005	N	Y	Estimate
006	N	Y	Estimate

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)
004	N	N	Y	var	var	var
005	N	N	Y	var	var	var
006	N	N	Y	var	var	var

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
007	28.645962	-96.307167
008	28.646367	-96.306314
009	28.650270	-96.305496

Outfall Location Description

Outfall No.	Location Description
007	Drainage pipe at the edge of Matagorda Bay
008	Drainage pipe at the edge of Matagorda Bay
009	Drainage pipe at the edge of Matagorda Bay

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

Outfall No.	Description of sampling point
007	saa
008	saa
009	saa

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)
007	6.0	6.0			
008	6.0	6.0			
009	6.0	6.0			

Outfall Discharge - Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
007	N	Y	Estimate
008	N	Y	Estimate
009	N	Y	Estimate

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)
007	N	N	Y	var	var	var
008	N	N	Y	var	var	var
009	N	N	Y	var	var	var

Outfall Wastestream Contributions

Outfall No. [Click to enter text.](#)

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

Outfall No. [Click to enter text.](#)

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

Outfall No. [Click to enter text.](#)

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:

- ☐ Yes ☒ No Use cooling towers that discharge blowdown or other wastestreams
- ☐ Yes ☒ No Use boilers that discharge blowdown or other wastestreams
- ☐ Yes ☒ No Discharge once-through cooling water

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

b. If yes to any of the above, attach an SDS with the following information for each chemical additive.

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

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

Attachment: Click to enter text.

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: Click to enter text.

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

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

- a. Check the box next to the appropriate method of domestic sewage and domestic sewage sludge treatment or disposal. Complete Worksheet 5.0 or Item 7.b if directed to do so.
- ☐ Domestic sewage is routed (i.e., connected to or transported to) to a WWTP permitted to receive domestic sewage for treatment, disposal, or both. Complete Item 7.b.
 - ☒ Domestic sewage disposed of by an on-site septic tank and drainfield system. Complete Item 7.b.
 - ☐ Domestic and industrial treatment sludge ARE commingled prior to use or disposal.
 - ☐ Industrial wastewater and domestic sewage are treated separately, and the respective sludge IS NOT commingled prior to sludge use or disposal. Complete Worksheet 5.0.
 - ☐ Facility is a POTW. Complete Worksheet 5.0.
 - ☐ Domestic sewage is not generated on-site.
 - ☐ Other (e.g., portable toilets), specify and Complete Item 7.b: Click to enter text.
- b. Provide the name and TCEQ, NPDES, or TPDES Permit No. of the waste-disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.
Stanford Vacuum Service	20766

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: Click to enter text.

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: [Click to enter text.](#)

Additionally, attach a copy of all tests performed which **have not** been submitted to the TCEQ or EPA. **Attachment:** [Click to enter text.](#)

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: [Click to enter text.](#)

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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.

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.

Click to enter text.

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

☐ Yes ☒ No

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

Click to enter text.

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

☐ Yes ☒ No

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

Click to enter text.

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 Data

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units

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

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

Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment:** Click to enter text.

TABLE 1 and TABLE 2 (Instructions, Page 58)

Completion of Tables 1 and 2 is required for all external outfalls for all TPDES permit applications.

Table 1 for Outfall No.: Click to enter text. Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand				
Total organic carbon				
Dissolved oxygen				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				

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

(*) Indicate units if different from µg/L.

(**) Total of detects for PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, and PCB-1016. If all non-detects, enter the highest non-detect preceded by a "<".

TABLE 4 (Instructions, Pages 58-59)

Partial completion of Table 4 **is required** for each **external outfall** based on the conditions below.

a. Tributyltin

Is this facility an industrial/commercial facility which currently or proposes to directly dispose of wastewater from the types of operations listed below or a domestic facility which currently or proposes to receive wastewater from the types of industrial/commercial operations listed below?

☐ Yes ☒ No

If **yes**, check the box next to each of the following criteria which apply and provide the appropriate testing results in Table 4 below (check all that apply).

- ☐ Manufacturers and formulators of tributyltin or related compounds.
- ☐ Painting of ships, boats and marine structures.
- ☐ Ship and boat building and repairing.
- ☐ Ship and boat cleaning, salvage, wrecking and scaling.
- ☐ Operation and maintenance of marine cargo handling facilities and marinas.
- ☐ Facilities engaged in wood preserving.
- ☐ Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent.

b. Enterococci (discharge to saltwater)

This facility discharges/proposes to discharge directly into saltwater receiving waters **and** Enterococci bacteria are expected to be present in the discharge based on facility processes.

☒ Yes ☐ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

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

c. **E. coli (discharge to freshwater)**

This facility discharges/proposes to discharge directly into freshwater receiving waters and *E. coli* bacteria are expected to be present in the discharge based on facility processes.

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

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

Table 4 for Outfall No.: Click to enter text. Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1	Sample 2	Sample 3	Sample 4	MAL
Tributyltin (µg/L)					0.010
Enterococci (cfu or MPN/100 mL)					N/A
<i>E. coli</i> (cfu or MPN/100 mL)					N/A

TABLE 5 (Instructions, Page 59)

Completion of Table 5 is required for all external outfalls which discharge process wastewater from a facility which manufactures or formulates pesticides or herbicides or other wastewaters which may contain pesticides or herbicides.

