Administrative Package Cover Page

This file contains the following documents:

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

Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

1. Resumen en lenguaje sencillo (PLS, por sus siglas en inglés) de la actividad propuesta
   - Inglés
   - Idioma alternativo (español)
2. Primer aviso (NORI, el Aviso de Recepción de Solicitud e Intención de Obtener un Permiso)
   - Inglés
   - Idioma alternativo (español)
3. Solicitud original

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS INDUSTRIAL WASTEWATER/STORMWATER

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

Golden Spread Electric Cooperative (CN602663387) operates Mustang Station (RN101286433), an electric power generating facility. The facility is located at 1937 County Road 390, in Denver City, Yoakum County, Texas 79323. This application is for a renewal to dispose of industrial wastewater to an on-site evaporation pond at an annual average flow of 153,600 gallons per day. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain total dissolved solids, sulfate, and chloride. Industrial wastewater is treated by a lime and soda ash clarifier.

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

AGUAS RESIDUALES INDUSTRIALES /AGUAS PLUVIALES

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

Golden Spread Electric Cooperative (CN602663387) opera Mustang Station (RN101286433), una generación de energía eléctricauna instalación. La instalación está ubicada en 1937 County Road 390, en Denver City, Condado de Yoakum, Texas 79323. Esta solicitud es para una renovación para eliminar las aguas residuales industriales en un estanque de evaporación en el sitio con un flujo promedio anual de 153,600 galones por día. Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan sólidos disueltos totales, sulfato y cloruro. Las aguas residuals industrials está tratado por un clarificador de cal y caronato de sodio.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0003951000

APPLICATION. Golden Spread Electric Cooperative, Inc., P.O. Box 9898, Amarillo, Texas 79105, which owns an electric power generating facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Land Application Permit (TLAP) No. WQ0003951000 to authorize the disposal of treated wastewater at a volume not to exceed an annual average flow of 153,600 gallons per day via evaporation. The facility and disposal area are located at 1937 County Road 390, Denver City, in Yoakum County, Texas 79323. TCEQ received this application on June 4, 2024. The permit application will be available for viewing and copying at Yoakum County Library, Reference Desk, 205 West 4th Street, Denver City, in Yoakum County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-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=-102.741111,32.971944&level=18

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

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

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

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

instructions for requesting reconsideration of the Executive Director's decision and for requesting a contested case hearing. A contested case hearing is a legal proceeding similar to a civil trial in state district court.

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

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

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

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

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

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

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

Further information may also be obtained from Golden Spread Electric Cooperative, Inc. at the address stated above or by calling Mr. Ronnie Popejoy, Production Environmental and Controls Engineer, at (806) 349-5296.

Issuance Date: July 15, 2024

Comisión de Calidad Ambiental del Estado de Texas

AVISO DE RECEPCIÓN DE LA SOLICITUD Y LA INTENCIÓN DE OBTENER CALIDAD DEL AGUA PERMISO
RENOVACIÓN

PERMISO NO. WQ0003951000

SOLICITUD. Golden Spread Electric Cooperative, Inc., apartado postales 9898, Amarillo, Texas 79105 ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) por una renovación Permiso No. WQ0003951000 de disposición de aguas residuales para autorizar Mustang Station la disposición de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio anual de 153,600 galones por día por medio de evaporación. La planta y el sitio de disposición están ubicadas en 1937 County Road 390, ciudad de Denver, en el Condado de Yoakum, Texas. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-102.741111,32.971944&level=18

La TCEQ recibió esta solicitud el día 4 de junio de 2024. La solicitud para el permiso estará disponible para leerla y copiarla en 205 West 4th Street, Denver City antes de la fecha de publicación de este aviso en el periódico.

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la

solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

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

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

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

derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios.

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

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

También se puede obtener información adicional del Golden Spread Electric Cooperative, Inc. a la dirección indicada arriba o llamando a Sr. Ronnie Popejoy al (806) 349-5296.

Fecha de emisión 15 de julio de 2024

PLUMMER

3510-002-01

June 17, 2024

Ms. Abesha Michael
Applications Review and Processing Team
Texas Commission on Environmental Quality
Building F, Room 2101
12100 Park 35 Circle
Austin, Texas 78753

Re: Golden Spread Electric Cooperative, Inc. (CN602663387)
Mustang Station (RN101286433)
Application for Renewal of Industrial Texas Land Application Permit (TLAP) No. WQ0003951000

Dear Ms. Michael:

On behalf of Golden Spread Electric Cooperative, Inc., Plummer Associates, Inc. (Plummer) provides the following responses to the Notice of Deficiency received June 14, 2024, regarding the renewal application for the above-referenced permit. The responses are provided in the order presented in your NOD letter. A copy of your NOD letter is provided as Enclosure A.

1. **Administrative Report, Item 10E on Page 7:** A revised page 7 of the application is provided as Enclosure B.
2. N**otice of Receipt of Application and Intent to Obtain a Water Quality Permit (NORI):** Plummer has reviewed the provided NORI language. There are no revisions to the NORI language at this time.
3. **Spanish NORI:** The NORI in Spanish is provided in Microsoft Word document format as Enclosure C.

Please feel free to contact me at tkoenings@plummer.com or (512) 923-5580, if you have any questions regarding this submittal.

Sincerely,

PLUMMER
TBPE Firm Registration No. F-13

Tres Koenings

Tres Koenings
Senior Project Manager

Enclosures (3)

cc: Mr. Ron Popejoy, Golden Spread Electric Cooperative, Inc.

ENCLOSURE A

Notice of Deficiency Letter

June 14, 2024

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

June 14, 2024

Mr. Ronnie Popejoy
Production Environmental and Controls Engineer
Golden Spread Electric Cooperative, Inc.
4747 South Loop 289, Suite 220
Lubbock, Texas 79424

RE: Application to Renew Permit No.: WQ0003951000
Applicant Name: Golden Spread Electric Cooperative, Inc. (CN602663387)
Site Name: Mustang Station (RN101286433)
Type of Application: Renewal without changes

VIA EMAIL

Dear Mr. Popejoy:

We have received the application for the above referenced permit, and it is currently under review. Your attention to the following item(s) are requested before we can declare the application administratively complete. Please submit responses to the following items via email.

1. Item 10E on page 7 of the administrative report: Thank you for addressing item. However, the applicant, Golden Spread Electric Cooperative, Inc., is a private entity. Please update this item and submit a revised page 7.

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

   APPLICATION. Golden Spread Electric Cooperative, Inc. P.O. Box 9898, Amarillo, Texas 79105, which owns an electric power generating facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Land Application Permit (TLAP) No. WQ0003951000 to authorize the disposal of treated wastewater at a volume not to exceed a daily average flow of 153,600 gallons per day via evaporation. The facility and disposal area are located at 1937 County Road 390, Denver City, in Yoakum County, Texas 79323. TCEQ received this application on June 4, 2024. The permit application will be available for viewing and copying at Yoakum County Library, Reference Desk, 205 West 4th Street, Denver City, in Yoakum County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tlap-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=-102.741111,32.971944&level=18

Further information may also be obtained from Golden Spread Electric Cooperative, Inc. at the address stated above or by calling Mr. Ronnie Popejoy, Production Environmental and Controls Engineer, at (806) 349-5296.

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

Please submit the complete response, addressed to my attention by June 29, 2024. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-4912 or by email at abesha.michael@tceq.texas.gov.

Sincerely,

Abesha Michael

Abesha Michael
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality

Enclosure(s)

cc: Mr. Tres Koenings, Senior Project Manager, Plummer Associates, Inc., 8911 North Capital of Texas Hwy, Suite 1250, Austin, Texas 78759

ENCLOSURE B

Administrative Report, Item 10E on Page 7

☒ Yes ☐ No

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

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

   ☒ Yes ☐ No

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No ☐ N/A

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

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

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

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

a. TCEQ issued Regulated Entity Number (RN), if available: RN101286433

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): Mustang Station

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

☒ Yes ☐ No ☐ N/A (new permit)

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

d. Owner of treatment facility:

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

or Organization Name: Golden Spread Electric Cooperative, Inc.

Mailing Address: P.O. Box 9898 City/State/Zip: Amarillo, TX 79105

Phone No: (806) 349-5926 Email: rpopejoy@gsec.coop

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

ENCLOSURE C

Spanish NORI

Comisión de Calidad Ambiental del Estado de Texas

AVISO DE RECEPCIÓN DE LA SOLICITUD Y LA INTENCIÓN DE OBTENER CALIDAD DEL AGUA PERMISO
RENOVACIÓN

PERMISO NO. WQ0003951000

SOLICITUD. Golden Spread Electric Cooperative, Inc., apartado postales 9898, Amarillo, Texas 79105 ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) por una renovación Permiso No. WQ0003951000 de disposición de aguas residuales para autorizar Mustang Station la disposición de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 153,600 galones por día por medio de evaporación. La planta y el sitio de disposición están ubicadas en 1937 County Road 390, Denver City, en el Condado de Yoakum, Texas. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-102.741111,32.971944&level=18

La TCEQ recibió esta solicitud el día 4 de junio de 2024. La solicitud para el permiso estará disponible para leerla y copiarla en 205 West 4th Street, Denver City antes de la fecha de publicación de este aviso en el periódico.

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la

solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

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

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

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

derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios.

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

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

También se puede obtener información adicional del Golden Spread Electric Cooperative, Inc. a la dirección indicada arriba o llamando a Sr. Ronnie Popejoy al (806) 349-5296.

Fecha de emisión _____ *[Date notice issued]*

Comisión de Calidad Ambiental del Estado de Texas

AVISO DE RECEPCIÓN DE LA SOLICITUD Y LA INTENCIÓN DE OBTENER CALIDAD DEL AGUA PERMISO
RENOVACIÓN

PERMISO NO. WQ0003951000

SOLICITUD. Golden Spread Electric Cooperative, Inc., apartado postales 9898, Amarillo, Texas 79105 ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) por una renovación Permiso No. WQ0003951000 de disposición de aguas residuales para autorizar Mustang Station la disposición de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 153,600 galones por día por medio de evaporación. La planta y el sitio de disposición están ubicadas en 1937 County Road 390, Denver City, en el Condado de Yoakum, Texas. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-102.741111,32.971944&level=18

La TCEQ recibió esta solicitud el día 4 de junio de 2024. La solicitud para el permiso estará disponible para leerla y copiarla en 205 West 4th Street, Denver City antes de la fecha de publicación de este aviso en el periódico.

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la

solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

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

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

derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios.

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

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

También se puede obtener información adicional del Golden Spread Electric Cooperative, Inc. a la dirección indicada arriba o llamando a Sr. Ronnie Popejoy al (806) 349-5296.

Fecha de emisión _____ *[Date notice issued]*

PLUMMER

3510-002-01

June 4, 2024

Texas Commission on Environmental Quality
Applications Review and Processing Team
Building F, Room 2101
12100 Park 35 Circle
Austin, Texas 78753

Re: Golden Spread Electric Cooperative, Inc.
Mustang Station
Application for Renewal of Industrial Texas Land Application Permit (TLAP) No. WQ0003951000

To Whom It May Concern:

On behalf of Golden Spread Electric Cooperative, Inc., Plummer Associates, Inc. (Plummer) submits one original and two copies of the renewal application for the above-referenced permit. The application fee of $315.00 for the Industrial Wastewater Permit Application has been submitted to the Texas Commission on Environmental Quality via ePay.

Please feel free to contact me at tkoenings@plummer.com or (512) 923-5580, if you have any questions regarding this submittal.

Sincerely,

PLUMMER
TBPE Firm Registration No. F-13

Tres Koenings

Tres Koenings
Senior Project Manager

Enclosures: Permit Renewal Application (1 original, 2 copies)

cc: Mr. Ron Popejoy, Golden Spread Electric Cooperative, Inc.

GOLDEN SPREAD ELECTRIC COOPERATIVE, INC.

MUSTANG STATION

INDUSTRIAL TEXAS LAND APPLICATION PERMIT (TLAP) RENEWAL APPLICATION PERMIT NO. WQ0003951000

SUBMITTED TO:
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

June 2024

PROJECT #: 3510-002-01

PLUMMER

GOLDEN SPREAD ELECTRIC COOPERATIVE INC.
MUSTANG STATION
INDUSTRIAL TLAP PERMIT RENEWAL APPLICATION

TABLE OF CONTENTS

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: Golden Spread Electric Cooperative, Inc.

PERMIT NUMBER (If new, leave blank): WQ0003951000

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region _____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

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

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

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

Applicant Name: Golden Spread Electric Cooperative, Inc.

Permit No.: WQ0003951000

EPA ID No.: TX0N/A

Expiration Date: 12/1/2024

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: N/A

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)	☐ $350	☐ $350	☒ $315	☐ $150
Minor facility subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	☐ $1,250	☐ $1,250	☐ $1,215	☐ $150
Major facility	N/A [2]	☐ $2,050	☐ $2,015	☐ $450

h. Payment Information

Mailed

Check or money order No.: N/A

Check or money order amt.: N/A

Named printed on check or money order: N/A

Epay

Voucher number: 707806 & 707807

Copy of voucher attachment: A

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: CN602663387

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

b. Legal name of the entity (applicant) applying for this permit: Golden Spread Electric Cooperative, Inc.

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

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

Prefix: Mr. Full Name (Last/First Name): Bret Yeary

Title: Director of Power Supply Credential: P.E.

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

[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

☒ Yes ☐ No

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

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

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

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

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

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

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

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

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

Title: N/A Credential: N/A

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

☐ Yes ☐ No

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

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

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

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

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

a. ☒ Administrative Contact . ☐ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Ronnie Popejoy

Title: Production Environmental and Controls Engineer Credential: N/A

Organization Name: Golden Spread Electric Cooperative, Inc.

Mailing Address: 4747 S. Loop 289, Suite 220 City/State/Zip: Lubbock, TX 79424

Phone No: (806) 349-5296 Email: rpopejoy@gsec.coop

b. ☒ Administrative Contact ☒ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Tres Koenings

Title: Senior Project Manager Credential: N/A

Organization Name: Plummer Associates, Inc.

Mailing Address: 8911 N Capital of Texas Hwy, Ste 1250 City/State/Zip: Austin, TX 78759

Phone No: (512) 923-5580 Email: tkoenings@plummer.com

Attachment: N/A

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

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

a. Prefix: Mr. Full Name (Last/First Name): Ronnie Popejoy

Title: Production Environmental and Controls Engineer Credential: N/A

Organization Name: Golden Spread Electric Cooperative, Inc.

Mailing Address: 4747 S. Loop 289, Suite 220 City/State/Zip: Lubbock, TX 79424

Phone No: (806) 349-5296 Email: rpopejoy@gsec.coop

b. Prefix: Mr. Full Name (Last/First Name): Chris Whiteside

Title: Manager of Plant Performance and Projects Credential: N/A

Organization Name: Golden Spread Electric Cooperative, Inc.

Mailing Address: 4747 S. Loop 289, Suite 220 City/State/Zip: Lubbock, TX 79424

Phone No: (806) 349-5288 Email: cwhiteside@gsec.coop

Attachment: N/A

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

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

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

Prefix: Mr. Full Name (Last/First Name): Ronnie Popejoy

Title: Production Environmental and Controls Engineer Credential: N/A

Organization Name: Golden Spread Electric Cooperative, Inc.

Mailing Address: 4747 S. Loop 289, Suite 220 City/State/Zip: Lubbock, TX 79424

Phone No: (806) 349-5296 Email: rpopejoy@gsec.coop

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): Ronnie Popejoy

Title: Production Environmental and Controls Engineer Credential: N/A

Organization Name: Golden Spread Electric Cooperative, Inc.

Mailing Address: 4747 S. Loop 289, Suite 220 City/State/Zip: Lubbock, TX 79424

Phone No: (806) 349-5296 Email: rpopejoy@gsec.coop

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Tres Koenings

Title: Senior Project Manager Credential: N/A

Organization Name: Plummer Associates, Inc.

Mailing Address: 8911 N Capital of Texas Hwy, Ste 1250 City/State/Zip: Austin, TX 78759

Phone No: (512) 923-5580 Email: tkoenings@plummer.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: tkoenings@plummer.com

☐ Fax:

☐ Regular Mail (USPS)

Mailing Address:

City/State/Zip Code:

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Ronnie Popejoy

Title: Production Environmental and Controls Engineer Credential: N/A

Organization Name: Golden Spread Electric Cooperative, Inc.

Phone No: (806) 349-5296 Email: rpopejoy@gsec.coop

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: Yoakum County Library Location within the building: Reference Desk

Physical Address of Building: 205 West 4th Street

City: Denver City County: Yoakum

e. Bilingual Notice Requirements

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

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

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

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

☒ Yes ☐ No

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

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

   ☒ Yes ☐ No

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No ☐ N/A

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

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

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

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

a. TCEQ issued Regulated Entity Number (RN), if available: RN101286433

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): Mustang Station

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

☒ Yes ☐ No ☐ N/A (new permit)

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

d. Owner of treatment facility:

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

or Organization Name: Golden Spread Electric Cooperative, Inc.

Mailing Address: P.O. Box 9898 City/State/Zip: Amarillo, TX 79105

Phone No: (806) 349-5926 Email: rpopejoy@gsec.coop

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

f. Owner of land where treatment facility is or will be: Golden Spread Electric Cooperative, Inc.

Prefix: Full Name (Last/First Name):

or Organization Name:

Mailing Address: P.O. Box 9898 City/State/Zip: Amarillo, TX 79105

Phone No: (806) 349-5926 Email: rpopejoy@gsec.coop

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: N/A

g. Owner of effluent TLAP disposal site (if applicable): Golden Spread Electric Cooperative, Inc.

Prefix: Full Name (Last/First Name):

or Organization Name:

Mailing Address: P.O. Box 9898 City/State/Zip: Amarillo, TX 79105

Phone No: (806) 349-5926 Email: rpopejoy@gsec.coop

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

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

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

or Organization Name: N/A

Mailing Address: N/A City/State/Zip: N/A

Phone No: N/A Email: N/A

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

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

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

☐ Yes ☒ No

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

☒ One-mile radius

☐ Three-miles downstream information

☒ Applicant's property boundaries

☒ Treatment facility boundaries

☐ Labeled point(s) of discharge

☐ Highlighted discharge route(s)

☒ Effluent disposal site boundaries

☒ All wastewater ponds

☐ Sewage sludge disposal site

☐ New and future construction

Attachment: D

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

☐ Yes ☐ No or New Permit

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

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

☐ Yes ☐ No or New Permit

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

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

☐ Yes ☐ No or New Permit

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

f. City nearest the outfall(s): N/A

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

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

☐ Yes ☐ No

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

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

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

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

☒ Yes ☐ No or New Permit

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

j. City nearest the disposal site: Denver City

k. County in which the disposal site is located: Yoakum

l. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site: Process effluent is disposed in an evaporation pond north of the facility. Effluent is transported via pipe approximately 100 feet to the evaporation pond.

m. For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: McKenzie Draw, located approximately 0.5 miles west if the facility.

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: Tres Koenings, Plummer Associates Inc.; Alexandra Hughes, Plummer Associates, Inc.

b. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account no.: N/A

Total amount due: N/A

c. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Enforcement order no.: N/A

Amount due: N/A

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ0003951000

Applicant Name: Golden Spread Electric Cooperative, Inc.

Certification: I, Bret Yeary, 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): Bret Yeary

Signatory title: Director of Power Supply

Signature: Bret Yeary (Use blue ink) Date: 5-29-24

Subscribed and Sworn to before me by the said Bret Yeary

on this 29th day of May, 2024.

My commission expires on the 8th day of August, 2025.

Ashley Dean Fuston
Notary Public

[SEAL] ASHLEY DEAN FUSTON
Notary Public, State of Texas
Comm. Expires 08-09-2025
Notary ID 131240012

Lubbock
County, Texas

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

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

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

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

Mustang station is a 950 MW combined cycle and peaker power generation facility. SIC code: 4911; NAICS code: 221112.

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

Mustang Station uses process water for turbine washes, maintenance, and other tasks, which are routed to the facility's oil/water separator. Water from plant sumps, drains, and tank dikes, as well as wastewater from the oil/water separator, is reused within the facility.