If this facility does not/will not manufacture or formulate pesticides or herbicides and does not/will not discharge other wastewaters that may contain pesticides or herbicides, check N/A.

☒ N/A

Table 5 for Outfall No.: Click to enter text. Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Aldrin					0.01
Carbaryl					5
Chlordane					0.2
Chlorpyrifos					0.05
4,4'-DDD					0.1
4,4'-DDE					0.1
4,4'-DDT					0.02
2,4-D					0.7
Danitol [Fenpropathrin]					—
Demeton					0.20
Diazinon					0.5/0.1
Dicofol [Kelthane]					1
Dieldrin					0.02
Diuron					0.090

TABLE 7 (Instructions, Page 60)

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

☒ N/A

Table 7 for Applicable Industrial Categories

Industrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/Neutrals Table 10	Pesticides Table 11
<input type="checkbox"/> Adhesives and Sealants		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Aluminum Forming	467	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Auto and Other Laundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Battery Manufacturing	461	<input type="checkbox"/> Yes	No	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Coal Mining	434	No	No	No	No
<input type="checkbox"/> Coil Coating	465	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Copper Forming	468	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Electric and Electronic Components	469	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Electroplating	413	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Explosives Manufacturing	457	No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Foundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Gum and Wood Chemicals - Subparts A,B,C,E	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Gum and Wood Chemicals - Subparts D,F	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Inorganic Chemicals Manufacturing	415	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Iron and Steel Manufacturing	420	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Leather Tanning and Finishing	425	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Mechanical Products Manufacturing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Nonferrous Metals Manufacturing	421,471	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Oil and Gas Extraction - Subparts A, D, E, F, G, H	435	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Ore Mining - Subpart B	440	No	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Organic Chemicals Manufacturing	414	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Paint and Ink Formulation	446,447	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Pesticides	455	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Petroleum Refining	419	<input type="checkbox"/> Yes	No	No	No
<input type="checkbox"/> Pharmaceutical Preparations	439	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Photographic Equipment and Supplies	459	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Plastic and Synthetic Materials Manufacturing	414	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Plastic Processing	463	<input type="checkbox"/> Yes	No	No	No
<input type="checkbox"/> Porcelain Enameling	466	No	No	No	No
<input type="checkbox"/> Printing and Publishing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subpart C	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts F, K	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts A, B, D, G, H	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts I, J, L	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subpart E	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *
<input type="checkbox"/> Rubber Processing	428	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Soap and Detergent Manufacturing	417	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Steam Electric Power Plants	423	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Textile Mills (Not Subpart C)	410	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Timber Products Processing	429	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

* Test if believed present.

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 4.0: RECEIVING WATERS

This worksheet is required for all TPDES permit applications.

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

- a. There is a surface water intake for domestic drinking water supply located within 5 (five) miles downstream from the point/proposed point of discharge.

☐ Yes ☒ No

If **no**, stop here and proceed to Item 2. If **yes**, provide the following information:

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

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

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

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

If the discharge is to tidally influenced waters, complete this section. Otherwise, proceed to Item 3.

- a. Width of the receiving water at the outfall: >1000 feet

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

Item 3. Classified Segment (Instructions, Page 80)

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

☒ Yes ☐ No

If **yes**, stop here and do not complete Items 4 and 5 of this worksheet or Worksheet 4.1.

If **no**, complete Items 4 and 5 and Worksheet 4.1 may be required.

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)
Attachment G			

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

Raceway Descriptions

Number of Raceways	Dimensions (include units)

Fabricated Tank Descriptions

Number of Tanks	Dimensions (include units)

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

☐ Yes ☒ No

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

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

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

☐ Yes ☒ No

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

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

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

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
Sciaenops Ocellatus/Red Drum	Gulf States Aquaculture	Matagorda Bay	N/A	N/A

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

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

Attach a detailed stock management plan: [Attachment H](#)

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

Attach a detailed description of the discharge practices and water treatment process(es): [Attachment I](#)

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

Attach a description of the solid waste-disposal practices: [N/A](#)