Most cooling tower make-up water evaporates during heat rejection from the steam cycle. Cooling tower blowdown and neutralized clarifier sludge are discharged to the evaporation pond. Annually, units 4, 5, and 6 undergo a low-volume water wash, producing less than 10,000 gallons of water per year that is also discharged to the evaporation pond.

[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
Water (CAS 7732-18-5)	Steam (CAS 7732-18-5)	
Fuel (CAS 74-82-8)		

Attachment: N/A

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

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

Attachment: E

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

☐ Yes ☒ No

If **yes**, provide background discussion: N/A

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

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: No FEMA Flood hazard boundary map or evidence of flood hazard is available.

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

Attachment: N/A

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

☐ Yes ☐ No ☒ N/A (renewal only)

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

☐ Yes ☐ No

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

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

Item 2. Treatment System (Instructions, Page 40)

a. List any physical, chemical, or biological treatment process(es) used/proposed to treat wastewater at this facility. Include a description of each treatment process, starting with initial treatment and finishing with the outfall/point of disposal.

The clarifier discharge pH is adjusted with sulfuric acid to satisfy permit specifications.

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: F

Item 3. Impoundments (Instructions, Page 40)

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

☒ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

Impoundment Information

Parameter	**Pond #1**	**Pond #**	**Pond #**	**Pond #**
Use Designation: (T) (D) (C) or (E)	E			
Associated Outfall Number	N/A			
Liner Type (C) (I) (S) or (A)	C			
Alt. Liner Attachment Reference	N/A			
Leak Detection System, Y/N	N			
Groundwater Monitoring Wells, Y/N	N			
Groundwater Monitoring Data Attachment	N/A			
Pond Bottom Located Above The Seasonal High-Water Table, Y/N	Y			
Length (ft)	1177			
Width (ft)	1177			
Max Depth From Water Surface (ft), Not Including Freeboard	9.75			
Freeboard (ft)	2			
Surface Area (acres)	31.8			
Storage Capacity (gallons)	93.8 M			
40 CFR Part 257, Subpart D, Y/N	N			
Date of Construction	October 1998			

Attachment: N/A

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

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

1. Liner data

☐ Yes ☐ No ☐ Not yet designed

2. Leak detection system or groundwater monitoring data

☐ Yes ☐ No ☐ Not yet designed

3. Groundwater impacts

☐ Yes ☐ No ☐ Not yet designed

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

Attachment: N/A

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

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

Attachment: N/A

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

Attachment: N/A

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

Attachment: N/A

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

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

If there are more outfalls/points of disposal at the facility than the spaces provided, copies of pages 6 and/0r numbered accordingly (i.e., page 6a, 6b, etc.) may be used to provide information on the additional outfalls.

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

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
E1	32°, 58', 22"	102°, 44', 30"

Outfall Location Description

Outfall No.	Location Description
E1	Weir box entry of evaporation pond.

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

Outfall No.	Description of sampling point
E1	Same as outfall location

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)
E1	0.1536	Report			

Outfall Discharge – Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
E1	Y	N	V-notch weir

Outfall Discharge – Flow Characteristics

Outfall No.	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
E1	N	Y	N	24	31	12

Outfall Wastestream Contributions

Outfall No. E1

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Cooling Tower Blowdown	0.096	75
Low Volume Wastewaters -Thickener underflow discharge -Units 4/5/6 wash water	0.03233	25

Outfall No.

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

Outfall No.

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

Attachment:

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: G

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	1	95,700	~230,000*
Boilers			

*Excluding facility blowdown prior to extended outages.

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: N/A

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

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

a. Check the box next to the appropriate method of domestic sewage and domestic sewage sludge treatment or disposal. Complete Worksheet 5.0 or Item 7.b if directed to do so.

☐ Domestic sewage is routed (i.e., connected to or transported to) to a WWTP permitted to receive domestic sewage for treatment, disposal, or both. Complete Item 7.b.

☒ Domestic sewage disposed of by an on-site septic tank and drainfield system. Complete Item 7.b.

☐ Domestic and industrial treatment sludge ARE commingled prior to use or disposal.

☐ Industrial wastewater and domestic sewage are treated separately, and the respective sludge IS NOT commingled prior to sludge use or disposal. Complete Worksheet 5.0.

☐ Facility is a POTW. Complete Worksheet 5.0.

☐ Domestic sewage is not generated on-site.

☐ Other (e.g., portable toilets), specify and Complete Item 7.b:

b. Provide the name and TCEQ, NPDES, or TPDES Permit No. of the waste-disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	**Permit/Registration No.**
Mustang Station On-Site sewage facility	980069Y

Item 8. Improvements or Compliance/Enforcement Requirements (Instructions, Page 45)

a. Is the permittee currently required to meet any implementation schedule for compliance or enforcement?

☐ Yes ☒ No

b. Has the permittee completed or planned for any improvements or construction projects?

☐ Yes ☒ No

c. If **yes** to either 8.a **or** 8.b, provide a brief summary of the requirements and a status update: N/A

Item 9. Toxicity Testing (Instructions, Page 45)

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

☐ Yes ☒ No

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

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

Item 10. Off-Site/Third Party Wastes (Instructions, Page 45)

a. Does or will the facility receive wastes from off-site sources for treatment at the facility, disposal on-site via land application, or discharge via a permitted outfall?

☐ Yes ☒ No

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

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

b. Attach the following information to the application:

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

Attachment: N/A

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

☐ Yes ☒ No

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

Attachment: N/A

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

☐ Yes ☒ No

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

Item 11. Radioactive Materials (Instructions, Page 46)

a. Are/will radioactive materials be mined, used, stored, or processed at this facility?

☐ Yes ☒ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L.

Radioactive Materials Mined, Used, Stored, or Processed

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

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

☐ Yes ☒ No

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

Radioactive Materials Present in the Discharge

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

Item 12. Cooling Water (Instructions, Page 46)

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

c. Cooling Water Supplier

1. Provide the name of the owner(s) and operator(s) for the CWIS that supplies or will supply water for cooling purposes to the facility.

Cooling Water Intake Structure(s) Owner(s) and Operator(s)

CWIS ID				
Owner				
Operator				

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

d. 316(b) General Criteria

1. The CWIS(s) used to provide water for cooling purposes to the facility has or will have a cumulative design intake flow of 2 MGD or greater.

☐ Yes ☐ No

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

☐ Yes ☐ No

3. The CWIS(s) withdraw(s)/propose(s) to withdraw water for cooling purposes from surface waters that meet the definition of Waters of the United States in *40 CFR § 122.2*.

☐ Yes ☐ No

If **no**, provide an explanation of how the waterbody does not meet the definition of Waters of the United States in *40 CFR § 122.2*: N/A

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

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

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

☐ Yes ☐ No

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

f. Oil and Gas Exploration and Production

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

☐ Yes ☐ No

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

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

   ☐ Yes ☐ No

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

g. Compliance Phase and Track Selection

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

   ☐ Yes ☐ No

   If **yes**, check the box next to the compliance track selection, attach the requested information, and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

   ☐ Track I – AIF greater than 2 MGD, but less than 10 MGD

   - Attach information required by *40 CFR §§ 125.86(b)(2)-(4)*.

   ☐ Track I – AIF greater than 10 MGD

   - Attach information required by *40 CFR § 125.86(b)*.

   ☐ Track II

   - Attach information required by *40 CFR § 125.86(c)*.

   Attachment: N/A

2. Phase II – Existing facility subject to 40 CFR Part 125, Subpart J

   ☐ Yes ☐ No

   If **yes**, complete Worksheets 11.0 through 11.3, as applicable.

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

   ☐ Yes ☐ No

   If **yes**, check the box next to the compliance track selection and provide the requested information.

   ☐ Track I – Fixed facility

   - Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

   ☐ Track I – Not a fixed facility

   - Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Item 2 (except CWIS latitude/longitude under Item 2.a).

   ☐ Track II – Fixed facility

   - Attach information required by 40 CFR § 125.136(c) and complete Worksheet 11.0, Items 2 and 3.

   Attachment: N/A

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

This item is only applicable to existing permitted facilities.

a. Is the facility requesting a **major amendment** of an existing permit?

☐ Yes ☒ No

If **yes**, list each request individually and provide the following information: 1) detailed information regarding the scope of each request and 2) a justification for each request. Attach any supplemental information or additional data to support each request.

N/A

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

☐ Yes ☒ No

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

N/A

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

☒ Yes ☐ No

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

A minor modification is requested to remove Special Provision H since it is no longer applicable. Special Provision H was added to the permit in error, the facility has sufficient storage capacity in its evaporation pond system.

Item 14. Laboratory Accreditation (Instructions, Page 49)

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

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

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

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

CERTIFICATION:

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

Printed Name: Bret Yeary

Title: Director of Power Supply

Signature: _____

Date: 5-29-24

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND APPLICATION OF EFFLUENT

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

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

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

- ☐ Irrigation
- ☒ Evaporation
- ☐ Evapotranspiration beds
- ☐ Drip irrigation system
- ☐ Subsurface application
- ☐ Subsurface soils absorption
- ☐ Surface application
- ☐ Other, specify:

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

Land Application Area Information

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

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

Attach the required cropping plan that includes each of the following:

- Cool and warm season plant species
- Breakdown of acreage and percent of total acreage for each crop
- Crop growing season
- Harvesting method/number of harvests
- Minimum/maximum harvest height
- Crop yield goals
- Soils map
- Nitrogen requirements per crop
- Additional fertilizer requirements
- Supplemental watering requirements
- Crop salt tolerances
- Justification for not removing existing vegetation to be irrigated

Attachment: N/A

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

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

☒ The exact boundaries of the land application area

☒ On-site buildings

☒ Waste-disposal or treatment facilities

☐ Effluent storage and tailwater control facilities

☒ Buffer zones

☐ All surface waters in the state onsite and within 500 feet of the property boundaries

☒ All water wells within ½-mile of the disposal site, wastewater ponds, or property boundaries

☐ All springs and seeps onsite and within 500 feet of the property boundaries

Attachment: H

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

Well and Map Information Table

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

Attachment: H

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

☐ Yes ☒ No

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

Attachment: N/A

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

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

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

a. ☒ USDA NRCS Soil Survey Map depicting the area to be used for land application with the locations identified by fields and crops.

b. ☒ Breakdown of acreage and percent of total acreage for each soil type.

c. ☐ Copies of laboratory soil analyses. **Attachment:** J

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

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

Table 14 for Outfall No.: Pond 1 **Samples are (check one): ☐ Composite ☒ Grab**

Date (mo/yr)	Daily Avg Flow (gpd)	BOD5 (mg/L)	TSS (mg/L)	Nitrogen (mg/L)	Conductivity (mmhos/cm)	Total acres irrigated	Hydraulic Application rate (acre-feet/month)
2/22	85.66						
3/22	119.78						
4/22	99.24						
5/22	45.78						
6/22	122.03						
7/22	124.54						
8/22	91.52						
9/22	56.88						
10/22	14.52						
11/22	22.64						
12/22	130.85						
1/23	97.51						
2/23	108.77						
3/23	96.89						
4/23	102.70						
5/23	130.97						
6/23	131.48						
7/23	114.57						
8/23	152.65						
9/23	125.84						
10/23	56.81						

Date (mo/yr)	Daily Avg Flow (gpd)	BOD5 (mg/L)	TSS (mg/L)	Nitrogen (mg/L)	Conductivity (mmhos/cm)	Total acres irrigated	Hydraulic Application rate (acre-feet/month)
11/23	64.92						
12/23	101.12						
1/24	130.96						

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

Additional Parameter Effluent Analysis

Date (mo/yr)	Total Dissolved Solids	Chemical Oxygen Demands	Sulfate	Chloride	pH		
2/22	7,760	42	4,000	1,410	7.42		
3/22	13,000	45	4,610	2,050	7.93		
4/22	11,400	42	4,920	1,770	8.00		
5/22	3,400	66	1,560	698	7.75		
6/22	10,500	64	4,890	2,20	7.48		
7/22	14,800	80	9,640	3,920	7.97		
8/22	1,410	41	459	285	7.90		
9/22	742	<20	222	135	7.69		
10/22	701	<20	197	118	8.09		
11/22	1,160	<20	386	255	7.84		
12/22	3,710	<20	3,160	538	7.69		
1/23	13,600	<1,000	5,400	2,510	7.87		
2/23	12,300	<20	5,420	2,260	7.59		
3/23	1,240	<20	396	223	7.82		
4/23	17,500	108	7,550	3,450	7.93		
5/23	16,200	42	5,810	3,050	7.88		
6/23	18,700	51	8,270	2,870	8.12		
7/23	14,300	65	5,430	2,950	7.66		
8/23	20,000	210	9,010	3,310	7.31		
9/23	18,000	96	8,200	2,970	7.80		
10/23	1,970	<40	305	616	7.99		
11/23	1,280	22	322	221	8.15		
12/23	16,100	52	5,520	2,670	8.40		
1/24	10,100	35	4,230	1,520	7.45		

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

Item 7. Pollutant Analysis (Instructions, Page 72)

a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): 03/07/2024 – 5/30/2024

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

c. Complete Tables 15 and 16.

Table 15 for Outfall No.: 001 **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)	3.93	<3.0	<3.0	<6.0
CBOD (5-day)	<3.0	<3.0	<3.0	<6.0
Chemical oxygen demand	26.0	51.0	58.0	99.0
Total organic carbon	1.14	4.0	2.14	2.09
Dissolved oxygen	8.92	9.54	9.00	9.66
Ammonia nitrogen	<0.1	<0.1	25.4	0.10
Total suspended solids	<8.0	20.0	15.2	4.0
Nitrate nitrogen	27.7	97.0	70.3	100
Total organic nitrogen	0.604	1.31	<0.2	<0.2
Total phosphorus	0.085	0.069	0.046	0.124
Oil and grease	<5.0	<5.88	<5.0	<5.88
Total residual chlorine		10.3		0.591
Total dissolved solids	N/A			
Sulfate	2270	7960	5830	9220
Chloride	861	3080	2000	2950
Fluoride	8.03	26.4	21.8	5.15
Total alkalinity (mg/L as CaCO3)	53.6	29.8	36.6	49.4
Temperature (°F)	N/A			
pH (standard units)	N/A			

Table 16 for Outfall No.: 001 **Samples are (check one): ☐ Composite ☒ Grab**

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total	52.8	69.6	87.6	85.1	2.5
Antimony, total	<5	8.02	7.02	7.6	5

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Arsenic, total	18.3	33.1	0.0315	35.4	0.5
Barium, total	32.0	80.0	0.0452	59.1	3
Beryllium, total	2.0	2.0	2.0	2.0	0.5
Cadmium, total	2.0	2.0	2.0	2.0	1
Chromium, total	19.3	86.9	52.6	81.2	3
Chromium, hexavalent	22.8	88.4	32.1	56.2	3
Chromium, trivalent	<0.01	<0.01	25.6	25.0	N/A
Copper, total	8.1	16.1	28.1	20.0	2
Cyanide, available	<5.0	<5.0	<5.0	7.3	2/10
Lead, total	2.0	40.0	2.0	2.0	0.5
Mercury, total	0.2	0.2	0.2	0.2	0.005/0.0005
Nickel, total	3.5	12.6	28.8	15.4	2
Selenium, total	122	482	334	541	5
Silver, total	2.0	2.0	2.0	2.0	0.5
Thallium, total	2.0	40.0	2.0	2.0	0.5
Zinc, total	8.7	23.9	65.3	27.6	5.0

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

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

Item 1. Edwards Aquifer (Instructions, Page 73)

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

☐ Yes ☒ No

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

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

☐ 30 TAC Chapter 213, Subchapter A

☐ 30 TAC Chapter 213, Subchapter B

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

- A description of the surface geological units within the proposed land application site and wastewater pond area.
- The location and extent of any sensitive recharge features in the land application site and wastewater pond area
- A list of any proposed BMPs to protect the recharge features.

Attachment: N/A

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

a. Provide the following information on the irrigation operations:

Area under irrigation (acres): N/A

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

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

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

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

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

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

Irrigation efficiency (percent): N/A

Effluent conductivity (mmhos/cm): N/A

Soil conductivity (mmhos/cm): N/A

Curve number: N/A

Describe the application method and equipment: N/A

b. Attach a detailed engineering report which includes a water balance, storage volume calculations, and a nitrogen balance. **Attachment:** N/A

Item 3. Evaporation Ponds (Instructions, Page 74)

a. Daily average effluent flow into ponds: 153,600 gallons per day

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

Item 4. Evapotranspiration Beds (Instructions, Page 74)

a. Provide the following information on the evapotranspiration beds:

Number of beds: N/A

Area of bed(s) (acres): N/A

Depth of bed(s) (feet): N/A

Void ratio of soil in the beds: N/A

Storage volume within the beds (include units): N/A

Description of any lining to protect groundwater: N/A

b. Attach a certification by a licensed Texas professional engineer that the liner meets TCEQ requirements. **Attachment:** N/A

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

Item 5. Overland Flow (Instructions, Page 74)

a. Provide the following information on the overland flow:

Area used for application (acres): N/A

Slopes for application area (percent): N/A

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

Slope length (feet): N/A

Design BOD5 loading rate (lbs BOD5/acre/day): N/A

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

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

b. Attach a separate engineering report with the method of application and design requirements according to *30 TAC § 217.212*. **Attachment:** N/A

GOLDEN SPREAD ELECTRIC COOPERATIVE INC.
MUSTANG STATION
INDUSTRIAL TLAP PERMIT RENEWAL APPLICATION

TABLE OF ATTACHMENTS

ATTACHMENT A

ePay Voucher
Admin Rpt 1.0. Item 1.h

Print this voucher for your records. If you are sending the TCEQ hardcopy documents related to this payment, include a copy of this voucher.

Transaction Information

Voucher Number:	707806
Trace Number:	582EA000612537
Date:	06/03/2024 10:27 AM
Payment Method:	CC - Authorization 0000024823
Voucher Amount:	$300.00
Fee Type:	WW PERMIT - MINOR FACILITY NOT SUBJECT TO 40 CFR 400-471 - RENEWAL
ePay Actor:	RONNIE POPEJOY
Actor Email:	rpopejoy@gsec.coop
IP:	75.111.234.19

Payment Contact Information

Name:	RONNIE POPEJOY
Company:	GOLDEN SPREAD ELECTRIC COOPERATIVE
Address:	4747 S LOOP 289 SUITE 220, LUBBOCK, TX 79424
Phone:	806-215-2883

Site Information

RN:	RN101286433
Site Name:	MUSTANG STATION
Site Location:	1937 COUNTY ROAD 390 DENVER CITY TX

Customer Information

CN:	CN602663387
Customer Name:	GOLDEN SPREAD ELECTRIC COOPERATIVE INC
Customer Address:	PO BOX 9898, AMARILLO, TX 79105 5898

Other Information

Program Area ID:	WQ0003951000

Close

Print this voucher for your records. If you are sending the TCEQ hardcopy documents related to this payment, include a copy of this voucher.

Transaction Information

Voucher Number:	707807
Trace Number:	582EA000612537
Date:	06/03/2024 10:27 AM
Payment Method:	CC - Authorization 0000024823
Voucher Amount:	$15.00
Fee Type:	30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE
ePay Actor:	RONNIE POPEJOY
Actor Email:	rpopejoy@gsec.coop
IP:	75.111.234.19

Payment Contact Information

Name:	RONNIE POPEJOY
Company:	GOLDEN SPREAD ELECTRIC COOPERATIVE
Address:	4747 S LOOP 289 SUITE 220, LUBBOCK, TX 79424
Phone:	806-215-2883

Close

ATTACHMENT B

Core Data Form
Admin Rpt 1.0, Item 4

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (*If other is checked please describe in space provided.*)

☐ New Permit, Registration or Authorization (*Core Data Form should be submitted with the program application.*)

☒ Renewal *(Core Data Form should be submitted with the renewal form)* ☐ Other

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	**3. Regulated Entity Reference Number** *(if issued)*
CN 602663387		**RN 101286433**

SECTION II: Customer Information

4. General Customer Information | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy)

☐ New Customer ☐ Update to Customer Information ☐ Change in Regulated Entity Ownership
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).