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

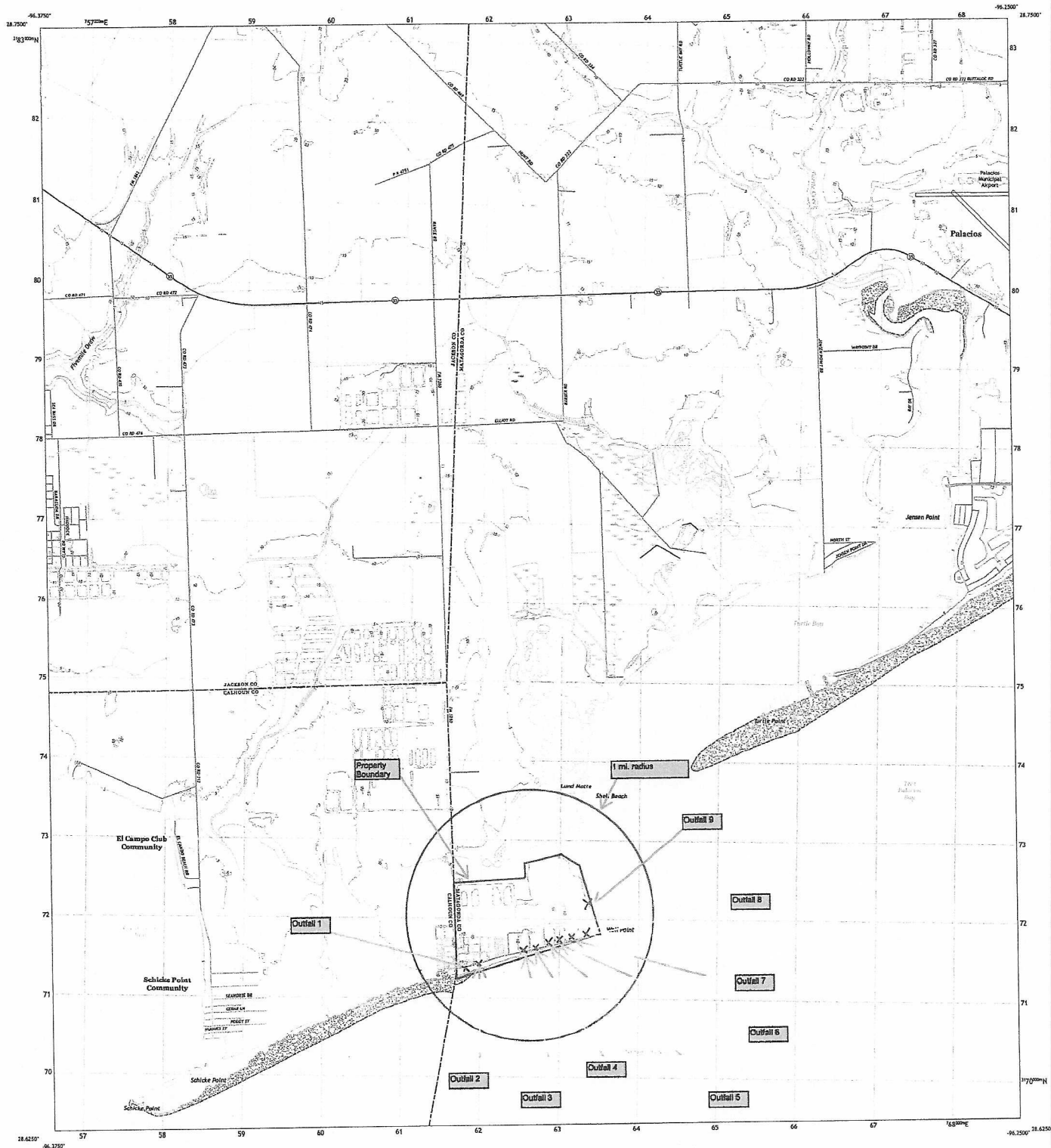
All new and expanding commercial shrimp facilities located/to be located within the coastal zone must attach a detailed site assessment report which identifies sensitive aquatic habitats within the coastal zone: N/A

Attachment Index

<i>Attachment</i>	<i>Title</i>
<hr/>	
A	Original USGS Topographic Map
B	Site Drawing
C	Flow Diagram
D	Core Data Form
E	PLS
F	SPIF
G	Pond Dimensions
H	Stock Management Plan
I	Water Treatment Procedure
J	Best Management Practices
K	ePay Receipt

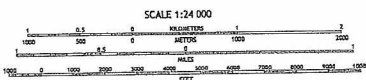
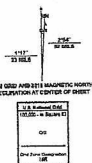
Attachment A

Original Topographic Map



Produced by the United States Geological Survey
North American Edition of 1983 (NAGS3)
World Geoscientific System of 1984 (WGS84). Projection and
1:500,000 scale geobase/Vector Transverse Mercator, Zone 18
This map is not a legal document. Boundaries may be
generalized for this map scale. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.

Geography U.S. NAD, September
..... Census Bureau
National
National
Hydrology National Hydrography Data
Contours National Elevation
Boundaries Multiple sources; see metadata
Wellhead FWS National Wellhead Inventory



CONTOUR INTERVAL, 5 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the
National Geospatial Program US Topo Product Standard.



1	Z	3
4		5
6	7	8

1 La Voz
2 Franelas
3 Nanding
4 Olivia
5 Palacios
6 Keller Bay
7 Caraculva Plaza
8 Palacion Point

ROAD CLASSIFICATION

Expressway	—————	Local Connector	—————
Secondary Hwy	—————	Local Road	—————
Strip	—————	400	—————