6. Customer Legal Name *(If an individual, print last name first: eg: Doe, John)* | *If new Customer, enter previous Customer below:*

Golden Spread Electric Cooperative, Inc.

7. TX SOS/CPA Filing Number	**8. TX State Tax ID** (11 digits)	**9. Federal Tax ID** (9 digits)	**10. DUNS Number** *(if applicable)*
68655501	17519410603	751941060	18-647-0779

11. Type of Customer: ☒ Corporation ☐ Individual Partnership: ☐ General ☐ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees
☐ 0-20 ☒ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated?
☒ **Yes** ☐ **No**

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☐ Owner ☐ Operator ☒ Owner & Operator
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant ☐ Other:

15. Mailing Address:	PO Box 9898						
	City	Amarillo	**State**	TX	**ZIP**	79105	**ZIP + 4**	5898

16. Country Mailing Information *(if outside USA)*	**17. E-Mail Address** *(if applicable)*

18. Telephone Number	**19. Extension or Code**	**20. Fax Number** *(if applicable)*

(806) 379-7766		(806) 374-2922

SECTION III: Regulated Entity Information

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

☐ New Regulated Entity ☐ Update to Regulated Entity Name ☐ Update to Regulated Entity Information

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

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

Mustang Station

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	1937 County Road 390							
	City	Denver City	**State**	TX	**ZIP**	79323	**ZIP + 4**	5805
24. County	Yoakum							

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

25. Description to Physical Location:					
26. Nearest City			**State**		**Nearest ZIP Code**

Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).

27. Latitude (N) In Decimal:	32.97317		**28. Longitude (W) In Decimal:**	-102.74179	
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)
4911		221112	221119

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

Production of eletricity for sale.

34. Mailing Address:	**4747 S. Loop 289**							
	Suite 220							
	City	**Lubbock**	**State**	**TX**	**ZIP**	**79424**	**ZIP + 4**	**2224**
35. E-Mail Address:	**rpopejoy@gsec.coop**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(806) 349-5296	**N/A**	**(806) 374-2922**

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

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0003951000			

SECTION IV: Preparer Information

40. Name:	Alexandra Hughes	**41. Title:**	Scientist in Training II

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(512) 452-5905		( ) -	ahughes@plummer.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:	Golden Spread Electric Cooperative, Inc.	**Job Title:**	Director of Power Supply
Name *(In Print):*	Bret Yeary	**Phone:**	(806) 337- **1296**
Signature:		**Date:**	5-29-24

ATTACHMENT C

Plain Language Summary
Admin Rpt 1.0, Item 9.f

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS INDUSTRIAL WASTEWATER/STORMWATER

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

Golden Spread Electric Cooperative (CN602663387) operates Mustang Station (RN101286433), an electric power generating facility. The facility is located at 1937 County Road 390, in Denver City, Yoakum County, Texas 79323. This application is for a renewal to dispose of industrial wastewater to an on-site evaporation pond at an annual average flow of 153,600 gallons per day. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain total dissolved solids, sulfate, and chloride. Industrial wastewater is treated by a lime and soda ash clarifier.

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

AGUAS RESIDUALES INDUSTRIALES /AGUAS PLUVIALES

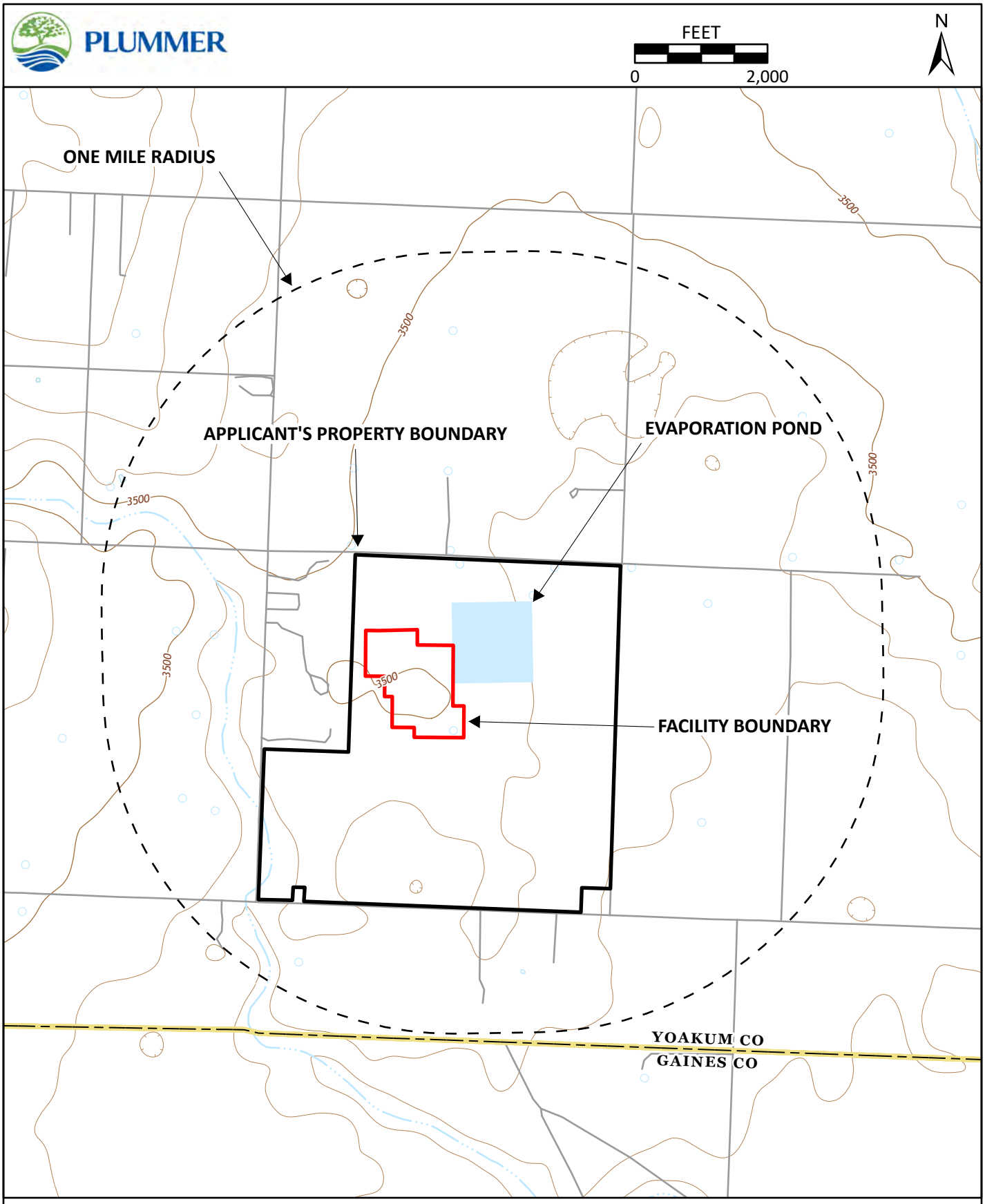
El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar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

Golden Spread Electric Cooperative (CN602663387) opera Mustang Station (RN101286433), una generación de energía eléctricauna instalación. La instalación está ubicada en 1937 County Road 390, en Denver City, Condado de Yoakum, Texas 79323. Esta solicitud es para una renovación para eliminar las aguas residuales industriales en un estanque de evaporación en el sitio con un flujo promedio anual de 153,600 galones por día. Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan sólidos disueltos totales, sulfato y cloruro. Las aguas residuals industrials está tratado por un clarificador de cal y caronato de sodio.

ATTACHMENT D

USGS Topographic Map
Admin Rpt 1.0, Item 11.b



ATTACHMENT D
GOLDEN SPREAD ELECTRIC COOPERATIVE, INC.
MUSTANG STATION
INDUSTRIAL TLAP PERMIT RENEWAL APPLICATION
USGS MAP

TEXAS REGISTERED ENGINEERING FIRM F-13
M:\Projects\3510\002-01\8 Drawings_Figures\8-2 GIS\MustangStationRenewal\MustangStationRenewal.aprx Jgriesel

ATTACHMENT E

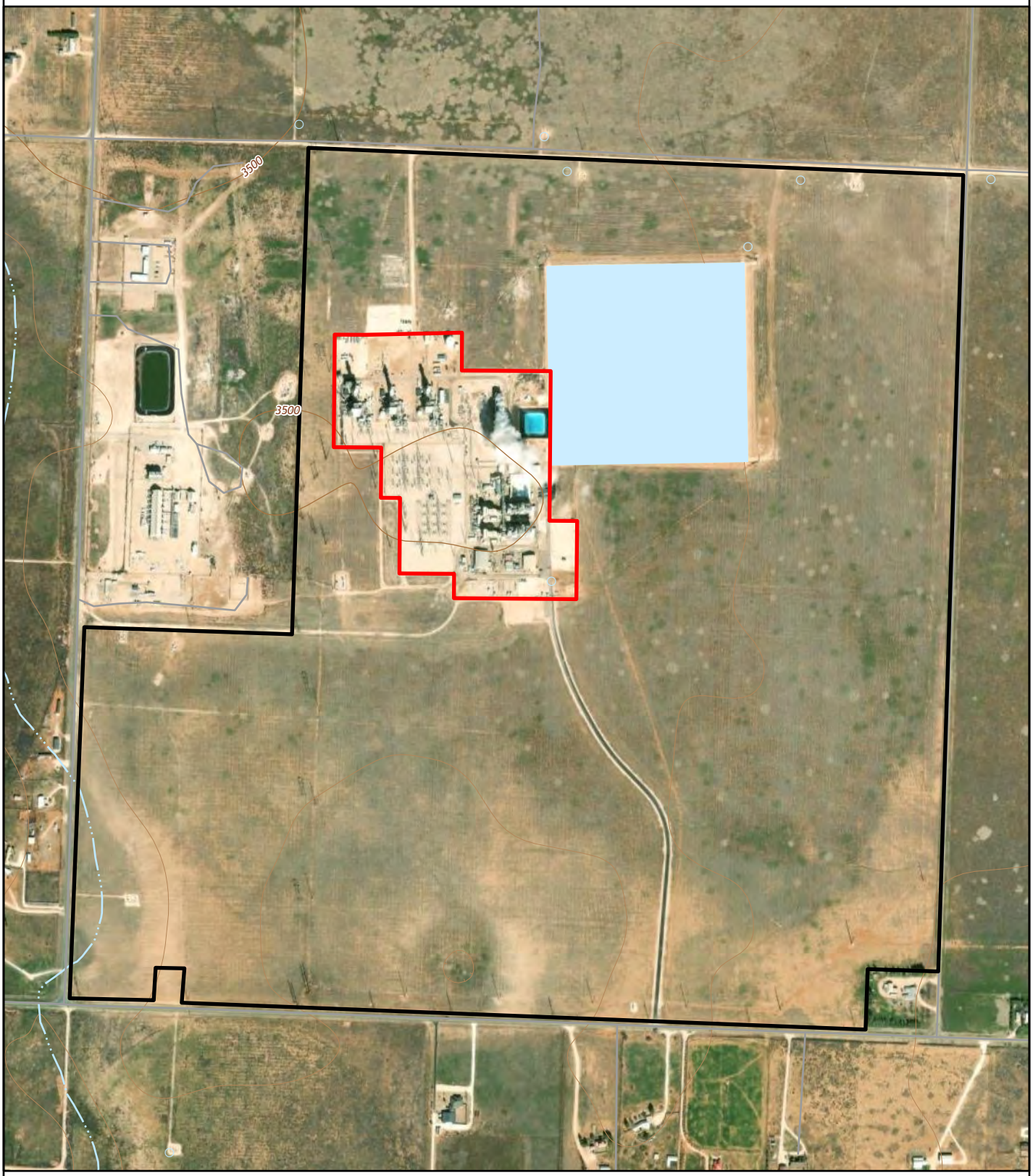
Facility Map
Tech Rpt 1.0, Item 1.d

PLUMMER

FEET

0 850

N



Facility Boundary

Evaporation Pond

Applicant's Property Boundary

ATTACHMENT E

GOLDEN SPREAD ELECTRIC COOPERATIVE, INC.

MUSTANG STATION

INDUSTRIAL TLAP PERMIT RENEWAL APPLICATION

FACILITY MAP

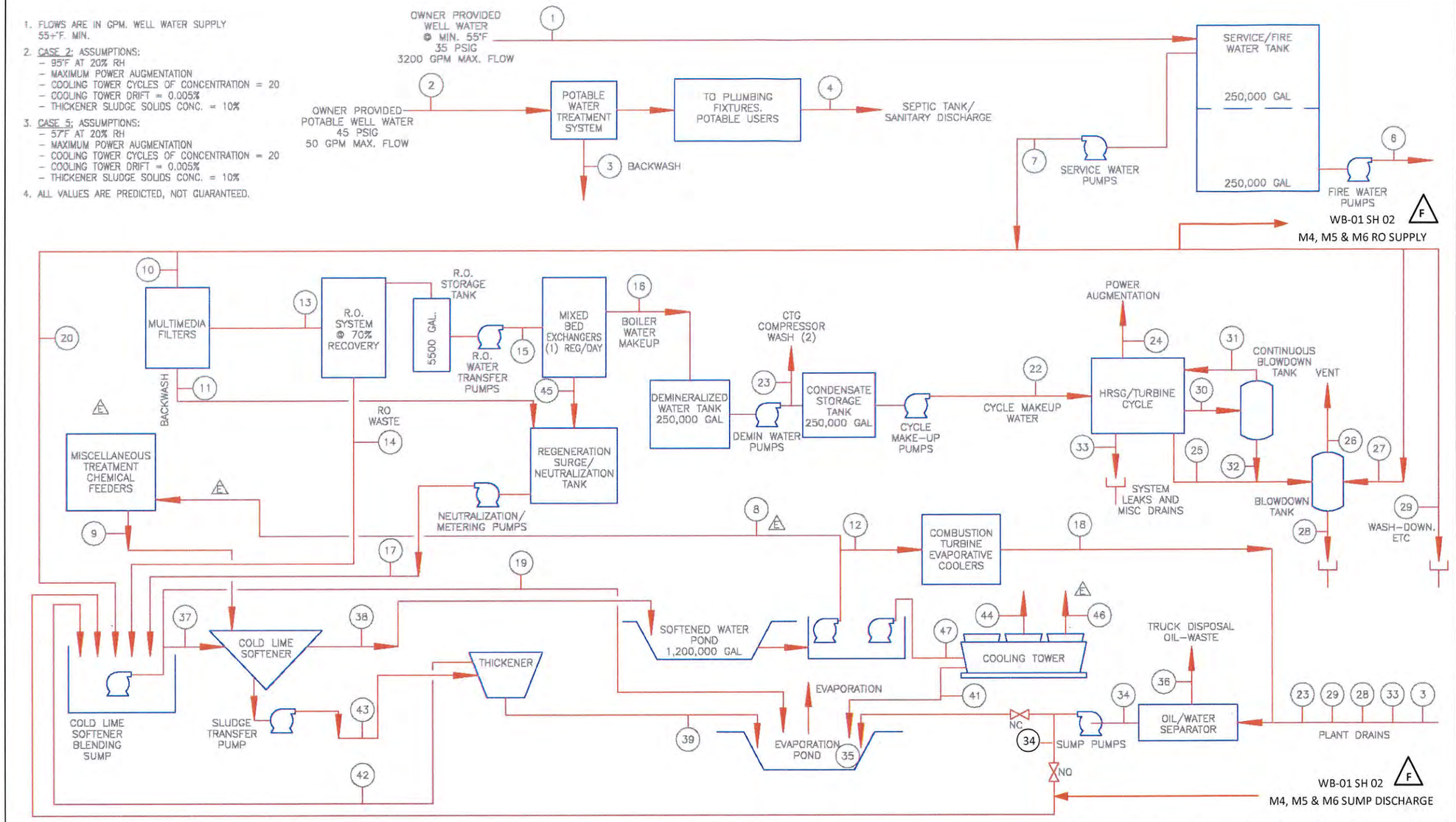
TEXAS REGISTERED ENGINEERING FIRM F-13

M:\Projects\3510\002-01\8 Drawings_Figures\8-2 GIS\MustangStationRenewal\MustangStationRenewal.aprx Jgriesel

ATTACHMENT F

Flow Schematic with Water Balance
Tech Rpt 1.0, Item 2.b

1. FLOWS ARE IN GPM. WELL WATER SUPPLY 55+°F. MIN.
2. CASE 2: ASSUMPTIONS:
   - 95°F AT 20% RH
   - MAXIMUM POWER AUGMENTATION
   - COOLING TOWER CYCLES OF CONCENTRATION = 20
   - COOLING TOWER DRIFT = 0.005%
   - THICKENER SLUDGE SOLIDS CONC. = 10%
3. CASE 5: ASSUMPTIONS:
   - 57°F AT 20% RH
   - MAXIMUM POWER AUGMENTATION
   - COOLING TOWER CYCLES OF CONCENTRATION = 20
   - COOLING TOWER DRIFT = 0.005%
   - THICKENER SLUDGE SOLIDS CONC. = 10%
4. ALL VALUES ARE PREDICTED, NOT GUARANTEED.