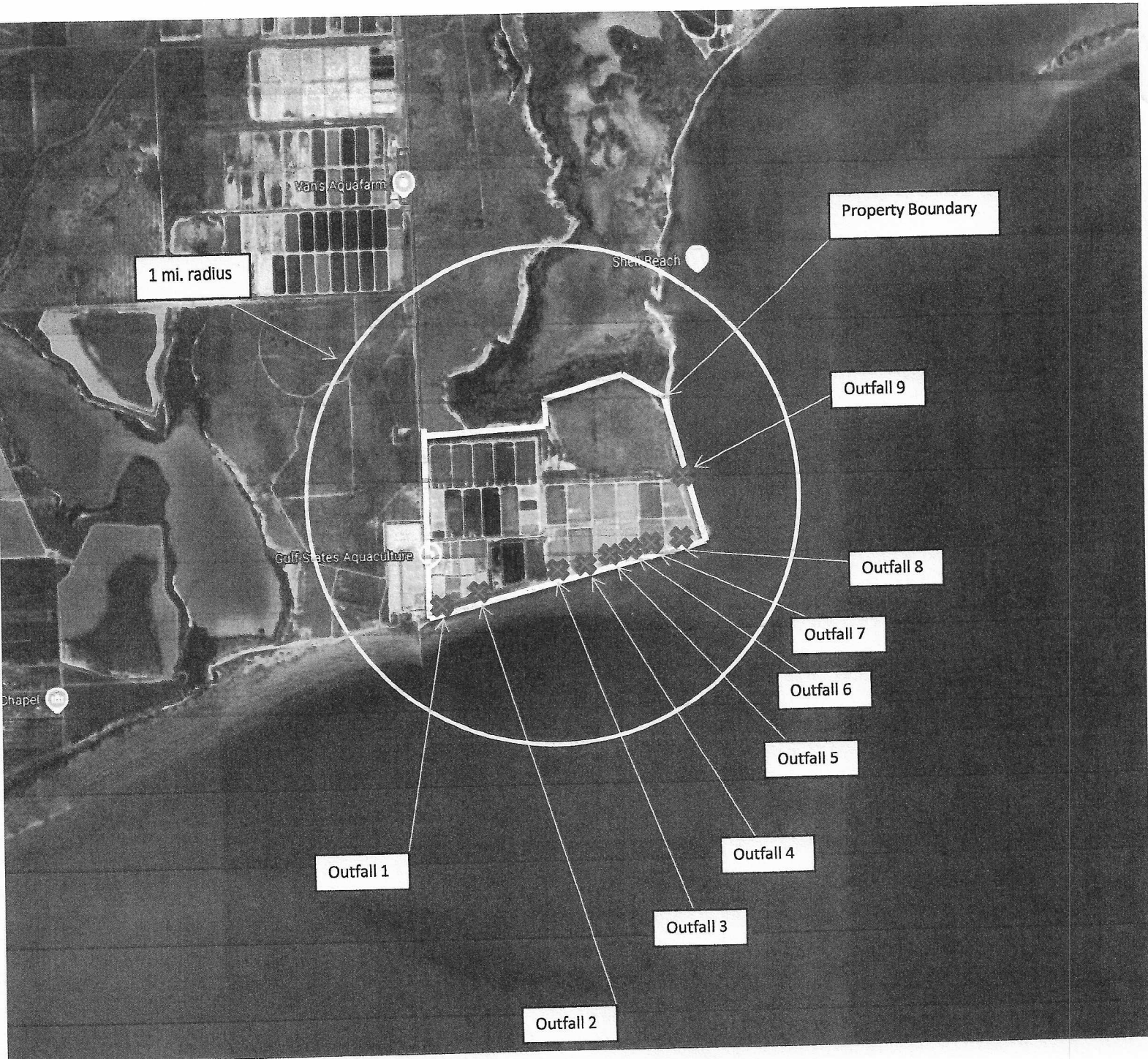
 Interstate Route  US Route  State Route

TURTLE BAY, TX
2022



Attachment B

Site Drawing

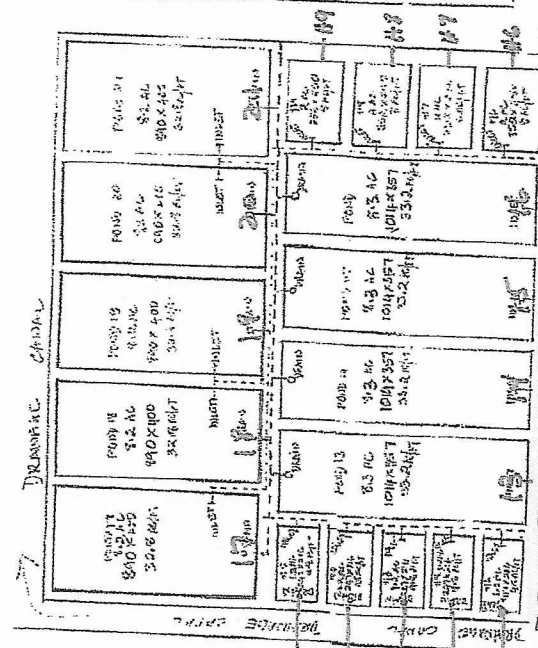
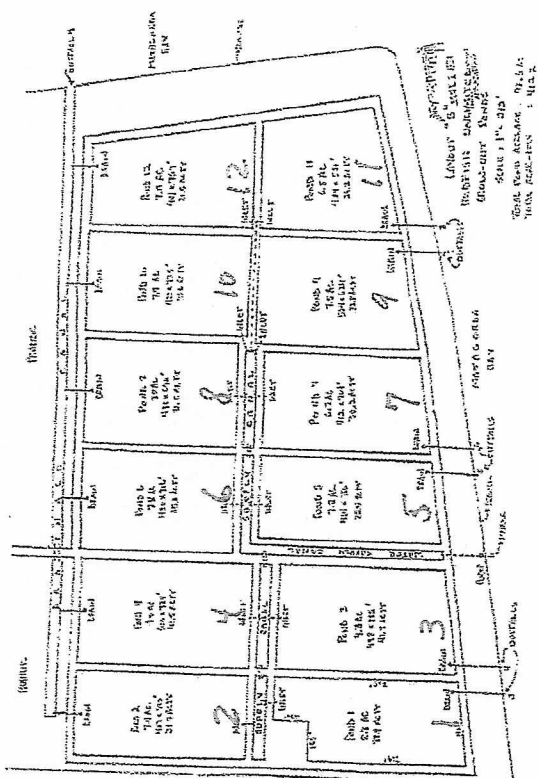


Gulf States Aquaculture, LLC
WQ0003660000
October 2024

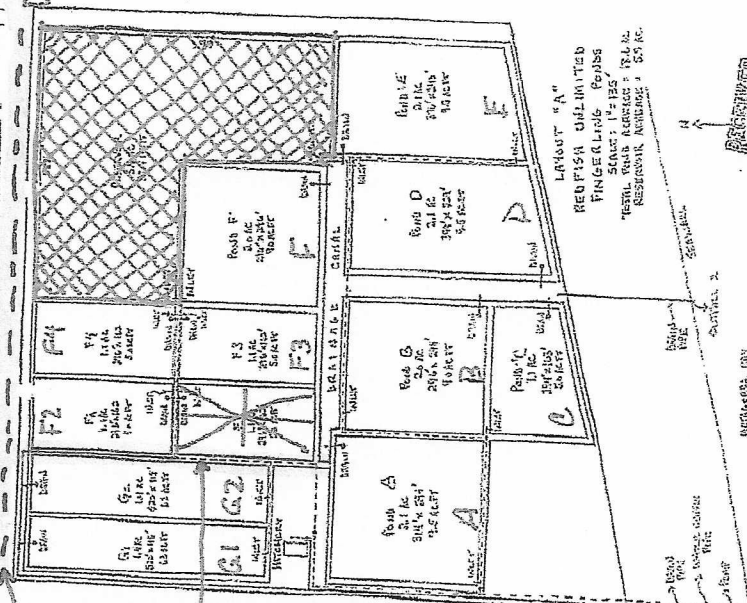


Attachment C

Flow Diagram



Centralized Pump



LAYOUT "A"
REDFISH UNLIMITED
FINGERLING POND
SCALE: 1" = 125'
TOTAL POND AREA: 12,000
RESERVOIR AREA: 55 AC.

RECEIVED
JUN 20 1973

Place Rock next to
Place Rock next to
Caisson

Attachment D

Core Data Form



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.) <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) <input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) <input type="checkbox"/> Other		
2. Customer Reference Number (if issued) CN 604920272	Follow this link to search for CN or RN numbers in Central Registry** Central Registry**	3. Regulated Entity Reference Number (if issued) RN 101523785

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) Gulf States Aquaculture, LLC		If new Customer, enter previous Customer below:	
7. TX SOS/CPA Filing Number 0802211652	8. TX State Tax ID (11 digits) 32057191697	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:		13. Independently Owned and Operated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. Number of Employees <input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant Other: _____	
15. Mailing Address: 1305 Derek Dr., Ste. 4 City: Hammond State: LA ZIP: 70403 ZIP + 4: _____			
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable) shane@nolafoodbrokers.com	
18. Telephone Number (504) 382-9737	19. Extension or Code	20. Fax Number (if applicable) () -	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.) <input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.) Gulf States Aquaculture WWTF	
23. Street Address of the Regulated Entity:	5000 FM 3280

(No PO Boxes)								
City	Palacios	State	TX	ZIP	77465	ZIP + 4		
24. County	Matagorda							

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

25. Description to Physical Location:							
26. Nearest City		State		Nearest ZIP Code			
Palacios		TX		77465			
Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).							
27. Latitude (N) In Decimal:		28.6490		28. Longitude (W) In Decimal:		-96.3156	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)	
271		0921		112519		112511	
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Aquaculture Farm							
34. Mailing Address:		5100 FM 3280					
		City	Palacios	State	TX	ZIP	77465
				ZIP + 4			
35. E-Mail Address:		shane@nolafoodbrokers.com					
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
(504) 382-9737				() -			

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


<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
WQ0003660000				

SECTION IV: Preparer Information

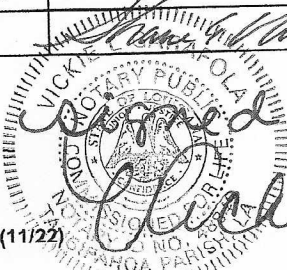
40. Name:	Stephanie Landsman		41. Title:	Wastewater Specialist
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(281) 658-5899		() -	stephanie@landsmanenviro.com	

SECTION V: Authorized Signature

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

Company:	Gulf States Aquaculture, LLC	Job Title:	Owner/Chief Administrative Officer
Name (In Print):	Shane Nicaud	Phone:	(504) 382-9737
Signature:		Date:	10/22/24

This is signed before me on 22 October 2024

 Vickie L Garafola
Notary Public
Notary ID No. 48849
TANGIPAHOA Parish, LA

TCEQ-10400 (11/22)

Page 2 of 2

Attachment E

PLS



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS 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.

Gulf States Aquaculture LLC (CN604920272) operates Gulf States Aquaculture (RN101523785), a commercial Red Drum hatchery. The facility is located at 5000 Farm-to-Market Road 3280, in Palacios, Matagorda County, Texas 77465. Request for renewal of permit authorizing the discharge of 6 MGD of industrial wastewater.