STREAM NO.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47
STREAM NAME	TOTAL WATER MAKEUP	POTABLE WATER	POTABLE WATER BACKWASH	SEPTIC TANK/ SANITARY DISCHARGE	NOT USED	FIRE WATER	SERVICE WATER	SERVICE WATER TO MISC. CHEMICAL FEEDERS	CHEMICALS TO SOFTENER	SERVICE WATER TO MULTIMEDIA FILTERS	MULTIMEDIA FILTER BACKWASH	TO EVAPORATIVE COOLERS	MAKEUP TO RO SYSTEM	RO WASTE	RO PRODUCT	BOILER WATER MAKEUP	NEUTRALIZATION/ REGENERATION SURGE TANK TO CLARIFIER	EVAPORATIVE COOLER WASTE	COLD LIME SOFTENER SUMP OVERFLOW	SERVICE WATER TO COLD LIME SOFTENER	NOT USED	CYCLE MAKEUP	CTG COMPRESSOR WASH (2)	STEAM INJECTION FOR POWER AUGMENTATION	INTERMITTENT BLOWDOWN	BLOWDOWN TANK VENT	SERVICE WATER TO BLOWDOWN TANK	BLOWDOWN TANK DRAIN	MISC. SERVICE WATER INCLUDING WASH DOWN	CONTINUOUS BLOWDOWN	CONTINUOUS BLOWDOWN TANK FLASH STEAM	CONTINUOUS BLOWDOWN TANK DRAIN	MISC. SYSTEM LEAKS AND DRAINS	OIL/WATER SEPARATOR WATER PRODUCT	TOTAL EVAP POND INFLUENT	OILY WASTE	TOTAL WATER TO COLD LIME SOFTENER	COLD LIME SOFTENER EFFLUENT	SLUDGE TO EVAPORATION POND	NOT USED	COOLING TOWER BLOWDOWN	THICKENER SUPERNATENT RETURN	SOFTENER SLUDGE TO THICKENER	COOLING TOWER EVAPORATION	MIXED BED EXCHANGER WASTE	COOLING TOWER DRIFT	COOLING TOWER MAKE UP
CASE NO.2 (GPM)	2588	20	10	10		0	2588	47	47	722	2	94	720	216	504	497	9	20	0	1860		496	1	486	0	2	5	11	1	10	2	8	2	45	126	0	2150	2149	30		96	30	60	1908	7	4	2008
CASE NO.5 (GPM)	2212	20	10	10		0	2212	47	47	762	2	50	760	228	532	525	9	10	0	1444		524	1	514	0	2	5	11	1	10	2	8	2	35	103	0	1741	1738	25		78	25	50	1559	7	4	1641

REV.	DESCRIPTION		
E	ADDED SH 02 CONNECTORS	RLP	5-29-14
E	ADDED #46, REV GPM #5 & FLOW #8	DAD	02-25-99
E	REVISED AS NOTED	DAD	06-08-98
E	REVISED AS NOTED	DAD	05-11-98
E	REVISED AS NOTED	TEF	04-30-96
E	ISSUED FOR WATER TREATMENT BID	TEF	03-05-98

LS POWER, LLC
101 Southhall Lane, Suite 400
Maitland, Florida 32751
(407) 667-4848 Fax (407) 667-4849

GILBERT INDUSTRIAL CORPORATION

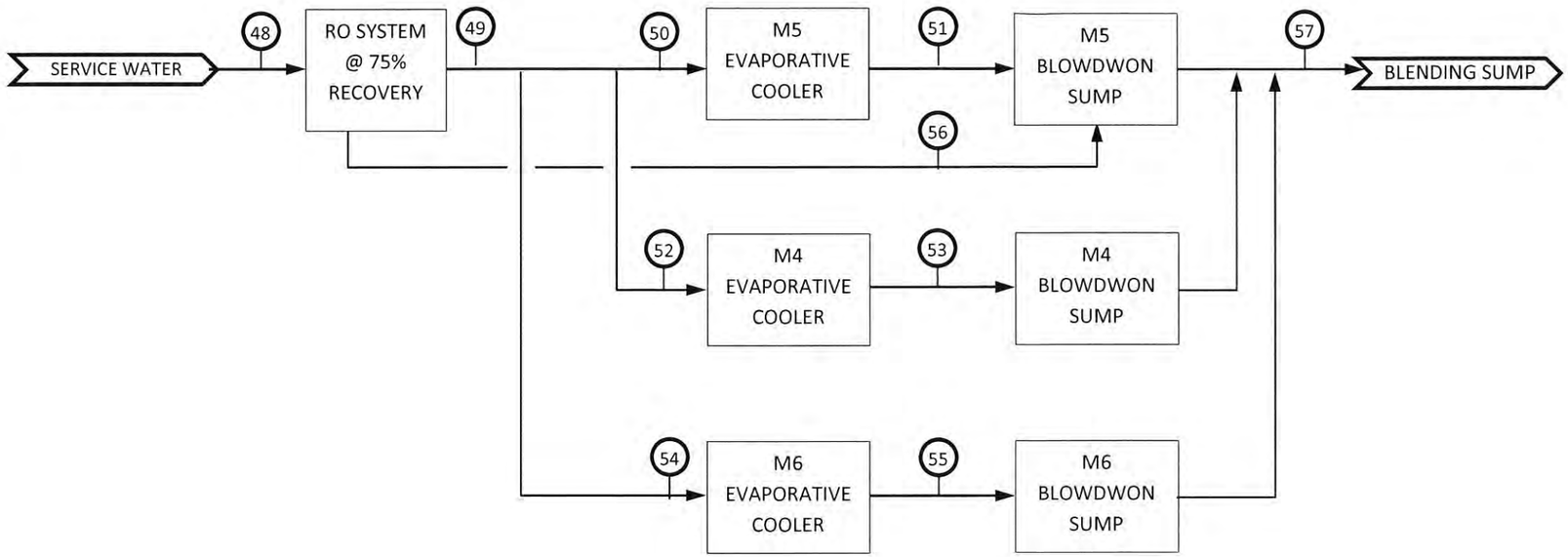
BIBB and Associates Inc.
Engineers ● Architects ● Consultants
6750 Antioch Road
Shawnee Mission, KS 66204-1260

MUSTANG STATION
GENERATING PROJECT

PROCESS FLOW DIAGRAM COMBINED CYCLE-WATER BALANCE GE PG7231(FA) ABB HP40/ATP4-C620

	by	date
DESIGNED	JRM	03-05-98
DRAWN	TEF	03-05-98
CHECKED	-	-
APPROVED	-	-

SHEET
of
DRAWING NUMBER
97-115-WB-01



STREAM NO.	48	49	50	51	52	53	54	55	56	57
STREAM NAME	RO SYSTEM SUPPLY	RO PRODUCT	M5 EVAPORATIVE COOLER RO USE	M5 EVAPORATIVE COOLER BLOWDOWN	M4 EVAPORATIVE COOLER RO USE	M4 EVAPORATIVE COOLER BLOWDOWN	M6 EVAPORATIVE COOLER RO USE	M6 EVAPORATIVE COOLER BLOWDOWN	RO WASTE	M4, M5 & M6 WASTE WATER TO BLENDING SUMP
CASE NO. 2 (GPM)	400	300	100	8	100	8	100	8	100	124
CASE NO. 5 (GPM)										

PROCESS FLOW DIAGRAM
SIMPLE CYCLE – WATER BALANCE
GE 7FA

DRAWN:	R. POLING	SHEET 2
DATE:	5-29-2014	OF
		DRAWING NUMBER
		97-115-WB-01

ATTACHMENT G

SDS Summary of Blowdown Chemicals
Tech Rpt 1.0, Item 5.d

ATTACHMENT G
GOLDEN SPREAD ELECTRIC COOPERATIVE, INC.
MUSTANG STATION
INDUSTRIAL TLAP PERMIT RENEWAL APPLICATION
SDS SUMMARY OF BLOWDOWN CHEMICALS

Mustang Station discharges cooling water blowdown and clarifier sludge to the evaporation pond. The wastewater from the cooling tower and clarifier has 7 different additives.

1. Sodium Hypochlorite 12.5% is used as a chlorine oxidizing biocide in the cooling tower. Sodium Hypochlorite is used on a continuous basis.
2. Sulfuric Acid 77-100% is used on a continuous basis to control pH in the cooling tower.
3. Soda-Ash is used in the clarifier on a continuous basis.
4. Hydrated Lime is used in the clarifier on a continuous basis.
5. ChemTreat P817E is used as needed (weekly) in the clarifier as a clarification aid.
6. ChemTreat CL4400 is used continuously to control water- based deposits.
7. ChemTreat CL240 is used as needed (weekly) to control foam in the cooling tower.

COMPANY IDENTITY: Univar
PRODUCT IDENTITY: Liquichlor 10-16% (Sodium Hypochlorite 10-16%)

SAFETY DATA SHEET

This Safety Data Sheet conforms to ANSI Z400.5, and to the format requirements and the International Chemical Safety Cards of the Global Harmonizing System.
THIS SDS COMPLIES WITH 29 CFR 1910.1200 (HAZARD COMMUNICATION STANDARD)
IMPORTANT: Read this SDS before handling & disposing of this product.
Pass this information on to employees, customers, & users of this product.

SECTION 1. IDENTIFICATION OF THE SUBSTANCE OR MIXTURE AND OF THE SUPPLIER

PRODUCT IDENTITY: Liquichlor 10-16% (Sodium Hypochlorite 10-16%)
SDS NUMBER: OX76685
NEW MSDS DATE: 12/21/2011
COMPANY IDENTITY: Univar
COMPANY ADDRESS: 17425 NE Union Hill Road
COMPANY CITY: Redmond, WA 98052
COMPANY PHONE: 1-425-889-3400
EMERGENCY PHONES: CHEMTREC: 1-800-424-9300 (USA)
CANUTEC: 1-613-996-6666 (CANADA)

SECTION 2. HAZARDS IDENTIFICATION

DANGER!!

EXPOSURE PREVENTION: STRICT HYGIENE! AVOID ALL CONTACT!

RISK STATEMENTS:

R35	Causes severe burns.
R50	Very toxic to aquatic organisms.

SAFETY STATEMENTS:

S1/2	Keep locked up and out of the reach of children.
S24/25	Avoid contact with skin and eyes.
S36/37/39	Wear suitable protective clothing, gloves and eye/face protection.
S26	In case of contact with eyes, rinse immediately with plenty of water and seek medical advice.
S28	After contact with skin, wash immediately with plenty of water.
S45	In case of accident, or if you feel unwell, seek medical advice immediately. (Show the label where possible).
S61	Avoid release to the environment. Refer to special instructions/safety data sheet.

SECTION 3. COMPOSITION/INFORMATION ON INGREDIENTS

MATERIAL	CAS#	EINECS#	WT %
Water	7732-18-5	231-791-2	84-98
Sodium Hypochlorite	7681-52-9	-	< 16
Sodium Hydroxide	1310-73-2	-	<= 1.75

Trace components: Trace ingredients (if any) are present in < 1% concentration, (< 0.1% for potential carcinogens, reproductive toxins, respiratory tract mutagens, and sensitizers). None of the trace ingredients contribute significant additional hazards at the concentrations present in this product. All pertinent hazard information has been provided in this document, per the requirements of the Federal Occupational Safety and Health Administration Standard (29 CFR 1910.1200), U.S. State equivalents, and Canadian Hazardous Materials Identification System Standard (CPR 4).

SEE SECTIONS 8, 11 & 12 FOR TOXICOLOGICAL INFORMATION.

SECTION 4. FIRST AID MEASURES

EYE CONTACT:
If this product enters the eyes, open eyes while under gently running water. Use sufficient force to open eyelids. "Roll" eyes to expose more surface. Minimum flushing is for 15 minutes. Seek immediate medical attention.

SKIN CONTACT:
If the product contaminates the skin, immediately begin decontamination with running water. Minimum flushing is for 15 minutes. Remove contaminated clothing, taking care not to contaminate eyes. If skin becomes irritated and irritation persists, medical attention may be necessary. Wash contaminated clothing before reuse, discard contaminated shoes.

INHALATION:
After high vapor exposure, remove to fresh air. If it is suspected that fumes are still present, the rescuer should wear an appropriate mask or self-contained breathing apparatus. Keep person warm and at rest. breathing is difficult, give oxygen. If breathing has stopped, trained personnel should immediately begin artificial respiration. It may be dangerous to the person providing aid to give mouth-to-mouth resuscitation. If unconscious, place in recovery position and get medical attention immediately. Maintain an open airway. Loosen tight clothing such as a collar, tie, belt or waistband. If the heart has stopped, trained personnel should immediately begin cardiopulmonary resuscitation (CPR). Seek immediate medical attention. In case of inhalation of decomposition products in a fire, symptoms may be delayed.The exposed person may need to be kept under medical surveillance for 48 hours.

SWALLOWING:
If swallowed, CALL PHYSICIAN OR POISON CONTROL CENTER FOR MOST CURRENT INFORMATION. If professional advice is not available, give two glasses of water to drink. DO NOT INDUCE VOMITING. Never induce vomiting or give liquids to someone who is unconscious, having convulsions, or unable to swallow. Seek immediate medical attention.

NOTES TO PHYSICIAN:
There is no specific antidote. Treatment of overexposure should be directed at the control of symptoms and the clinical condition of the patient. Any material aspirated during vomiting may cause lung injury. Therefore, emesis should not be induced mechanically or pharmacologically. If it is considered necessary to evacuate the stomach contents, this should be done by means least likely to cause aspiration (such as: Gastric lavage after endotracheal intubation).

Victims of chemical exposure must be taken for medical attention. Rescuers should be taken for medical attention, if necessary. Take a copy of label and SDS to physician or health professional with victim.

SECTION 5. FIRE FIGHTING MEASURES

FIRE & EXPLOSION PREVENTIVE MEASURES
Not Applicable.

EXTINGUISHING MEDIA
Use dry powder, foam, carbon dioxide, water spray, halon, or any "ABC" Class extinguisher.

SPECIAL FIRE FIGHTING PROCEDURES
Water spray may be ineffective on fire but can protect fire-fighters & cool closed containers. Use fog nozzles if water is used.
Do not enter confined fire-space without full bunker gear.
(Helmet with face shield, bunker coats, gloves & rubber boots).
Use NIOSH approved positive-pressure self-contained breathing apparatus.

UNUSUAL EXPLOSION AND FIRE PROCEDURES
Noncombustible.
Isolate from reducers, acids, wood, organic materials, and most metals.
Oxidizer fumes damage lungs. Symptoms may be delayed. Do not breathe fumes.

SECTION 6. ACCIDENTAL RELEASE MEASURES

SPILL AND LEAK RESPONSE AND ENVIRONMENTAL PRECAUTIONS:
Uncontrolled releases should be responded to by trained personnel using pre-planned procedures. Proper protective equipment should be used. In case of a spill, clear the affected area, protect people, and respond with trained personnel.

PERSONAL PROTECTIVE EQUIPMENT
The proper personal protective equipment for incidental releases (such as: 1 Liter of the product released in a well-ventilated area), use impermeable gloves (triple-gloves (rubber gloves and nitrile gloves, over latex gloves), goggles, face shield, and appropriate body protection. In the event of a large release, use impermeable gloves, specific for the material handled, chemically resistant suit and boots, and hard hat. Self-Contained Breathing Apparatus or respirator may be required where engineering controls are not adequate or conditions for potential exposure exist. When respirators are required, select NIOSH/MSHA approved based on actual or potential airborne concentrations in accordance with latest OSHA and/or ANSI recommendations.

ENVIRONMENTAL PRECAUTIONS:
Stop spill at source. Construct temporary dikes of dirt, sand, or any appropriate readily available material to prevent spreading of the material. Close or cap valves and/or block or plug hole in leaking container and transfer to another container. Keep from entering storm sewers and ditches which lead to waterways, and if necessary, call the local fire or police department for immediate emergency assistance.

CONTAINMENT AND CLEAN-UP MEASURES:
Absorb spilled liquid with polypads or other suitable absorbent materials. If necessary, neutralize using suitable buffering material, (acid with soda ash or base with phosphoric acid), and test area with litmus paper to confirm neutralization. Clean up with non-combustible absorbent (such as: sand, soil, and so on). Shovel up and place all spill residue in suitable containers. dispose of at an appropriate waste disposal facility according to current applicable laws and regulations and product characteristics at time of disposal (see Section 13 - Disposal Considerations).

SECTION 7. HANDLING AND STORAGE

HANDLING
Use only with adequate ventilation. Do not get in eyes, on skin or clothing. Wear OSHA Standard full face shield. Consult Safety Equipment Supplier. Wear goggles, face shield, gloves, apron & footwear impervious to material. Wash clothing before reuse. NEVER pour water into this substance. When dissolving or diluting, always add it slowly to the water.
To minimize static discharge when transferring, ensure electrical continuity by bonding and grounding all equipment. Use an inlet line diameter of at least 3.5 inches (8.9 centimeters) with a maximum flow rate of 1 meter/second.

STORAGE
Keep separated from strong oxidants, strong acids, combustible & reducing substances, metals, food & feedstuffs. Keep cool. Keep dry. Keep in the dark. See: Section 10, <Materials to Avoid>. Do not store above 49 C/120 F. Keep container tightly closed & upright when not in use to prevent leakage.
Wear full face shield, gloves & full protective clothing when opening or handling. When empty, drain completely, replace bungs securely.

NONBULK: CONTAINERS:
Store containers in a cool, dry location, away from direct sunlight, sources of intense heat, or where freezing is possible. Material should be stored in secondary containers or in a diked area, as appropriate. Store containers away from incompatible chemicals (see Section 10, Stability and Reactivity). Post warning and "NO SMOKING" signs in storage and use areas, as appropriate. Empty containers should be handled with care. Never store food, feed, or drinking water in containers which held this product.

BULK CONTAINERS:
All tanks and pipelines which contain this material must be labeled. Perform routine maintenance on tanks or pipelines which contain this product. Report all leaks immediately to the proper personnel.

COMPANY IDENTITY: Univar
PRODUCT IDENTITY: Liquichlor 10-16% (Sodium Hypochlorite 10-16%)

SECTION 7. HANDLING AND STORAGE (CONTINUED)

TANK CAR SHIPMENTS:
Tank cars carrying this product should be loaded and unloaded in strict accordance with tank-car manufacturer's recommendation and all established on-site safety procedures. Appropriate personal protective equipment must be used (see Section 8, Engineering Controls and Personal Protective Equipment.). All loading and unloading equipment must be inspected, prior to each use. Loading and unloading operations must be attended, at all times. Tank cares must be level, brakes must be set or wheels must be locked or blocked prior to loading or unloading. Tank car (for loading) or storage tanks (for unloading) must be verified to be correct for receiving this product and be properly prepared, prior to starting the transfer operations. Hoses must be verified to be in the correct positions, before starting transfer operations. A sample (if required) must be taken and verified (if required) prior to starting transfer operations. All lines must be blown-down and purged before disconnecting them from the tank car or vessel.

PROTECTIVE PRACTICES DURING MAINTENANCE OF CONTAMINATED EQUIPMENT:
Follow practices indicated in Section 6 (Accidental Release Measures). Make certain application equipment is locked and tagged-out safely. Always use this product in areas where adequate ventilation is provided. Collect all rinsates and dispose of according to applicable Federal, State, or local procedures.

SECTION 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

MATERIAL	CAS#	EINECS#	TWA (OSHA)	TLV (ACGIH)
Water	7732-18-5	231-791-2	None Known	None Known
Sodium Hydroxide	1310-73-2	-	2 mg/m3	None Known
Sodium Hypochlorite	7681-52-9	-	None Known	None Known

MATERIAL	CAS#	EINECS#	CEILING	STEL(OSHA/ACGIH)	HAP
Sodium Hydroxide	1310-73-2	-	2 mg/m3	None Known	No

This product contains no EPA Hazardous Air Pollutants (HAP) in amounts > 0.1%.

RESPIRATORY EXPOSURE CONTROLS
Maintain airborne contaminant concentrations below exposure limits given above. If respiratory protection is needed, use only protection authorized in 29 CFR 1910.134, European Standard EN 149, or applicable State regulations. If adequate ventilation is not available or there is potential for airborne exposure above the exposure limits, a respirator may be worn up to the respirator exposure limitations, check with respirator equipment manufacturer's recommendations/limitations. For a higher level of protection, use positive pressure supplied air respiration protection or Self Contained Breathing Apparatus or if oxygen levels are below 19.5% or are unknown.

EMERGENCY OR PLANNED ENTRY INTO UNKNOWN CONCENTRATIONS OR IDLH CONDITIONS
Positive pressure, full-face piece Self Contained Breathing Apparatus; or positive pressure, full-face piece Salf Contained Breathing Apparatus with an auxilliary positive pressure Self Contained Breathing Apparatus.

VENTILATION
LOCAL EXHAUST: Necessary
MECHANICAL (GENERAL): Necessary
SPECIAL: None
OTHER: None
Please refer to ACGIH document, "Industrial Ventilation, A Manual of Recommended Practices", most recent edition, for details.

EYE PROTECTION:
Splash goggles or safety glasses. Face-shields are recommended when the operation can generate splashes, sprays or mists.

HAND PROTECTION:
Wear appropriate impervious gloves for routine industrial use. Use impervious gloves for spill response, as stated in Section 6 of this SDS (Accidental Release Measures).

SECTION 8. EXPOSURE CONTROLS/PERSONAL PROTECTION (CONTINUED)

NOTICE: The selection of a specific glove for a particular application and duration of use in a workplace should also take into account all relevant workplace factors such as, but not limited to: Other chemicals which may be handled, physical requirements (cut/puncture protection, dexterity, thermal protection), potential body reactions to glove materials, as well as the instructions/specifications provided by the glove supplier.

BODY PROTECTION:
Use body protection appropriate for task. Cover-all, rubber aprons, or chemical protective clothing made from impervious materials are generally acceptable, depending on the task.

WORK & HYGIENIC PRACTICES:
Provide readily accessible eye wash stations & safety showers.
Wash at end of each workshift & before eating, smoking or using the toilet.
Promptly remove clothing that becomes contaminated. Destroy contaminated leather articles. Launder or discard contaminated clothing.