Discharges from the facility are expected to contain CBOD(5), Total Suspended Solids, Ammonia Nitrogen, Copper. Process wastewater is treated by best management practices such as no discharge during harvesting.

Attachment F

SPIF

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ☐ Renewal ☐ Major Amendment ☐ Minor Amendment ☐ New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

☐ Texas Historical Commission ☐ U.S. Fish and Wildlife
☐ Texas Parks and Wildlife Department ☐ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Gulf States Aquaculture LLC

Permit No. WQ00 03660000

EPA ID No. TX 0119016

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

5000 Farm-to-Market Road 3280, west of the City of Palacios, Matagorda County.

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

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

First and Last Name: Shane Nicaud

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

Title: Owner/Chief Administrative Officer

Mailing Address: 1305 Derek Dr., Ste. 4

City, State, Zip Code: Hammond, LA 70403

Phone No.: 504-382-9737 Ext.:

Fax No.:

E-mail Address: shane@nolafoodbrokers.com

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

N/A

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

Via Outfalls 001-008 directly to Matagorda Bay/Powderhorn Lake in Segment No. 2451 of the Bays and Estuaries, and via Outfall 009 directly to Tres Palacios Bay/Turtle Bay in Segment No. 2452 of the Bays and Estuaries.

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

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

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

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



Disturbance of vegetation or wetlands

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

none

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

none

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

Attachment G

Pond Dimensions

Attachment G

GSA FARM WATER ACRES

Growth Ponds	Water Acres	Fingerling Ponds	Water Acres
1	8.30	H1	1.2
2	7.40	H2	1.2
3	9.30	H3	1.2
4	9.00	H4	1.2
5	7.20	H5	1.2
6	7.80	H6	2
7	6.70	H7	2
8	7.00	H8	2
9	7.50	H9	2
10	7.90	G1	1.4
11	6.50	G2	1.4
12	7.00	F2	1.1
13	8.30	F3	1.1
14	8.30	F4	1.1
15	8.30	F	2
16	8.30	A	2.1
17	8.20	B	2
18	8.20	C	1.1
19	8.20	D	2.1
20	8.20	E	2.1
21	8.20		31.5
	165.80		

TOTALS

LEASED

GROWTH PONDS 91.60

LAND ACRES 150.00

COMPANY

GROWTH PONDS 74.20

FINGERLING PONDS 31.50

ALL WATER ACRES 197.30

TOTAL LAND ACRES 400.00

Chief State Agronomist

5100 Am 3780

Palmdale, TX 77465

985-306.3885

Attachment H

Stock Management Plan

ATTACHMENT E

STOCK MANAGEMENT PLAN

- A. Total Harvest Weight – 1,500,000 lbs in 2008
- B. Density of Stock-3000-4000 fish/acre
- C. Sizes at Stocking & Life States
 - 1. Nursery/Fingerling Stage (1st year)-egg to 6"-8" fish
 - 2. Growout Stage in 2nd year-6"-8" fingerlings to 3.0 lb foodfish
- D. Composition of Feed: 44% protein & 13% lipids with major ingredients being wheat, soybean meal, fish meal & vitamin premix & mineral premix supplements. The feed management practices are as follows: From mid-April to mid-November fish are fed to satiation, a floating feed either once a day, below 24 degrees C, or twice daily, above 24 degrees C. The maximum feeding rate is 120 lbs/acre/day. During the cooler months, mid-November to mid-April, fish are fed a sinking feed at a percentage of their body weight. The percentage or amount of feed and the frequency of feeding varies with the water temperature and the size of fish.
- E. Method of harvesting-seining
- F. Stocking Dates & Production months prior to harvest-fish are stocked and produced year-round.
- G. Months of Harvest-fish are harvested weekly, year-round.
- H. Medication & Supplements-none.
- I. Disease monitoring procedures-periodic seining to determine size, growth and condition of fish.
- J. Frequency & Duration of Medical Treatments-none.

Attachment I

Water Treatment Procedure

ATTACHMENT F

WATER TREATMENT AND DISCHARGE DESCRIPTION

- A. Ponds are harvested by seining and several days or weeks after are drained by gravity through a discharge pipe in each pond. Ponds are normally drained once a year and bottoms are allowed to dry out before refilling. During a yearly production period in a pond water is added to replace losses for seepages & evaporation. Aeration and circulation using paddlewheel aerators is used to maintain good water quality. Percentages of water exchange are zero to negligible.
- B. CBOD, NH₄, pH & TSS. The water quality parameters measures according to the TCEQ permit, are generally higher in the warmer months, June-September, when fish consume more feed, lower in the spring, March & April and the fall, October & November, and lowest in the winter, December-February. More water is used during the warmer months to replace higher losses from seepage and evaporation but the quantity of discharge is similar year-round because ponds are harvested and subsequently drained on a regular schedule to supply the fish markets with a continuous supply of fresh product.
- C. Annual average Discharge is estimated as 23.4 million gallons (717 acre-feet.) This amounts to a daily average discharge of 0.64 MGD. The daily maximum flows are estimated as 3.0-3.7 MGD varying with the size and number of pond or ponds being drained on a given day.
- D. The estimated number of days of discharge is 80 days per year. Discharge occurs at a similar rate and frequency throughout the year.
- E. The only cleaning and disinfection processes used are drying and disking the pond bottoms.