SECTION 9. PHYSICAL & CHEMICAL PROPERTIES

APPEARANCE:	Liquid, Clear, Yellow to Yellow-Green
ODOR:	Chlorine-like, Pungent
ODOR THRESHOLD:	0.3 ppm (detection), for Chlorine
pH (Neutrality):	12 - 14 (1% Solution)_
MELTING POINT/FREEZING POINT:	-27 C / -17 F
BOILING RANGE (IBP,50%,Dry Point):	140 C / 284 F
FLASH POINT (TEST METHOD):	Not Applicable
EVAPORATION RATE (n-BUTYL ACETATE=1):	Not Applicable
FLAMMABILITY CLASSIFICATION:	Non-Combustible
LOWER FLAMMABLE LIMIT IN AIR (% by vol):	Not Applicable
UPPER FLAMMABLE LIMIT IN AIR (% by vol):	Not Available
VAPOR PRESSURE (mm of Hg)@20 C	12 (12.5% Solution)
VAPOR DENSITY (air=1):	0.670
GRAVITY @ 68/68 F / 20/20 C:	
SPECIFIC GRAVITY (Water=1):	1.17 - 1.22
POUNDS/GALLON:	9.75 - 10.20
WATER SOLUBILITY:	Complete
PARTITION COEFFICIENT (n-Octane/Water):	Not Available
AUTO IGNITION TEMPERATURE:	Not Applicable
DECOMPOSITION TEMPERATURE:	Not Available
VOC'S (>0.44 Lbs/Sq In) :	0.0 Vol% /0.0 g/L / 0.000 Lbs/Gal
TOTAL VOC'S (TVOC)*:	0.0 Vol% /0.0 g/L / 0.000 Lbs/Gal
NONEXEMPT VOC'S (CVOC)*:	0.0 Vol% /0.0 g/L / 0.000 Lbs/Gal
HAZARDOUS AIR POLLUTANTS (HAPS):	0.0 Wt% /0.0 g/L / 0.000 Lbs/Gal
NONEXEMPT VOC PARTIAL PRESSURE (mm of Hg @ 20 C)	0.0

* Using California South Coast Air Quality Management District (SCAQMD) Rule 443.1.

SECTION 10. STABILITY & REACTIVITY

STABILITY
Stable under normal conditions.

CONDITIONS TO AVOID
Isolate from extreme temperatures and incompatible chemicals.

MATERIALS TO AVOID
Reacts violently with fire extinguishers containing water. The substance is a strong base, reacts violently with acids and is corrosive. Decomposes on heating and on contact with strong acids, (such as sulfuric acid) producing, toxic & corrosive fumes including, chlorine, phosgene, & hydrogen chloride. The substance is a strong oxidant & reacts violently with combustible & reducing materials. Reacts with water generating sufficient heat to ignite combustible materials. Reacts violently with strong acids, causing fire & explosion hazard. Attacks many plastics, rubber, coatings, many metals, such as aluminum, zinc, tin, & lead. forming flammable/explosive gas (hydrogen).
Reacts with ammonium salts to produce ammonia & causing fire hazard.
Rapidly absorbs carbon dioxide & water from the air.

SECTION 10. STABILITY & REACTIVITY (CONTINUED)

HAZARDOUS DECOMPOSITION PRODUCTS
Hydrogen Chloride, Phosgene, Sodium Oxide & Hydroxide from heating.

HAZARDOUS POLYMERIZATION
Will not occur.

SECTION 11. TOXICOLOGICAL INFORMATION

ACUTE HAZARDS

EYE & SKIN CONTACT:
Severe burns to skin, defatting, dermatitis.
Severe burns to eyes, redness, tearing, blurred vision.
Liquid can cause severe skin & eye burns. Wash thoroughly after handling.

INHALATION:
Severe respiratory tract irritation may occur. Vapor harmful. The applicable occupational exposure limit value should not be exceeded during any part of the working exposure.

SWALLOWING:
Harmful or fatal if swallowed.

SUBCHRONIC HAZARDS/CONDITIONS AGGRAVATED

CONDITIONS AGGRAVATED:
Sodiumn Hypochlorite, a component of this product, is a sensitizer. Prolonged or repeated skin contact can result in the development of rashes, welts, and other allergy-like symptoms.

CHRONIC HAZARDS

CANCER, REPRODUCTIVE & OTHER CHRONIC HAZARDS:
This product has no carcinogens listed by IARC, NTP, NIOSH, OSHA or ACGIH, as of this date, greater or equal to 0.1%.

MUTAGENICITY: This product is not reported to produce mutagenic effects in humans.
Human mutation data are available for Sodium Hypochlorite (a component of this product); these data were obtained during clinical studies involving specific tissues exposed to relatively high concentrations of this substance. Mutation data, obtained during clinical studies on test animal tissues or micro-organisms are available for Potassium Hydroxide.

EMBRYOTOXICITY: This product is not reported to produce embryotoxic effects in humans.

TERATOGENICITY: This product is not reported to produce teratogenic effects in humans.

REPRODUCTIVE TOXICITY: This product is not reported to cause reproductive effects in humans.

A mutagen is a chemical which causes permanent changes to genetic material (DNA) such that the changes will propagate through generational lines. An embryotoxin is a chemical which causes damage to a developing embryo (such as: within the eight weeks of pregnancy in humans), but the damage does not propagate across generational lines. A teratogen is a chemical which causes damage to a developing fetus, but the damage does not propagate across generational lines. A reproductive toxin is any substance which interferes in any way with the reproductive process.

MAMMALIAN TOXICITY INFORMATION

SODIUM HYDROXIDE:

Eye irritancy (monkey):	1%, 24 hours (severe)
Eye irritancy (rabbit):	500 ml, 24 hours (severe)
Eye irritancy (rabbit):	1% solution (severe)
Eye irritancy (rabbit):	1 mg, 24 hours (severe)
Cytogenic analysis system (grasshopper parenteral):	20 mg
LD50 (interperoneal, mouse):	40 mg/kg
LDLo (oral, rabbit):	500 mg/kg

SECTION 11. TOXICOLOGICAL INFORMATION (CONTINUED)

MAMMALIAN TOXICITY INFORMATION (CONTINUED)

SODIUM HYPOCHLORITE:
Eye effects (Adult Rabbit): Moderate irritation effects
Microsomal Mutageniticity Assay (Salmonella typhimunium): 1 mg/plate
Cytogenetic Analysis (Human): Lymphocyte, 100 ppm/24 hours.
TDLo, Oral (Woman): 1 g/kg, Central nervous system effects, blood pressure effects
TDLo, Intravenous (Man): 45 mg/kg, Pulmonary system , LD50 (Oral, Mouse): 5800 mg/kg

SECTION 12. ECOLOGICAL INFORMATION

ALL WORK PRACTICES MUST BE AIMED AT ELIMINATING ENVIRONMENTAL CONTAMINATION.

EFFECT OF MATERIAL ON PLANTS OR ANIMALS:
This product may be harmful or fatal to plant and animal life if released into the environment. Refer to Section 11 (Toxicological Information) for further data on the effects of this product's components on test animals.

EFFECT OF MATERIAL ON AQUATIC LIFE:

LC50 (Bluegill sunfish):	2.90 mg/L/96 hours
LC50 (Pimephales promelas):	1.40 mg/L/96 hours
LC50 (Oncorhynchus mykiss):	0.90 mg/L/0.5 hours

The substance is toxic to aquatic organisms.
The substance may be hazardous in the environment.
Special attention should be given to water organisms.

MOBILITY IN SOIL
Mobility of this material has not been determined.

DEGRADABILITY
This product is completely biodegradable.

ACCUMULATION
Bioaccumulation of this product has not been determined.

SECTION 13. DISPOSAL CONSIDERATIONS

Processing, use or contamination may change the waste management options.
Recycle / dispose of observing national, regional, state, provincial and local health, safety & pollution laws. If in doubt, contact appropriate agencies.

SECTION 14. TRANSPORT INFORMATION

IF > 625 LB / 284 KG OF THIS PRODUCT IN 1 CONTAINER,
IT EXCEEDS THE "RQ" OF SODIUM HYPOCHLORITE.

DOT SHIPPING NAME: UN1791, Hypochlorite Solutions, 8, PG-III
DRUM LABEL: (CORROSIVE)
EMERGENCY RESPONSE GUIDEBOOK NUMBER: 154

SECTION 15. REGULATORY INFORMATION

EPA REGULATION:
SARA SECTION 311/312 HAZARDS: Acute Health

All components of this product are on the TSCA list.
This material contains no known products restricted under SARA Title III, Section 313 in amounts greater or equal to 1%.

SARA TITLE III INGREDIENTS	CAS#	EINECS#	WT%	(REG.SECTION)	RQ(LBS)
Sodium Hypochlorite	7681-52-9	-	< 16	(311,312)	100
Sodium Hydroxide	1310-73-2	-	<= 1.75	(311,312)	1000

> 625 LB / 284 KG OF THIS PRODUCT IN 1 CONTAINER EXCEEDS THE "RQ" OF SODIUM HYPOCHLORITE.
Any release equal to or exceeding the RQ must be reported to the National Response Center (800-424-8802) and appropriate state and local regulatory agencies as described in 40 CFR 302.6 and 40 CFR 355.40 respectively.
Failure to report may result in substantial civil and criminal penalties.
State & local regulations may be more restrictive than federal regulations.

STATE REGULATIONS:
CALIFORNIA PROPOSITION 65: This product contains no chemicals known to the State of California to cause cancer & reproductive toxicity.

U.S. STATE REGULATED COMPONENTS: (HAZARDOUS SUBSTANCE LISTS):

COMPONENT	AK	CA	FL	IL	KS	MA	MI	MN
Sodium Hypochlorite	No	No	No	Yes	No	No	No	No
Sodium Hydroxide	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

COMPONENT	MO	NJ	ND	PA	RI	TX	WV	WI
Sodium Hypochlorite	No	Yes	Yes	No	No	No	No	No
Sodium Hydroxide	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

INTERNATIONAL REGULATIONS
The components of this product are listed on the chemical inventories of the following countries:
Australia (AICS), Canada (DSL, NDSL), China (IECSC), Europe (EINECS, ELINCS), Japan (METI/CSCL, MHLW/ISHL), South Korea (KECI), New Zealand (NZIoC), Philippines (PICCS), Switzerland (SWISS), Taiwan (NECSI), USA (TSCA).

CANADA: WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM (WHMIS)
C: Oxidizing Material.
D2B: Irritating to skin / eyes.
E: Corrosive Material.

SECTION 16. OTHER INFORMATION

HAZARD RATINGS:
HEALTH (NFPA): 3, HEALTH (HMIS): 3, FLAMMABILITY: 0, REACTIVITY: 1
(Personal Protection Rating to be supplied by user based on use conditions.)
This information is intended solely for the use of individuals trained in the NFPA & HMIS hazard rating systems.

EMPLOYEE TRAINING
See Section 2 for Risk & Safety Statements. Employees should be made aware of all hazards of this material (as stated in this SDS) before handling it.

Univar USA Inc Material Safety Data Sheet

For Additional Information contact MSDS Coordinator during business hours, Pacific time: (425) 889-3400

Notice

Univar USA Inc. ("Univar") expressly disclaims all express or implied warranties of merchantability and fitness for a particular purpose, with respect to the product or information provided herein, and shall under no circumstances be liable for incidental or consequential damages.

Do not use ingredient information and/or ingredient percentages in this MSDS as a product specification. For product specification information refer to a product specification sheet and/or a certificate of analysis. These can be obtained from your local Univar sales office.

All information appearing herein is based upon data obtained from the manufacturer and/or recognized technical sources. While the information is believed to be accurate, Univar makes no representations as to its accuracy or sufficiency. Conditions of use are beyond Univar's control and therefore users are responsible to verify this data under their own operating conditions to determine whether the product is suitable for their particular purposes and they assume all risks of their use, handling, and disposal of the product, or from the publication or use of, or reliance upon, information contained herein.

This information relates only to the product designated herein, and does not relate to its use in combination with any other material or in any other process

COMPANY IDENTITY: Univar USA Inc.
PRODUCT IDENTITY: SULFURIC ACID 77 - 100%

SDS DATE: 05/17/2013
REPLACES: 07/29/2011

SAFETY DATA SHEET

This Safety Data Sheet conforms to ANSI Z400.5, and to the format requirements and the International Chemical Safety Cards of the Global Harmonizing System.
THIS SDS COMPLIES WITH 29 CFR 1910.1200 (HAZARD COMMUNICATION STANDARD)
IMPORTANT: Read this SDS before handling & disposing of this product.
Pass this information on to employees, customers, & users of this product.

SECTION 1. IDENTIFICATION OF THE SUBSTANCE OR MIXTURE AND OF THE SUPPLIER

PRODUCT IDENTITY: SULFURIC ACID 77 - 100%
SDS NUMBER: CDS1741
NEW MSDS DATE: 07/29/2011
COMPANY IDENTITY: Univar USA Inc.
COMPANY ADDRESS: 17425 NE Union Hill Road
COMPANY CITY: Redmond, WA 98052
COMPANY PHONE: 1-425-889-3400
EMERGENCY PHONES: CHEMTREC: 1-800-424-9300 (USA)
CANUTEC: 1-613-996-6666 (CANADA)

SECTION 2. HAZARDS IDENTIFICATION

DANGER!!

EXPOSURE PREVENTION: AVOID ALL CONTACT!
PREVENT DISPERSION OF MISTS OR DUST!

HAZARD STATEMENTS:
H100s = General, H200s = Physical, H300s = Health, H400s = Environmental

H290	May be corrosive to metals.
H300	Fatal if swallowed.
H314	Causes severe skin burns and eye damage.

PRECAUTIONARY STATEMENTS:
P100s = General, P200s = Prevention, P300s = Response, P400s = Storage, P500s = Disposal

P223	Keep away from any possible contact with water, because of violent reaction & possible flash fire.
P262	Do not get in eyes, on skin, or on clothing.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P305+351+338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses if present & easy to do - Continue rinsing.
P309+311	If exposed or you feel unwell: Call a POISON CENTER or doctor/physician.
P405+102	Store locked up. Keep out of reach of children.

SECTION 3. COMPOSITION/INFORMATION ON INGREDIENTS

MATERIAL	CAS#	EINECS#	WT %
Sulfuric Acid*	7664-93-9	231-639-5	77-100
Water	7732-18-5	231-791-2	0-23

TRACE COMPONENTS: Trace ingredients (if any) are present in < 1% concentration, (< 0.1% for potential carcinogens, reproductive toxins, respiratory tract mutagens, and sensitizers). None of the trace ingredients contribute significant additional hazards at the concentrations that may be present in this product. All pertinent hazard information has been provided in this document, per the requirements of the Federal ccupational Safety and Health Administration Standard (29 CFR 1910.1200), U.S. State equivalents, and Canadian Hazardous Materials Identification System Standard (CPR 4).

SEE SECTIONS 8, 11 & 12 FOR TOXICOLOGICAL INFORMATION.

COMPANY IDENTITY: Univar USA Inc.
PRODUCT IDENTITY: SULFURIC ACID 77 - 100%

SDS DATE: 05/17/2013
REPLACES: 07/29/2011

SECTION 4. FIRST AID MEASURES

GENERAL ADVICE:
First Aid responders should pay attention to self-protection and use the recommended protective clothing (chemical resistant gloves, splash protection). If potential for exposure exists, refer to Section 8 for specific personal protective equipment.

EYE CONTACT:
If this product enters the eyes, open eyes while under gently running water. Use sufficient force to open eyelids. "Roll" eyes to expose more surface. Minimum flushing is for 15 minutes. Seek immediate medical attention.

SKIN CONTACT:
If the product contaminates the skin, immediately begin decontamination with running water. Minimum flushing is for 15 minutes. Remove contaminated clothing, taking care not to contaminate eyes. If skin becomes irritated and irritation persists, medical attention may be necessary. Wash contaminated clothing before reuse, discard contaminated shoes.

INHALATION:
After high vapor exposure, remove to fresh air. If it is suspected that fumes are still present, the rescuer should wear an appropriate mask or self-contained breathing apparatus. Keep person warm and at rest. breathing is difficult, give oxygen. If breathing has stopped, trained personnel should immediately begin artificial respiration. It may be dangerous to the person providing aid to give mouth-to-mouth resuscitation. If unconscious, place in recovery position and get medical attention immediately. Maintain an open airway. Loosen tight clothing such as a collar, tie, belt or waistband. If the heart has stopped, trained personnel should immediately begin cardiopulmonary resuscitation (CPR). Seek immediate medical attention. In case of inhalation of decomposition products in a fire, symptoms may be delayed.The exposed person may need to be kept under medical surveillance for 48 hours.

SWALLOWING:
If swallowed, CALL PHYSICIAN OR POISON CONTROL CENTER FOR MOST CURRENT INFORMATION. If professional advice is not available, give two glasses of water to drink. DO NOT INDUCE VOMITING. Never induce vomiting or give liquids to someone who is unconscious, having convulsions, or unable to swallow. Seek immediate medical attention.

NOTES TO PHYSICIAN:
There is no specific antidote. Treatment of overexposure should be directed at the control of symptoms and the clinical condition of the patient. Any material aspirated during vomiting may cause lung injury. Therefore, emesis should not be induced mechanically or pharmacologically. If it is considered necessary to evacuate the stomach contents, this should be done by means least likely to cause aspiration (such as: Gastric lavage after endotracheal intubation).

Victims of chemical exposure must be taken for medical attention. Rescuers should be taken for medical attention, if necessary. Take a copy of label and SDS to physician or health professional with victim.

SECTION 5. FIRE FIGHTING MEASURES

FIRE & EXPLOSION PREVENTIVE MEASURES
Not Applicable.

EXTINGUISHING MEDIA
Expect violent reaction with water. For small fires use dry chemical, carbon dioxide or halon. For large fires, flood fire area with water from a distance. Donot get solid stream of water on spilled material.

SPECIAL FIRE FIGHTING PROCEDURES
Water spray may be ineffective on fire but can protect fire-fighters
& cool closed containers. Use fog nozzles if water is used.
Do not enter confined fire-space without full bunker gear.
(Helmet with face shield, bunker coats, gloves & rubber boots).
Use NIOSH approved positive-pressure self-contained breathing apparatus.

COMPANY IDENTITY: Univar USA Inc.
PRODUCT IDENTITY: SULFURIC ACID 77 - 100%

SDS DATE: 05/17/2013
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SECTION 5. FIRE FIGHTING MEASURES (CONTINUED)

UNUSUAL EXPLOSION AND FIRE PROCEDURES
Noncombustible.
Reacts with most metals producing hydrogen which is extremely flammable & may explode. Applying to hot surfaces requires special precautions. Closed containers may explode if exposed to extreme heat.

SECTION 6. ACCIDENTAL RELEASE MEASURES

SPILL AND LEAK RESPONSE AND ENVIRONMENTAL PRECAUTIONS:
Uncontrolled releases should be responded to by trained personnel using pre-planned procedures. Proper protective equipment should be used. In case of a spill, clear the affected area, protect people, and respond with trained personnel.

PERSONAL PROTECTIVE EQUIPMENT
The proper personal protective equipment for incidental releases (such as: 1 Liter of the product released in a well-ventilated area), use impermeable gloves (triple-gloves (rubber gloves and nitrile gloves, over latex gloves), goggles, face shield, and appropriate body protection. In the event of a large release, use impermeable gloves, specific for the material handled, chemically resistant suit and boots, and hard hat. Self-Contained Breathing Apparatus or respirator may be required where engineering controls are not adequate or conditions for potential exposure exist. When respirators are required, select NIOSH/MSHA approved based on actual or potential airborne concentrations in accordance with latest OSHA and/or ANSI recommendations.

ENVIRONMENTAL PRECAUTIONS:
Stop spill at source. Construct temporary dikes of dirt, sand, or any appropriate readily available material to prevent spreading of the material. Close or cap valves and/or block or plug hole in leaking container and transfer to another container. Keep from entering storm sewers and ditches which lead to waterways, and if necessary, call the local fire or police department for immediate emergency assistance.

CONTAINMENT AND CLEAN-UP MEASURES:
Absorb spilled liquid with polypads or other suitable absorbent materials. If necessary, neutralize using suitable buffering material, (acid with soda ash or base with phosphoric acid), and test area with litmus paper to confirm neutralization. Clean up with non-combustible absorbent (such as: sand, soil, and so on). Shovel up and place all spill residue in suitable containers. dispose of at an appropriate waste disposal facility according to current applicable laws and regulations and product characteristics at time of disposal (see Section 13 - Disposal Considerations).

SECTION 7. HANDLING AND STORAGE

HANDLING
Use only with adequate ventilation. Do not get in eyes, on skin or clothing.
Wear OSHA Standard full face shield. Consult Safety Equipment Supplier. Wear gloves, apron & footwear impervious to this material. Wash clothing before reuse.
NEVER pour water into this substance. When dissolving or diluting, always add it slowly to the water.
To minimize static discharge when transferring, ensure electrical continuity by bonding and grounding all equipment. Use an inlet line diameter of at least 3.5 inches (8.9 centimeters) with a maximum flow rate of 1 meter/second.