Attachment J

Best Management Practices

Seaside Aquaculture, Inc.
Best Management Practices Plan

INTRODUCTION

This Best Management Practices (BMP) Plan has been prepared for Seaside Aquaculture, Inc. as a condition of their TPDES Wastewater Permit No. WQ0003660000. Seaside Aquaculture, Inc. Operates a mariculture facility located on the eastern side of Farm-To-Market Road 3280 where Farm-To-Market Road 3280 terminates at Matagorda Bay, approximately 6 miles south-southwest of the City of Palacios, Matagorda County, Texas. A Site Map of the Seaside Aquaculture Facility is presented in Figure 1.

PURPOSE

The purpose of this plan is to outline the standard operating procedures and BMPs, which will prevent or minimize the generation of pollutants from the facility. Implementation of this plan will also prevent or minimize the potential for release of pollutants from the facility to waters of the state. A copy of this BMP Plan will be maintained at the Seaside Aquaculture, Inc. facility and shall be available for TCEQ personnel upon request. The BMP Plan will be modified if there are any changes in the facility or operation of the facility. The BMP Plan will also be modified if a BNP is found to be ineffective. All employees of Seaside Aquaculture will be familiar with the operating procedures and BMPs in this plan and will have access to the plan at all times. All employees shall have input to the BMP Plan with respect to changes in operating procedures, modifications to equipment or the facility itself, and any improvements in management or operation of the facility. Revisions to the BMP Plan shall be reported in writing to the following address:

TCEQ
Wastewater Permitting Section
Industrial Waste Permitting Team (MC 146)
P.O. Box 13087
Austin, TX 78711-3087

OBJECTIVES

The objective of the operating procedures and the BMPs presented in this plan is to ensure the proper operation and maintenance of the Seaside Aquaculture, Inc. facility. Proper operation and maintenance of the facility will minimize the number of pollutants, the quality of pollutants, and the overall toxicity of the effluent generated. This will further minimize impacts to waters of the state.

Specific objective for mariculture operations are as follows:

- Employing efficient feeding strategies to use the minimum amount of feed reasonably necessary to achieve production goals and targeted rates of growth, in order to minimizing potential discharges of un eaten feed and waste products to waters of state; and
- Minimizing the discharge of accumulated solids from the ponds in order to minimize increases in turbidity of the receiving waters.

STANDARD OPERATING PROCEDURES AND BEST MANAGEMENT PRACTICES

Feed Management

1. Daily feed rations will be split into multiple feedings to maximize feed efficiency and minimize nutrient loss to water.
2. A feed that provides optimum growth and feed conversion with the lowest possible protein will be used. The feed will also have a low sinking rate and high water stability.
3. All feed will be inspected and monitored upon delivery.
4. The spilling of feed, which would attract birds and pests, will be avoided at all times.

Solids Control

1. The flow rate of the discharge shall be controlled to minimize erosion and suspension of sediments in the receiving waters. Discharges shall not cause substantial or persistent changes in turbidity or color of the receiving waters.
2. After complete harvesting, pond is allowed to settle for at least one week, and then discharged to the bottom of the water level. The pond is then allowed to dry out for approximately three weeks before restocking.
3. The discharge shall not contain floating objects, visible oil, or exhibit persistent foaming. The discharge shall not cause nuisance conditions that affect the public.
4. There will be no flushing or sweeping of accumulated solids from raceways or tanks to waters of the state.
5. Disturbance of bottom sediments during pond dewatering will be avoided by discharging from the uppermost portion of the water column.

Best Management Practices Plan

February 2014

6. Dead fish shall be routinely removed from the ponds and shall be disposed of properly to prevent contamination of waters of the state, and to prevent a public health hazard or nuisance.

Materials Storage

1. Drugs, pesticides, and feed will be properly stored in order to prevent spills that may result in discharge to waters of the state.
2. Any spilled material will be properly contained, cleaned, and disposed of.

Structural Maintenance

1. Inspect the production system and the wastewater treatment system on a routine basis in order to identify and promptly repair damage.
2. Conduct regular maintenance of the production system and the wastewater treatment system in order to ensure that they are properly functioning.

Record Keeping

1. In order to calculate representative feed conversion ratios, maintain records documenting the feed amounts and estimates of the numbers and weight of aquatic animals.
2. Keep records documenting the frequency of cleaning, inspections, maintenance and repairs.
3. All monitoring and laboratory results shall be maintained for a minimum of three years and shall be available for review upon request.
4. Records of all drugs, medications, and chemical treatments used shall be maintained for a minimum of three years and shall be available for review and inspection upon request. These records shall include treatment concentrations, discharge volumes and dates, and product label or MSDS sheet for each drug, medication, or treatment used.

Training

1. In order to ensure the proper clean-up and disposal of spilled material adequately train all relevant facility personnel in spill prevention and how to respond in the event of a spill.
2. Train staff on the proper operation and cleaning of production and wastewater treatment systems including training in feeding procedures and proper use of equipment.