STORAGE
Keep separated from strong oxidants, strong bases, combustible & reducing substances, metals, food & feedstuffs, incompatible materials.
May be stored in stainless steel containers.
See: Section 10, <Materials to Avoid>. Do not store above 49 C/120 F.
Keep container tightly closed & upright when not in use to prevent leakage.
Reacts with most metals producing hydrogen which is extremely flammable & may explode.
Wear full face shield, gloves & full protective clothing when opening or handling.
When empty, drain completely, replace bungs securely.

COMPANY IDENTITY: Univar USA Inc.
PRODUCT IDENTITY: SULFURIC ACID 77 - 100%

SDS DATE: 05/17/2013
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SECTION 7. HANDLING AND STORAGE (CONTINUED)

BULK CONTAINERS:
All tanks and pipelines which contain this material must be labeled. Perform routine maintenance on tanks or pipelines which contain this product. Report all leaks immediately to the proper personnel.

TANK CAR SHIPMENTS:
Tank cars carrying this product should be loaded and unloaded in strict accordance with tank-car manufacturer's recommendation and all established on-site safety procedures. Appropriate personal protective equipment must be used (see Section 8, Engineering Controls and Personal Protective Equipment.). All loading and unloading equipment must be inspected, prior to each use. Loading and unloading operations must be attended, at all times. Tank cares must be level, brakes must be set or wheels must be locked or blocked prior to loading or unloading. Tank car (for loading) or storage tanks (for unloading) must be verified to be correct for receiving this product and be properly prepared, prior to starting the transfer operations. Hoses must be verified to be in the correct positions, before starting transfer operations. A sample (if required) must be taken and verified (if required) prior to starting transfer operations. All lines must be blown-down and purged before disconnecting them from the tank car or vessel.

PROTECTIVE PRACTICES DURING MAINTENANCE OF CONTAMINATED EQUIPMENT:
Follow practices indicated in Section 6 (Accidental Release Measures). Make certain application equipment is locked and tagged-out safely. Always use this product in areas where adequate ventilation is provided. Collect all rinsates and dispose of according to applicable Federal, State, or local procedures.

SECTION 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

MATERIAL	CAS#	EINECS#	TWA (OSHA)	TLV (ACGIH)
Sulfuric Acid*	7664-93-9	231-639-5	None Known	None Known
Water	7732-18-5	231-791-2	None Known	None Known

This product contains no EPA Hazardous Air Pollutants (HAP) in amounts > 0.1%.

RESPIRATORY EXPOSURE CONTROLS
Maintain airborne contaminant concentrations below exposure limits given above. If respiratory protection is needed, use only protection authorized in 29 CFR 1910.134, European Standard EN 149, or applicable State regulations. If adequate ventilation is not available or there is potential for airborne exposure above the exposure limits, a respirator may be worn up to the respirator exposure limitations, check with respirator equipment manufacturer's recommendations/limitations. For a higher level of protection, use positive pressure supplied air respiration protection or Self Contained Breathing Apparatus or if oxygen levels are below 19.5% or are unknown.

EMERGENCY OR PLANNED ENTRY INTO UNKNOWN CONCENTRATIONS OR IDLH CONDITIONS
Positive pressure, full-face piece Self Contained Breathing Apparatus; or positive pressure, full-face piece Salf Contained Breathing Apparatus with an auxilliary positive pressure Self Contained Breathing Apparatus.

VENTILATION
LOCAL EXHAUST: Necessary
MECHANICAL (GENERAL): Necessary
SPECIAL: None
OTHER: None
Please refer to ACGIH document, "Industrial Ventilation, A Manual of Recommended Practices", most recent edition, for details.

EYE PROTECTION:
Splash goggles or safety glasses. Face-shields are recommended when the operation can generate splashes, sprays or mists.

COMPANY IDENTITY: Univar USA Inc.
PRODUCT IDENTITY: SULFURIC ACID 77 - 100%

SDS DATE: 05/17/2013
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SECTION 8. EXPOSURE CONTROLS/PERSONAL PROTECTION (CONTINUED)

HAND PROTECTION:
Wear appropriate impervious gloves for routine industrial use. Use impervious gloves for spill response, as stated in Section 6 of this SDS (Accidental Release Measures).
NOTICE: The selection of a specific glove for a particular application and duration of use in a workplace should also take into account all relevant workplace factors such as, but not limited to: Other chemicals which may be handled, physical requirements (cut/puncture protection, dexterity, thermal protection), potential body reactions to glove materials, as well as the instructions/specifications provided by the glove supplier.

BODY PROTECTION:
Use body protection appropriate for task. Cover-all, rubber aprons, or chemical protective clothing made from impervious materials are generally acceptable, depending on the task.

WORK & HYGIENIC PRACTICES:
Provide readily accessible eye wash stations & safety showers. Wash after each workshift & before eating, smoking or using the toilet. Promptly remove contaminated clothing. Destroy contaminated leather articles. Launder or discard contaminated clothing.

SECTION 9. PHYSICAL & CHEMICAL PROPERTIES

APPEARANCE:	Oily Liquid, Water-White
ODOR:	None
ODOR THRESHOLD:	Not Available
pH (Neutrality):	0.0
MELTING POINT/FREEZING POINT:	-11 to -29 C / +12 to -20 F
BOILING RANGE (IBP,50%,Dry Point):	193 to 276 C / 380 to 529 F
FLASH POINT (TEST METHOD):	Not Applicable
EVAPORATION RATE (n-BUTYL ACETATE=1):	Not Applicable
FLAMMABILITY CLASSIFICATION:	Non-Combustible
LOWER FLAMMABLE LIMIT IN AIR (% by vol):	Not Applicable
UPPER FLAMMABLE LIMIT IN AIR (% by vol):	Not Available
VAPOR PRESSURE (mm of Hg)@20 C	17.5
VAPOR DENSITY (air=1):	Not Applicable
GRAVITY @ 68/68F / 20/20C:	
SPECIFIC GRAVITY (Water=1):	1.70 to 1.84
POUNDS/GALLON:	14.2 to 15.3
WATER SOLUBILITY:	Complete
PARTITION COEFFICIENT (n-Octane/Water):	Not Available
AUTO IGNITION TEMPERATURE:	Not Applicable
DECOMPOSITION TEMPERATURE:	Not Available

SECTION 10. STABILITY & REACTIVITY

STABILITY
Stable but Reacts with most metals producing hydrogen which is extremely flammable & may explode.

CONDITIONS TO AVOID
Avoid alkalis. When diluting, always add acid to diluent. DON'T add diluent to acid.

MATERIALS TO AVOID
The substance is a strong acid, reacts violently with bases and is corrosive. Upon heating, irritating and toxic fumes are formed including sulfur oxides, The substance is a strong oxidant & reacts violently with combustible & reducing materials. Corrosive to most common metals forming flammable/explosive gas (hydrogen).
Sulfuric acid reacts violently with water & organic materials with much heat. Isolate from organics, chlorates, carbides, fulminates, picrates, metals. Fire risk on contact with organic materials and chemicals such as nitrates, carbides, and chlorates.

HAZARDOUS DECOMPOSITION PRODUCTS
Sulfur Oxides.

HAZARDOUS POLYMERIZATION
Will not occur.

COMPANY IDENTITY: Univar USA Inc.
PRODUCT IDENTITY: SULFURIC ACID 77 - 100%

SDS DATE: 05/17/2013
REPLACES: 07/29/2011

SECTION 11. TOXICOLOGICAL INFORMATION

ACUTE HAZARDS

EYE & SKIN CONTACT:
Severe burns to skin, defatting, dermatitis.
Severe burns to eyes, redness, tearing, blurred vision.
Liquid can cause severe skin & eye burns. Wash thoroughly after handling.

INHALATION:
Severe respiratory tract irritation may occur. Vapor harmful.

SWALLOWING:
Harmful or fatal if swallowed.

SUBCHRONIC HAZARDS/CONDITIONS AGGRAVATED

CONDITIONS AGGREVATED:
Persons with skin conditions should avoid use.

CHRONIC HAZARDS

CANCER, REPRODUCTIVE & OTHER CHRONIC HAZARDS:
Sulfuric Acid in the form of strong inorganic acid mists is known to cause cancer.

IRRITANCY OF PRODUCT: This product is irritating to contaminated tissue.

SENSITIZATION TO THE PRODUCT: No component of this product is known to be a sensitizer.

MUTAGENICITY: This product is not reported to produce mutagenic effects in humans.

EMBRYOTOXICITY: This product is not reported to produce embryotoxic effects in humans.

TERATOGENICITY: This product is not reported to produce teratogenic effects in humans.

REPRODUCTIVE TOXICITY: This product is not reported to cause reproductive effects in humans.

A mutagen is a chemical which causes permanent changes to genetic material (DNA) such that the changes will propagate through generational lines. An embryotoxin is a chemical which causes damage to a developing embryo (such as: within the eight weeks of pregnancy in humans), but the damage does not propagate across generational lines. A teratogen is a chemical which causes damage to a developing fetus, but the damage does not propagate across generational lines. A reproductive toxin is any substance which interferes in any way with the reproductive process.

MAMMALIAN TOXICITY INFORMATION

Oral LD50 (Rats):	2140 mg/kg
Dermal LD50 (Rabbit):	Not Available
LC50 (Inhalation, Rats):	510 mg/m3 (4 hour exposure)
Skin effects (Rabbit):	Severe irritation
Eye effects (Rabbit):	Severe irritation
LD (adult human):	between 5 ml and 15 ml (concentrated sulfuric acid)

COMPANY IDENTITY: Univar USA Inc.
PRODUCT IDENTITY: SULFURIC ACID 77 - 100%

SDS DATE: 05/17/2013
REPLACES: 07/29/2011

SECTION 12. ECOLOGICAL INFORMATION

AQUATIC ANIMAL INFORMATION:
No aquatic environmental information is available on this product.
The substance is harmful to aquatic organisms.

MOBILITY IN SOIL
Mobility of this material has not been determined.

DEGRADABILITY
This product is completely biodegradable.

ACCUMULATION
Bioaccumulation of this product has not been determined.

SECTION 13. DISPOSAL CONSIDERATIONS

Processing, use or contamination may change the waste disposal requirements. Do not dispose of on land, in surface waters, or in storm drains. Waste should be recycled or disposed of in accordance with regulations. Large amounts should be collected for reuse or consigned to licensed hazardous waste haulers for disposal.
ALL DISPOSAL MUST BE IN ACCORDANCE WITH ALL FEDERAL, STATE, PROVINCIAL, AND LOCAL REGULATIONS. IF IN DOUBT, CONTACT PROPER AGENCIES. EPA CHARACTERISTIC: D002.

SECTION 14. TRANSPORT INFORMATION

> 1099 LB / 499 KG OF THIS PRODUCT IN 1 CONTAINER EXCEEDS THE "RQ" OF SULFURIC ACID.

DOT SHIPPING NAME: UN1830, Sulfuric acid, 8, PG-II
DRUM LABEL: (CORROSIVE)
IATA / ICAO: UN1830, Sulfuric acid, 8, PG-II
IMO / IMDG: UN1830, Sulfuric acid, 8, PG-II
EMERGENCY RESPONSE GUIDEBOOK NUMBER: 137

SECTION 15. REGULATORY INFORMATION

EPA REGULATION:
SARA SECTION 311/312 HAZARDS: Acute Health

All components of this product are on the TSCA list.
SARA Title III Section 313 Supplier Notification
This product contains the indicated <*> toxic chemicals subject to the reporting requirements of Section 313 of the Emergency Planning & Community Right-To-Know Act of 1986 & of 40 CFR 372. This information must be included in all MSDSs that are copied and distributed for this material.

SARA TITLE III INGREDIENTS	CAS#	EINECS#	WT%	(REG.SECTION)	RQ(LBS)
Sulfuric Acid	7664-93-9	231-639-5	77-100	(302,311,312,313)	1000

Any release equal to or exceeding the RQ must be reported to the National Response Center (800-424-8802) and appropriate state and local regulatory agencies as described in 40 CFR 302.6 and 40 CFR 355.40 respectively.
Failure to report may result in substantial civil and criminal penalties.
State & local regulations may be more restrictive than federal regulations.

COMPANY IDENTITY: Univar USA Inc.
PRODUCT IDENTITY: SULFURIC ACID 77 - 100%

SDS DATE: 05/17/2013
REPLACES: 07/29/2011

SECTION 15. REGULATORY INFORMATION (CONTINUED)

SARA Title III Section 302 (Extremely Hazardous Substance List) : Sulfuric Acid.

CLEAN WATER ACT:
Sulfuric Acid is listed as a Hazardous Substance under the Clean Water Act.

STATE REGULATIONS:
CALIFORNIA PROPOSITION 65: WARNING: This product contains Sulfuric Acid, listed as "Strong inorganic acid mists contain", a chemical known to the state of California to cause cancer.

INTERNATIONAL REGULATIONS
The components of this product are listed on the chemical inventories of the following countries:
Australia (AICS), Canada (DSL, NDSL), China (IECSC), Europe (EINECS, ELINCS), Japan (METI/CSCL, MHLW/ISHL), South Korea (KECI), New Zealand (NZIoC), Philippines (PICCS), Switzerland (SWISS), Taiwan (NECSI), USA (TSCA).

CANADA: WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM (WHMIS)
D1A: Material causing immediate and serious toxic effects (VERY TOXIC), (Sulfuric Acid)
D2B: Irritating to skin / eyes.
E: Corrosive Material.

SECTION 16. OTHER INFORMATION

HAZARD RATINGS:
HEALTH (NFPA): 3, HEALTH (HMIS): 3, FLAMMABILITY: 0, REACTIVITY: 2
(Personal Protection Rating to be supplied by user based on use conditions.)
This information is intended solely for the use of individuals trained in the NFPA & HMIS hazard rating systems.

EMPLOYEE TRAINING
See Section 2 for Risk & Safety Statements. Employees should be made aware of all hazards of this material (as stated in this SDS) before handling it.

Univar USA Inc Material Safety Data Sheet

For Additional Information contact MSDS Coordinator during business hours, Pacific time: (425) 889-3400

Notice

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Do not use ingredient information and/or ingredient percentages in this MSDS as a product specification. For product specification information refer to a product specification sheet and/or a certificate of analysis. These can be obtained from your local Univar sales office.

All information appearing herein is based upon data obtained from the manufacturer and/or recognized technical sources. While the information is believed to be accurate, Univar makes no representations as to its accuracy or sufficiency. Conditions of use are beyond Univar's control and therefore users are responsible to verify this data under their own operating conditions to determine whether the product is suitable for their particular purposes and they assume all risks of their use, handling, and disposal of the product, or from the publication or use of, or reliance upon, information contained herein.

This information relates only to the product designated herein, and does not relate to its use in combination with any other material or in any other process

Agri-Empresa LLC

Manufacturer • Packager • Distributor
OIL FIELD CHEMICALS

432-694-1994
FAX 432-694-2199

6001 West Industrial
Midland, Texas 79706

Material Safety Data Sheet
Soda Ash

1. PRODUCT AND COMPANY IDENTIFICATION

Product Name	Soda Ash
Chemical Name	Sodium Carbonate, Anhydrous
Synonyms	Disodium carbonate, carbonic acid, disodium salt
Chemical Formula	Na_2CO_3
Molecular Weight	105.99
CAS Number	497-19-8
Grade Names	Technical grade soda ash, High Purity grade soda ash
General Use	Glass manufacturing, chemical manufacturing, pulp and paper, water treatment and pH control, soap and detergent manufacturing, coal treatment, emission control, iron exchange resin regeneration
Manufacturer	OCI Chemical Corporation 1800 West Oak Commons Ct Suite 100 Marietta, GA 30062

Emergency Telephone Numbers

For emergencies involving a spill, leak, fire or exposure, contact:

United States	CHEMTREC	(800) 424-9300
Canada	CANUTEC	(613) 996-6666

General or Product Information	OCI Chemical Corporation	(800) 865-1774

2. COMPOSTION / INFORMATION ON INGREDIENTS

Chemical Name	CAS Number	ENIECS Number	Concentration
Sodium Carbonate	497-19-8	207-838-8	99.8 % by wt.

3. HAZARDS IDENTIFICATION

Emergency Overview

White, odorless, granular solid
Exposure may cause irritation to eyes, skin, and respiratory tract
Product is non-combustible
Reacts with acids to form carbon dioxide gas and heat

Potential Health Effects

Inhalation
May cause upper respiratory tract, lung, and irritation to mucus membranes

Eye Contact
May cause sever irritation, redness, or swelling.

Skin Contact
May cause itiching, redness, or swelling.

Ingestion
May cause gastrointestinal irritation, nausea, vomiting, or diarrhea.

Chronic Exposure
Product does not contain any ingredient designated by IARC, NTP, ACGIH, or OSHA as probable or suspected human carcinogens.

4. FIRST AID MEASURES

Eye Exposure
Hold eyelids open and flush with a steady, gentle stream of water for at least 15 minutes. Seek immediate medical attention.

Skin Exposure
In case of contact, immediately wash with plenty of soap and water for at least 5 minutes. Seek medical attention if irritation develops or persists. Remove contaminated clothing and shoes. Clean contaminated clothing shoes before re-use

Inhalation
Remove victim from immediate source of exposure and assure that the victim is breathing. If breathing is difficult, administer oxygen, if available. If victim is not breathing, administer CPR (cardio-pulmonary resuscitation). Seek immediate medical attention.

Ingestion
If victim is conscious and alert, give 1-2 glasses of water to drink. Do not give anything by mouth to an unconscious person. Seek immediate medical attention. Do not leave victim unattended.

5. FIRE FIGHTING MEASURES

Flash Point
Not Applicable

Extinguishing Media
Not combustible. Use extinguishing method suitable for surrounding fire

Special Fire Fighting Procedures
Firefighters should wear full protective clothing and self-contained breathing apparatus.

Unusual Fire and Explosion Hazards:
Not combustible

Hazardous Decomposition Materials
Carbon Dioxide

6. ACCIDENTIAL RELEASE MEASURES

Evacuation Procedures and Safety
Ventilate closed spaces before entering. Wear appropriate protective gear for situation. See Personal Protection information in Section 8.

Containment of Spill:
Follow procedure described below under Cleanup and Disposal of Spill.

Cleanup and Disposal of Spill:
Scrape up and place in appropriate closed container (see Section 7: Handling and Storage). Collect washings for disposal. Decontaminate tools and equipment following cleanup. Clean up residual material by washing area with water. Avoid creation of dusty conditions.

Environmental and Regulatory Reporting:
Do not flush to drain. If spilled on the ground, the affected area should be scraped clean placed in an appropriate container for disposal. Prevent material form entering public sewer system or any waterways. Large spills should be handled according to a predetermined plan. For assistance in developing a plan contact with the Technical Service Department using the Product Information phone number in Section 1.

7. HANDLING AND STORAGE

Minimum/Maximum Storage Temperatures:
Not Available

Handling
Do not get in eyes. Do not breathe dusts. Avoid direct or prolonged contact with skin.

Storage
Store in an area that is cool, dry, well-ventilated.

8. EXPOSURE CONTROL AND PERSONAL PROTECTION

Introductory Remarks:
These recommendations provide general guidance for handling this product. Because specific work environments and material handling practices vary, safety procedures should be developed for each intended application. While developing safe handling procedures, do not overlook the

need to clean equipment and piping systems for maintenance and repairs. Waste resulting from these procedures should be handled in accordance with Section 13: Disposal Considerations.

Assistance with selection, use and maintenance of worker protection equipment is generally available from equipment manufacturers.

Exposure Guidelines:
Exposure limits represent regulated or recommended worker breathing zone concentrations measured by validated sampling and analytical methods, meeting OSHA requirements. The following limits (AGGIH, OSHA and other) apply to this material, where, if indicated, S=skin and C=ceiling limit:

PARTICULATES NOT OTHERWISE REGULATED RESPIRABLE FRACTION

	Notes	TWA	STEL
OSHA		5 mg / cu m^3	NA

Engineering Controls:
Where engineering controls are indicated by use conditions or a potential for excessive exposure exists, the following traditional exposure control techniques may be used to effectively minimize employee exposures.

Respiratory Protection:
When respirators re required, select NIOSH/MSHA approved equipment based on actual or potential airborne concentrations and in accordance with the latest OSHA standard (29 CFR 1910.134) and/or ANSI Z88.2 recommendations.

Under normal conditions, in the absence of other airborne contaminants, the following devices should provide protection from this material up to the conditions specified by OSHA / ANSI: Air-purifying (half-mask / full-face) respirator with cartridges / canister approved for use against dusts, mists and fumes.

9. PHYSICAL AND CHEMICAL PROPERTIES

Physical and Chemical properties here represent typical properties of this product. Contact the business area using the Product Information phone number in Section 1 for its exact specifications.

Physical Appearance:
White granules solid.

Odor:
Odorless

pH:
11.3 (1% solution)

Specific Gravity:
2.53 g/ml at 20°C (68 F)

Melting Point Range:
851°C (1564 F)

Boiling Point Range:
Not Available

Vapor Density:
Not Available

Molecular Weight:
105.99

10. STABILITY AND REACTIVITY

Chemical Stability:
This material is stable under normal handling and storage conditions described in Section 7

Conditions To Be Avoided:
Extreme Heat; Hygroscopic; protect from moisture. Mixing of acid and sodium carbonate solutions could cause CO2 evolution.

Materials / Chemicals To Be Avoided:
Aluminum
Fluorine
Humid Air
Moisture
Sulfuric Acid
Acids
Magnesium
Phosphorus Pentoxide

Decomposition Temperature Range:
400°C (752 F)

The Following Hazardous Decomposition Products Might Be Expected:
Decomposition Type: Thermal
Carbon Dioxide

Hazardous Polymerization Will Not Occur.
Avoid The Following To Inhibit Hazardous Polymerization:
Not Applicable

11. TOXICOLOGICAL INFORMATION

Acute Eye Irritation:
Toxicological Information and Interpretation
Eye - Eye Irritation, 25 mg/Kg, Rabbit.
Severely Irritating; Muscle contraction or spasticity

Acute Skin Irritation:
Toxicological Information and Interpretation
Skin – 500 mg/24 hour Skin Irritation, Rabbit.
Mildly Irritating.

Acute Dermal Toxicity:
LD_{50} Rabbit: >2000 mg/kg

Acute Inhalation Toxicity:
Toxicological Information and Interpretation
LC_{50} - Lethal Concentration. 50% Of Test Species, 2300 mg/cu m/2hr, rat.

Acute Oral Toxicity:
Toxicological Information and Interpretation

LD_{50} - Lethal Dose 50% Of Test Species, 4090 mg/kg, rat.

Chronic Toxicity:
This product does not contain any substances that are considered by OSHA, NTP, IARC or ACGIH to be "probable" or "suspected" human carcinogens.

No additional test data found for product.

12. ECOLOGICAL INFORMATION

Ecotoxicological Information:
No data found for product.

Chemical Fate Information:
No data found for product.

13. DISPOSAL CONSIDERATIONS

Waste Disposal Method:
Chemical additions, processing or otherwise altering this material may make the waste management information presented in this MSDS incomplete, inaccurate or otherwise inappropriate. Please be advised that state and local requirements for waste disposal may be more restrictive or otherwise different form federal laws and regulations. Consult state and local regulations regarding the proper disposal of this material.

Container Handling and Disposal:
Rinse containers before disposal.

EPA Hazardous Waste – NO

14. TRANSPORTATION INFORMATION

Transportation Status:
US Department of Transportation

DOT Shipping Name:
NOT REGULATED

15. REGULATORY INFORMATION

FEDERAL REGULATIONS

TSCA Inventory Status:
All ingredients of this product are listed on the TSCA Inventory.

SARA Title III Hazard Classes:

Fire Hazard	- NO
Reactive Hazard	- NO
Release of Pressure	- NO
Acute Health Hazard	- YES
Chronic Health Hazard	- NO

STATE REGULATONS:

This product does not contain any components that are regulated under California Proposition 65

16. OTHER INFORMATION

National Fire Protection Association Hazard Ratings - NFPA(R):

2 Health Hazard Rating - - Moderate
0 Flammability Rating - - Minimal
0 Reactivity Rating - - Minimal

National Paint & Coating Hazardous Materials Identification System - HMIS(R):

2 Health Hazard Rating - - Moderate
0 Flammability Rating - - Minimal
0 Reactivity Rating - - Minimal

Certified to ANSI/NSF 60 – Soda Ash Dense Bulk: This product is certified ANSI/NSF 60 when used in treatment of drinking water at maximum dosage of 100 mg/L.

Reason for Revisions:
Change and / or addition made to Section 1, 2, 11 and 16.

CANADIAN WHMIS REGULATIONS

This product has been classified according to the hazard criteria of the CPR and the MSDS contains all the information required by the CPR.

WHMIS: H=2 F=0 R=0

Key Legend Information:

NAV	- Not Available
NAP	- Not Applicable
ND	- Not Determined
ACGIH	- American Conference of Governmental Industrial Hygienists
OSHA	- Occupational Safety and Health Administration
TLV	- Threshold Limit Value
PEL	- Permissible Exposure Limit
TWA	- Time Weighted Average
STEL	- Short Term Exposure Limit
NTP	- National Toxicology Program
IARC	- International Agency for Research on Cancer
WHMIS	- Workplace Hazardous Materials Information System

Disclaimer:
The information herein is given in good faith but no warranty, expressed or implied, is made

TEXAS LIME COMPANY
MATERIAL SAFETY DATA SHEET

MSDS Number: TLCH 1
Revision Date: November 16, 2010
Prepared pursuant to ANSI Standard Z400.1-1998

1. Product and Company Identification

Product Name: Hydrated Lime

Synonyms: Calcium Hydroxide, $Ca(OH)_2$ Hydrate

Company Identification:

Texas Lime Company
P.O. Box 851
Cleburne, TX 76033

Information: 1-817-641-4433

Emergency: 1-800-772-8000

2. Composition/Information on Ingredients

Component	CAS #	Exposure Limits	% by weight
Calcium Hydroxide $Ca(OH)_2$	1305-62-0	OSHA PEL: 15 mg/m^3 total 5 mg/m^3 respirable ACGIH TLV: 5 mg/m^3	92.0% to 98.0%
Magnesium Oxide	1309-48-4	OSHA PEL: 10 mg/m^3 ACGIH TLV: 10 mg/m^3	Avg. <1.0%
Silicon Dioxide	7631-86-9	OSHA PEL for crystalline silica (as total dust) : 30 mg/ m^3 divided by the percentage of silica in the dust plus 2 (respirable) ACGIH TLV: 0.1 mg/m^3	Avg. <1.0%

OSHA Regulatory Status: This material is subject to 29 CFR 1910.1200 (Hazard Communication).

3. Hazards Identification

Emergency Overview: Hydrated lime is an odorless white or grayish-white material that is a granular powder. Contact can cause irritation to eyes, skin, respiratory system, and gastrointestinal tract. Hydrated lime is stable unless in contact with acids which causes vigorous reaction and produces heat.

Potential Health Effects

Eyes: Contact can cause severe irritation or burning of eyes with the potential of permanent damage.

Skin: Extended contact can cause drying and irritation of skin due to the removal of the natural oils. Use of skin cream after washing to replace natural oils is encouraged.

Ingestion: Non-toxic but could cause burning of gastrointestinal tract if swallowed.

Inhalation: Prolonged inhalation of this product could cause irritation of the respiratory system. Long-term exposure may cause permanent damage. Hydrated lime is not listed by MSHA, OSHA, or IARC as a carcinogen, but this product may contain trace amounts of crystalline silica in the form of quartz or crystobalite, which has been classified by IARC as (Group I) carcinogenic to humans when inhaled. Inhalation of silica can also cause a chronic lung disorder, silicosis.

Medical Conditions Aggravated by Exposure: Contact may aggravate disorders of eyes, skin, gastrointestinal tract, and respiratory system.

Potential Environmental Effects: This material is alkaline and if released into water or moist soil will cause an increase in pH.

4. First Aid Measures

Eyes: Immediately flush eyes with generous amounts of water for at least 15 minutes. Pull back the eyelid to ensure that all lime dust has been washed out. Seek medical attention immediately. Do not rub eyes.

Skin: Wash exposed area with water. Apply burn ointment if burn occurs; seek medical attention if redness or irritation persists.

Ingestion: Do not induce vomiting. Seek medical attention immediately. Never give anything by mouth unless instructed to do so by medical personnel.

Inhalation: Move victim to fresh air. Seek medical attention if necessary. If breathing has stopped, give artificial respiration.

Note to Physicians: Provide general supportive measures and treat symptomatically.

5. Fire Fighting Measures

Fire Hazards: Hydrated lime is not combustible or flammable. However, hydrated lime reacts violently with acids, and may release heat sufficient to ignite combustible materials in certain instances. Hydrated lime is not considered to be an explosion hazard, although reaction with incompatible materials may rupture containers.

Hazardous Combustion Products: None.

Extinguishing Media: Use dry chemical fire extinguisher. Do not use water or halogenated compounds. Large amounts of water may be used to deluge small quantities of hydrated lime.

Fire Fighting Instructions: Keep personnel away from and upwind of fire. Wear full fire-fighting turn-out gear (full Bunker gear), and respiratory protection (SCBA).

6. Accidental Release Measures

Spill /Leak Procedures: Do NOT use water on bulk material spills. Use proper protective equipment.

Small Spills: Use dry methods to collect spilled materials. Avoid generating dust. Do not clean up with compressed air. Store collected materials in dry, sealed plastic or metal containers. Residue on surfaces may be water washed.

Large Spills: Use dry methods to collect spilled materials. Evacuate area downwind of clean-up operations to minimize dust exposure. Store spilled materials in dry, sealed plastic or metal containers.

Containment: For large spills, as much as possible, avoid the generation of dusts. Prevent release to sewers or waterways.

Cleanup: Residual amounts of material can be flushed with large amounts of water. Equipment can be washed with either a mild vinegar and water solution, or detergent and water.

7. Handling and Storage

Handling: Keep in tightly closed containers. Protect containers from physical damage. Avoid direct skin contact with the material.

Storage: Store in a cool, dry, and well-ventilated location. Do not store near incompatible materials. Keep away from moisture. Do not store or ship in aluminum containers.

8. Exposure Controls/Personal Protection

Engineering Controls: Provide ventilation adequate to maintain PELs.

Respiratory Protection: Use NIOSH/MSHA approved respirators if airborne concentration exceeds PEL.

Skin Protection: Use appropriate gloves to prevent skin contact. Clothing should fully cover arms and legs.

Eye Protection: Use safety glasses with side shields or safety goggles.

Other: Eye wash fountain and emergency showers are recommended.

9. Physical and Chemical Properties

Appearance: White or grayish-white material. **Odor**: Faint musty earth odor

Physical State: Solid **Boiling Point**: Decomposes @1076° F. to CaO

Vapor Pressure: N/A **Vapor Density**: N/A

Specific Gravity: 2.2-2.4

Solubility in Water: Negligible

PH at 25 degrees C: 12.45 (approximately)

10. Stability and Reactivity

Stability: Chemically stable unless in contact with acids. See also Incompatibility below.

Incompatibility/Conditions to Avoid: Hydrated lime should not be mixed or stored with the following materials.

ACIDS
REACTIVE FLUORIDATED COMPOUNDS
REACTIVE BROMINATED COMPOUNDS
REACTIVE POWERED METALS
ORGANIC ACID ANHYDRIDES
NITRO-ORGANIC COMPOUNDS
REACTIVE PHOSPHOROUS COMPOUNDS
INTERHALOGENATED COMPOUNDS

Hazardous Decomposition Products: None

Hazardous Polymerization: None

11. Toxicological Information:

No LD50/LC50 has been identified for this product's components. Hydrated lime is not listed by MSHA, OSHA, or IARC as a carcinogen, but this product may contain trace amounts of crystalline silica, which has been classified by IARC as (Group I) carcinogenic to humans when inhaled in the form of quartz or crystobalite.

12. Ecological Information:

Ecotoxicity: Because of the high pH of this product, it would be expected to produce significant ecotoxicity upon exposure to aquatic organisms and aquatic systems in high concentrations.

Environmental Fate: This material shows no bioaccumulation effect or food chain concentration toxicity.

13. Disposal Considerations:

Dispose of in accordance with all applicable federal, state, and local environmental regulations. If this product as supplied, and unmixed, becomes a waste, it will not meet the criteria of a hazardous waste as defined under the Resource Conservation and Recovery Act.

14. Transportation Information:

Hydrated lime is not classified as a hazardous material by DOT when transported by any means.

15. Regulatory Information:

EPA Regulations:

RCRA Hazardous Waste Number: not listed (40 CFR 261.33)
RCRA Hazardous Waste Classification (40 CFR 261): not classified
CERCLA Hazardous Substance (40 CFR 302.4) unlisted specific per RCRA, Sec. 3001; CWA, Sec. 311 (b) (4); CWA, Sec. 307 (a), CAA, Sec. 112
CERCLA Reportable Quantity (RQ) not listed.
SARA 311/312 Codes: not listed.
SARA Toxic Chemical (40 CFR 372.65): not listed.
SARA EHS (Extremely Hazardous Substance) (40 CFR 355): Not listed, Threshold Planning Quantity (TPQ): not listed.
All chemical ingredients are listed on the USEPA TSCA Inventory List.

OSHA/MSHA Regulations:

Air Contaminant (29 CFR 1910.1000, Table Z-1, Z-1-A): 5 mg/M^3 TWA-8
MSHA: not listed.
OSHA Specifically Regulated Substance (29CFR 1910) not listed.

State Regulations: Consult state and local authorities for guidance.

16. Other Information:

HMIS: Health Risks 1, Flammability 0, Reactivity 0, Personal Protection, E

NFPA: Health Hazard 1, Fire Hazard 0, Reactivity 0

The above MSDS complies with MSHA'S Hazard Communication Standard 30 CFR, Part 47 and OSHA's Hazard Communication standard 29 CFR 1910.1200 and OSHA form 174. We believe the statements, technical information and recommendations contained herein are reliable, but they are given without warranty or guarantee of any kind, express or implied.

MATERIAL SAFETY DATA SHEET

Section 1. Chemical Product and Company Identification

Product Name:	ChemTreat P817E
Product Use:	Water Clarification/Solids Conditioning Agent
Supplier's Name:	ChemTreat, Inc.
Emergency Telephone Number:	(800) 424–9300 (Toll Free) (703) 527–3887
Address (Corporate Headquarters):	5640 COX ROAD Glen Allen, VA 23060
Telephone Number for Information:	(800) 648–4579
Date of MSDS:	January 6, 2012

Section 2. Hazard(s) Identification

Signal Word: **WARNING!**

Hazard Statement(s): May be harmful in contact with skin.
May be harmful if inhaled.
May be harmful if swallowed.

Precautionary Statement(s): No significant health risks are expected from exposures under normal conditions of use.

Section 3. Composition/Hazardous Ingredients

Component	CAS Registry #	Wt.%
There are no hazardous ingredients in this product as defined in 29 CFR 1910.1200.	Proprietary	N/A

Section 4. First Aid Measures

Inhalation: Remove to fresh air and keep at rest in a position comfortable for breathing. Call a poison center or doctor/physician if you feel unwell.

Eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical advice/attention.

Skin: Wash with plenty of soap and water. Call a poison center or doctor/physician if you feel unwell.

Ingestion: DO NOT INDUCE VOMITING. Rinse mouth. Call a POISON

CENTER or doctor/physician if you feel unwell.

Notes to Physician: N/A

Additional First Aid Remarks: N/A

Section 5. Fire Fighting Measures

Flammability of the Product: Not flammable.

Suitable Extinguishing Media: Use extinguishing media suitable to surrounding fire.

Specific Hazards Arising from the Chemical: None known.

Protective Equipment: If product is involved in a fire, wear full protective clothing including a positive–pressure, NIOSH approved, self–contained breathing apparatus.

Section 6. Accidental Release Measures

Personal Precautions: Use appropriate Personal Protective Equipment (PPE).

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

Methods for Cleaning up: Contain and recover liquid when possible. Flush spill area with water spray.

Other Statements: None.

Section 7. Handling and Storage

Handling: Wear appropriate Personal Protective Equipment (PPE) when handling this product. Do not get in eyes, or on skin and clothing. Wash thoroughly after handling. Do not ingest. Avoid breathing vapors, mist or dust.
Material is very slippery if spilled.

Storage: Store away from incompatible materials (see Section 10). Store at ambient temperatures. Keep container securely closed when not in use. Label precautions also apply to empty container. Recondition or dispose of empty containers in accordance with government regulations.
For Industrial use only.
Keep from freezing.
Do not store below 41°F.
Do not store above 86°F.

Section 8. Exposure Controls/Personal Protection

Exposure Limits

Component	Source	Exposure Limits
There are no hazardous ingredients in this product as defined in 29 CFR 1910.1200.		N/E

Carcinogenicity Category

Component	Source	Code	Brief Description
There are no hazardous ingredients in this product as defined in 29 CFR 1910.1200.			N/E

Engineering Controls: Use only with adequate ventilation. The use of local ventilation is recommended to control emission near the source.

Personal Protection

Eyes: Wear chemical splash goggles or safety glasses with full–face shield. Maintain eyewash fountain in work area.

Skin: Maintain quick–drench facilities in work area.
Wear butyl rubber or neoprene gloves. Wash them after each use and replace as necessary. If conditions warrant, wear protective clothing such as boots, aprons, and coveralls to prevent skin contact.

Respiratory: If misting occurs, use NIOSH approved organic vapor/acid gas dual cartridge respirator with a dust/mist prefilter in accordance with 29 CFR 1910.134.

Section 9. Physical and Chemical Properties

Physical State and Appearance:	Liquid Emulsion, White, Opaque
Specific Gravity:	1.072 @ 20°C
pH:	6.0 – 8.0 @ 20°C, 100.0%
Freezing Point:	0°F
Flash Point:	N/D
Odor:	Mild
Melting Point:	N/A
Boiling Point:	N/D
Solubility in Water:	Complete
Evaporation Rate:	N/D
Vapor Density:	N/D
Molecular Weight:	N/D
Viscosity:	N/A
Flammable Limits:	N/A
Autoignition Temperature:	N/A

Density:	8.94 lb/ga
Vapor Pressure:	0.002 mmHg, @ 20C
% VOC	10

Section 10. Stability and Reactivity

Chemical Stability: Stable at normal temperatures and pressures.

Incompatibility with Various Substances: Strong oxidizers

Hazardous Decomposition Products: Oxides of carbon, Oxides of nitrogen

Possibility of Hazardous Reactions: None known.

Section 11. Toxicological Information

Chemical Name	Exposure	Type of Effect	Concentration	Species
ChemTreat P817E	Oral	LD50	>5000 mg/kg	Rat

Comments: None.

Section 12. Ecological Information

Species	Duration	Type of Effect	Test Results
Algae	72h	IC50	>100 mg/l
Daphnia magna	48h	EC50	>100 mg/l
Mysid Shrimp	48h	LC50	6.8 mg/l
Inland Silverside	96h	LC50	320 mg/l
Fathead Minnow	96h	LC50	104 mg/l
Ceriodaphnia dubia	48h	LC50	0.58 mg/l

Comments: None.

Section 13. Disposal Considerations

Dispose of in accordance with local, state and federal regulations.
Not a RCRA–regulated hazardous waste when disposed in the original product form.

Section 14. Transport Information

DOT

Proper Shipping Name:	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID
Technical Name:	N/A
Hazard Class:	Not D.O.T. Regulated
UN/NA#:	N/A
Packing Group:	N/A

IMDG

Proper Shipping Name:	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID
Technical Name:	N/A
Hazard Class:	Not D.O.T. Regulated
UN/NA#:	N/A
Packing Group:	N/A

ICAO

Proper Shipping Name:	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID
Technical Name:	N/A
Hazard Class:	Not D.O.T. Regulated
UN/NA#:	N/A
Packing Group:	N/A

TDG

Proper Shipping Name:	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID
Technical Name:	N/A
Hazard Class:	Not D.O.T. Regulated
UN/NA#:	N/A
Packing Group:	N/A

Section 15. Regulatory Information

Inventory Status

United States (TSCA): All ingredients listed.
Canada (DSL/NDSL): All ingredients listed.