Other Requirements

1. Earthen levees and dikes shall be stabilized via vegetation or other means to control erosion. If the levees or dikes are vegetated, the vegetation shall be maintained at all times by watering and mowing as needed.
2. Pond water will be aerated and circulated. Pond wastewater shall be reused or recirculated when possible and as is appropriate and cost effective.
3. Removal of pond bottom sludge or other solids shall be conducted during favorable wind conditions that carry odors away from nearby receptors such as residences, businesses, and public buildings. At no time shall emissions from any activity create a nuisance.

Attachment K

ePay Receipt

TCEQ ePay Voucher Receipt**Transaction Information**

Voucher Number: 730373
Trace Number: 582EA000633825
Date: 11/12/2024 08:09 AM
Payment Method: CC - Authorization 0000050909
Voucher Amount: \$300.00
Fee Type: WW PERMIT - MINOR FACILITY NOT SUBJECT TO 40 CFR 400-471 - RENEWAL
ePay Actor: STEPHANIE LANDSMAN

Payment Contact Information

Name: STEPHANIE LANDSMAN
Company: LANDSMAN ENVIRONMENTAL LLC
Address: 9597 JONES ROAD 962, JERSEY VILLAGE, TX 77065
Phone: 281-658-5899

Site Information

Site Name: GULF STATES AQUACULTURE WWTF
Site Address: 5000 FM 3280, PALACIOS, TX 77465
Site Location: 5000 FM 3280 PALACIOS TX 77465

Customer Information

Customer Name: GULF STATES AQUACULTURE LLC
Customer Address: 1305 DEREK DR STE 4, HAMMOND, LA 70403

Other Information

Program Area ID: 0003660000

TCEQ ePay Voucher Receipt

Transaction Information	
Voucher Number:	730374
Trace Number:	582EA000633825
Date:	11/12/2024 08:09 AM
Payment Method:	CC - Authorization 0000050909
Voucher Amount:	\$15.00
Fee Type:	30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE
ePay Actor:	STEPHANIE LANDSMAN

Payment Contact Information	
Name:	STEPHANIE LANDSMAN
Company:	LANDSMAN ENVIRONMENTAL LLC
Address:	9597 JONES ROAD 962, JERSEY VILLAGE, TX 77065
Phone:	281-658-5899

TECHNICAL DATA COMPLETENESS REVIEW

Permittee Name: GULF STATES AQUACULTURE LLC.

Permit No.: WQ0003660000

Application Type: Renewal only

App Rcv Date: 11/13/2024

	Y	N		N/A
Technical Report Items				
1a – 1e, 1g – 1h. Facility/Site Information	Y			
1f. Facility/Site Information 100-year flood plain adequately addressed?	Y			
2. Treatment System Flow diagram Complete?	Y			
3. Impoundments If new, Items 3.b-3.f addressed?				N/A
4. Outfall/Disposal Method information Complete information provided for each outfall (internal & external)?	Y			
5. Blowdown and Once-Through Cooling Water Discharges				N/A
5c. Blowdown and Once-Through Cooling Water Discharges SDS attached?				N/A
6. Stormwater Management				N/A
7. Domestic Sewage, Sewage Sludge, & Septage Management and Disposal	Y			
8. Improvements or Compliance/Enforcement Requirements Agreed Orders?				N/A
9. Toxicity Testing				N/A
10. Off-Site/Third Party Wastes				N/A
11. Radioactive Materials Responses provided to both a and b?				N/A
12. Cooling Water Intake Structures	Y			
13a. Major Amendments Requests				N/A
13b. Minor Modification Requests				N/A
13c. Minor Amendment Requests.				N/A
Worksheets				
1.0 EPA Effluent Categorical Guidelines. Complete production data and/or categorical flows?				N/A
2.0 Pollutant Analyses Requirements. Analytical results for all outfalls?	Y			
3.0 Land Disposal of Effluent				N/A
3.1 Surface Land Application and Evaporation.				N/A
3.2 Subsurface Irrigation Systems (Non-drip Systems)				N/A
3.3 Subsurface Area Drip Systems				N/A
4.0 Receiving Waters	Y			
4.1 Stream Physical Characteristics				N/A
5.0 Sewage Sludge Management and Disposal				N/A

	Y	N		N/A
6.0 Industrial Waste Contribution				N/A
7.0 Disposal of Stormwater Analytical data provided?				N/A
8.0 Aquaculture	Y			
9.0 Class V Injection Well Inventory/Authorization Form				N/A
10.0 The John Graves Scenic Riverway- Talk to Team Lead				N/A
11.0 Cooling Water Intake Structures If PWS, active and meets definition?				N/A
11.1 Impingement Mortality If subject to 316(b), is the facility on closed cycle recirculating system or design/actual intake flows less than 0.5 fps? If no, notify Shannon; if yes, was flow intake flow data provided?				N/A
11.2 Source Water Biological Data If Stocked and Managed, most recent report attached?				N/A
11.3 Compliance with Entrainment Mortality Standard If no existing entrainment data, was an explanation provided?				N/A
Memos				
TCEQ Standards Memo • antidegradation language (new or amendment) • endangered species language • pH screening information (if needed)				
TCEQ Critical Conditions Memo				
TCEQ Modeling Memo • effluent limits • TMDL information (if any) • 303(d) list information				
TCEQ Biomonitoring Memo				
TCEQ Agronomy Memo				
TCEQ Groundwater Memo				

Additional details regarding deficiencies. Attach copy of request for information.