Federal Regulations

SARA Title III Rules

Sections 311/312 Hazard Classes

Fire Hazard: No
Reactive Hazard: No
Release of Pressure: No
Acute Health Hazard: Yes
Chronic Health Hazard: No

Other Sections

Component	Section 313 Toxic Chemical	Section 302 EHS TPQ	CERCLA RQ
There are no hazardous ingredients in this product as defined in 29 CFR 1910.1200.	N/A	N/A	N/A

Comments: None.

State Regulations

California Proposition 65: This product contains chemical(s) known to the State of California to cause cancer and/or to cause birth defects or other reproductive harm: residual acrylamide.

Special Regulations

Component	States
There are no hazardous ingredients in this product as defined in 29 CFR 1910.1200.	None

International Regulations

Canada

WHMIS Classification: N/A

Controlled Product Regulations (CPR): N/A

Section 16. Other Information

HMIS Hazard Rating

Health: 1
Flammability: 1
Physical Hazard: 0
PPE: X

Notes: The PPE rating depends on circumstances of use. See Section 8 for recommended PPE.
The Hazardous Material Information System (HMIS) is a voluntary, subjective alpha–numeric symbolic system for recommending hazard risk and personal protection equipment information. It is a subjective rating system based on the evaluator's understanding of the chemical associated risks. The end–user must determine if the code is appropriate for their use.

NSF: N/A

FDA: N/A

KOSHER: This product is certified by the Orthodox Union as kosher pareve.

FIFRA: N/A

Other: None

Abbreviations

Abbreviation	Definition
<	Less Than
>	Greater Than
ACGIH	American Conference of Governmental Industrial Hygienists
EHS	Environmental Health and Safety Dept
N/A	Not Applicable
N/D	Not Determined
N/E	Not Established
OSHA	Occupational Health and Safety Dept
PEL	Personal Exposure Limit
STEL	Short Term Exposure Limit

TLV	Threshold Limit Value
TWA	Time Weight Average
UNK	Unknown

Prepared by: Regulatory Affairs Department

Disclaimer

Although the information and recommendations set forth herein (hereinafter "information") are presented in good faith and believed to be correct as of the date hereof, ChemTreat, Inc. makes no representations as to the completeness or accuracy thereof. Information is supplied upon the condition that the persons receiving same will make their own determination as to its suitability for their purposes prior to use. In no event will ChemTreat, Inc. be responsible for damages of any nature whatsoever resulting from the use or reliance upon information. No representation or warranties, either expressed or implied, of merchantability, fitness for a particular purpose, or of any other nature are made hereunder with respect to information or the product to which information refers.

MATERIAL SAFETY DATA SHEET

Section 1. Chemical Product and Company Identification

Product Name:	ChemTreat CL4400
Product Use:	Cooling Water Treatment
Supplier's Name:	ChemTreat, Inc.
Emergency Telephone Number:	(800) 424–9300 (Toll Free) (703) 527–3887
Address (Corporate Headquarters):	5640 COX ROAD Glen Allen, VA 23060
Telephone Number for Information:	(800) 648–4579
Date of MSDS:	January 6, 2012

Section 2. Hazard(s) Identification

Signal Word: WARNING!

Hazard Statement(s): May be harmful in contact with skin.
May be harmful if inhaled.
May be harmful if swallowed.

Precautionary Statement(s): No significant health risks are expected from exposures under normal conditions of use.

Section 3. Composition/Hazardous Ingredients

Component	CAS Registry #	Wt.%
There are no hazardous ingredients in this product as defined in 29 CFR 1910.1200.	Proprietary	N/A

Section 4. First Aid Measures

Inhalation: Remove to fresh air and keep at rest in a position comfortable for breathing. Call a poison center or doctor/physician if you feel unwell.

Eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical advice/attention.

Skin: Wash with plenty of soap and water. Call a poison center or doctor/physician if you feel unwell.

Ingestion: DO NOT INDUCE VOMITING. Rinse mouth. Call a POISON CENTER or doctor/physician if you feel unwell.

Notes to Physician:	N/A
Additional First Aid Remarks:	N/A

Section 5. Fire Fighting Measures

Flammability of the Product:	Not flammable.
Suitable Extinguishing Media:	Use extinguishing media suitable to surrounding fire.
Specific Hazards Arising from the Chemical:	None known.
Protective Equipment:	If product is involved in a fire, wear full protective clothing including a positive–pressure, NIOSH approved, self–contained breathing apparatus.

Section 6. Accidental Release Measures

Personal Precautions:	Use appropriate Personal Protective Equipment (PPE).
Environmental Precautions:	Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains, and sewers.
Methods for Cleaning up:	Contain and recover liquid when possible. Flush spill area with water spray.
Other Statements:	None.

Section 7. Handling and Storage

Handling:	Wear appropriate Personal Protective Equipment (PPE) when handling this product. Do not get in eyes, or on skin and clothing. Wash thoroughly after handling. Do not ingest. Avoid breathing vapors, mist or dust.
Storage:	Store away from incompatible materials (see Section 10). Store at ambient temperatures. Keep container securely closed when not in use. Label precautions also apply to empty container. Recondition or dispose of empty containers in accordance with government regulations. For Industrial use only.

Section 8. Exposure Controls/Personal Protection

Exposure Limits

Component	Source	Exposure Limits
There are no hazardous ingredients in this product as defined in 29 CFR 1910.1200.		N/E

Carcinogenicity Category

Component	Source	Code	Brief Description
There are no hazardous ingredients in this product as defined in 29 CFR 1910.1200.			N/E

Engineering Controls: Use only with adequate ventilation. The use of local ventilation is recommended to control emission near the source.

Personal Protection

Eyes: Wear chemical splash goggles or safety glasses with full–face shield. Maintain eyewash fountain in work area.

Skin: Maintain quick–drench facilities in work area.
Wear butyl rubber or neoprene gloves. Wash them after each use and replace as necessary. If conditions warrant, wear protective clothing such as boots, aprons, and coveralls to prevent skin contact.

Respiratory: If misting occurs, use NIOSH approved organic vapor/acid gas dual cartridge respirator with a dust/mist prefilter in accordance with 29 CFR 1910.134.

Section 9. Physical and Chemical Properties

Physical State and Appearance:	Liquid, Light Straw, Clear
Specific Gravity:	1.072 @ 20°C
pH:	6.7 @ 20°C, 100.0%
Freezing Point:	32°F
Flash Point:	N/D
Odor:	Mild
Melting Point:	N/A
Boiling Point:	212°F
Solubility in Water:	Complete
Evaporation Rate:	N/D
Vapor Density:	N/D
Molecular Weight:	N/D
Viscosity:	N/A
Flammable Limits:	N/A
Autoignition Temperature:	N/A
Density:	8.94 lb/ga

Vapor Pressure: <17.5
% VOC 0

Section 10. Stability and Reactivity

Chemical Stability: Stable at normal temperatures and pressures.

Incompatibility with Various Substances: Strong oxidizers, Strong bases

Hazardous Decomposition Products: Oxides of carbon, Oxides of sulfur

Possibility of Hazardous Reactions: None known.

Section 11. Toxicological Information

Chemical Name	Exposure	Type of Effect	Concentration	Species
N/D				

Comments: None.

Section 12. Ecological Information

Species	Duration	Type of Effect	Test Results
Fathead Minnow	96h	LC50	5548 mg/l
Ceriodaphnia dubia	48h	LC50	3415 mg/l
Sheepshead Minnow	96h	LC50	>1000 mg/l
Mysid Shrimp	48h	LC50	>1000 mg/l

Comments: None.

Section 13. Disposal Considerations

Dispose of in accordance with local, state and federal regulations.
Not a RCRA–regulated hazardous waste when disposed in the original product form.

Section 14. Transport Information

DOT

Proper Shipping Name:	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID
Technical Name:	N/A
Hazard Class:	Not D.O.T. Regulated
UN/NA#:	N/A
Packing Group:	N/A

IMDG

Proper Shipping Name:	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID
Technical Name:	N/A
Hazard Class:	Not D.O.T. Regulated
UN/NA#:	N/A
Packing Group:	N/A

TDG

Proper Shipping Name:	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID
Technical Name:	N/A
Hazard Class:	Not D.O.T. Regulated
UN/NA#:	N/A
Packing Group:	N/A

ICAO

Proper Shipping Name:	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID
Technical Name:	N/A
Hazard Class:	Not D.O.T. Regulated
UN/NA#:	N/A
Packing Group:	N/A

Section 15. Regulatory Information

Inventory Status

United States (TSCA):	All ingredients listed.
Canada (DSL/NDSL):	All ingredients listed.

Federal Regulations

SARA Title III Rules

Sections 311/312 Hazard Classes

Fire Hazard: No
Reactive Hazard: No
Release of Pressure: No
Acute Health Hazard: Yes
Chronic Health Hazard: No

Other Sections

Component	Section 313 Toxic Chemical	Section 302 EHS TPQ	CERCLA RQ
There are no hazardous ingredients in this product as defined in 29 CFR 1910.1200.	N/A	N/A	N/A

Comments: None.

State Regulations

California Proposition 65: None known.

Special Regulations

Component	States
There are no hazardous ingredients in this product as defined in 29 CFR 1910.1200.	None

International Regulations

Canada

WHMIS Classification: N/A

Controlled Product Regulations (CPR): N/A

Section 16. Other Information

HMIS Hazard Rating

Health:	1
Flammability:	0
Physical Hazard:	0
PPE:	X

Notes: The PPE rating depends on circumstances of use. See Section 8 for recommended PPE.
The Hazardous Material Information System (HMIS) is a voluntary, subjective alpha–numeric symbolic system for recommending hazard risk and personal protection equipment information. It is a subjective rating system based on the evaluator's understanding of the chemical associated risks. The end–user must determine if the code is appropriate for their use.

NSF: N/A

FDA: N/A

KOSHER: This product is certified by the Orthodox Union as Kosher for Passover and year–round use.
Only when prepared by the following ChemTreat facilities: Ashland, VA; Eldridge, IA; Nederland, TX; Vernon, CA.

FIFRA: N/A

Other: None

Abbreviations

Abbreviation	Definition
<	Less Than
>	Greater Than
ACGIH	American Conference of Governmental Industrial Hygienists
EHS	Environmental Health and Safety Dept
N/A	Not Applicable
N/D	Not Determined
N/E	Not Established
OSHA	Occupational Health and Safety Dept
PEL	Personal Exposure Limit
STEL	Short Term Exposure Limit
TLV	Threshold Limit Value
TWA	Time Weight Average
UNK	Unknown

Prepared by: Regulatory Affairs Department

Disclaimer

Although the information and recommendations set forth herein (hereinafter "information") are presented in good faith and believed to be correct as of the date hereof, ChemTreat, Inc. makes no representations as to the completeness or accuracy thereof. Information is supplied upon the condition that the persons receiving same will make their own determination as to its suitability for their purposes prior to use. In no event will ChemTreat, Inc. be responsible for damages of any nature whatsoever resulting from the use or reliance upon information. No representation or warranties, either expressed or implied, of merchantability, fitness for a particular purpose, or of any other nature are made hereunder with respect to information or the product to which information refers.

MATERIAL SAFETY DATA SHEET

Section 1. Chemical Product and Company Identification

Product Name:	ChemTreat CL240
Product Use:	Defoamer
Supplier's Name:	ChemTreat, Inc.
Emergency Telephone Number:	(800) 424–9300 (Toll Free) (703) 527–3887
Address (Corporate Headquarters):	5640 COX ROAD Glen Allen, VA 23060
Telephone Number for Information:	(800) 648–4579
Date of MSDS:	January 6, 2012

Section 2. Hazard(s) Identification

Signal Word: WARNING!

Hazard Statement(s): May be harmful in contact with skin.
May be harmful if inhaled.
May be harmful if swallowed.

Precautionary Statement(s): No significant health risks are expected from exposures under normal conditions of use.

Section 3. Composition/Hazardous Ingredients

Component	CAS Registry #	Wt.%
There are no hazardous ingredients in this product as defined in 29 CFR 1910.1200.	Proprietary	N/A

Section 4. First Aid Measures

Inhalation: Remove to fresh air and keep at rest in a position comfortable for breathing. Call a poison center or doctor/physician if you feel unwell.

Eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical advice/attention.

Skin: Wash with plenty of soap and water. Call a poison center or doctor/physician if you feel unwell.

Ingestion: DO NOT INDUCE VOMITING. Rinse mouth. Call a POISON CENTER or doctor/physician if you feel unwell.

Vapor Pressure:	N/D
% VOC	0

Section 10. Stability and Reactivity

Chemical Stability: Stable at normal temperatures and pressures.

Incompatibility with Various Substances: Strong acids, Strong oxidizers

Hazardous Decomposition Products: Oxides of carbon, Oxides of silicon

Possibility of Hazardous Reactions: None known.

Section 11. Toxicological Information

Chemical Name	Exposure	Type of Effect	Concentration	Species
N/D				

Comments: None.

Section 12. Ecological Information

Species	Duration	Type of Effect	Test Results
Daphnia magna	48h	LC50	6000 mg/l
Fathead Minnow	96h	LC50	8600 mg/l
Sheepshead Minnow	96h	LC50	>1000 mg/l
Mysid Shrimp	48h	LC50	>1000 mg/l

Comments: None.

Section 13. Disposal Considerations

Dispose of in accordance with local, state and federal regulations.
Not a RCRA–regulated hazardous waste when disposed in the original product form.

Section 14. Transport Information

DOT

Proper Shipping Name:	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID
Technical Name:	N/A
Hazard Class:	Not D.O.T. Regulated
UN/NA#:	N/A
Packing Group:	N/A

IMDG

Proper Shipping Name:	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID
Technical Name:	N/A
Hazard Class:	Not D.O.T. Regulated
UN/NA#:	N/A
Packing Group:	N/A

ICAO

Proper Shipping Name:	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID
Technical Name:	N/A
Hazard Class:	Not D.O.T. Regulated
UN/NA#:	N/A
Packing Group:	N/A

TDG

Proper Shipping Name:	COMPOUND, INDUSTRIAL WATER TREATMENT, LIQUID
Technical Name:	N/A
Hazard Class:	Not D.O.T. Regulated
UN/NA#:	N/A
Packing Group:	N/A

Section 15. Regulatory Information

Inventory Status

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Sections 311/312 Hazard Classes

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Acute Health Hazard: Yes
Chronic Health Hazard: No

Other Sections

Component	Section 313 Toxic Chemical	Section 302 EHS TPQ	CERCLA RQ
There are no hazardous ingredients in this product as defined in 29 CFR 1910.1200.	N/A	N/A	N/A

Comments: None.

State Regulations

California Proposition 65: None known.

Special Regulations

Component	States
There are no hazardous ingredients in this product as defined in 29 CFR 1910.1200.	None

International Regulations

Canada

WHMIS Classification: N/A

Controlled Product Regulations (CPR): N/A

Section 16. Other Information

HMIS Hazard Rating

Health:	0
Flammability:	0
Physical Hazard:	1
PPE:	X

Notes: The PPE rating depends on circumstances of use. See Section 8 for recommended PPE.
The Hazardous Material Information System (HMIS) is a voluntary, subjective alpha–numeric symbolic system for recommending hazard risk and personal protection equipment information. It is a subjective rating system based on the evaluator's understanding of the chemical associated risks. The end–user must determine if the code is appropriate for their use.

NSF: N/A

FDA: N/A

KOSHER: This product has not been evaluated for Kosher approval.

FIFRA: N/A

Other: None

Abbreviations

Abbreviation	Definition
<	Less Than
>	Greater Than
ACGIH	American Conference of Governmental Industrial Hygienists
EHS	Environmental Health and Safety Dept
N/A	Not Applicable
N/D	Not Determined
N/E	Not Established
OSHA	Occupational Health and Safety Dept
PEL	Personal Exposure Limit
STEL	Short Term Exposure Limit
TLV	Threshold Limit Value
TWA	Time Weight Average
UNK	Unknown

Prepared by: Regulatory Affairs Department

ChemTreat, Inc.

MSDS

Disclaimer

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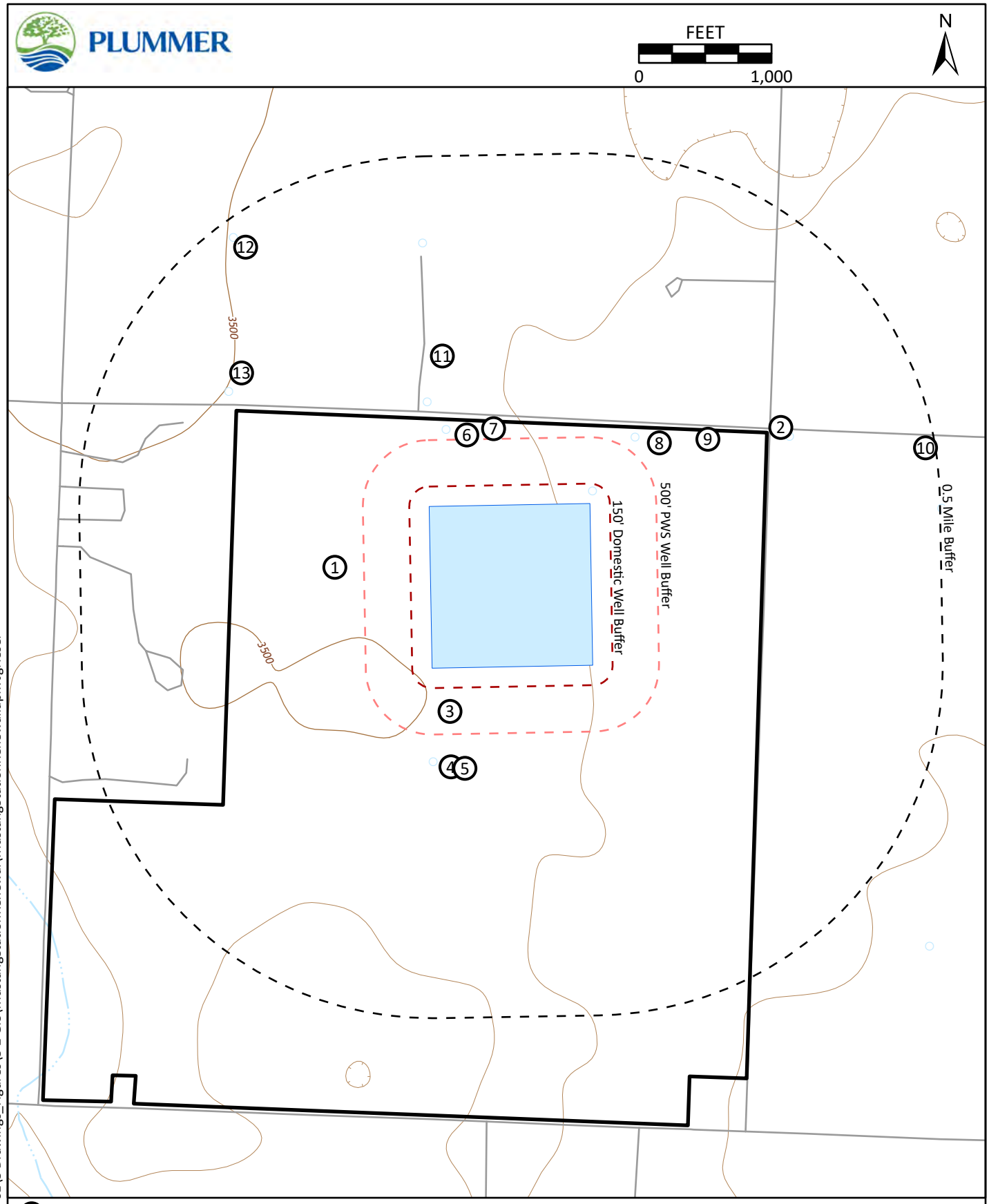
ATTACHMENT H

Water Well Map and Information
Wks 3.0, Item 4.a,b



Water Wells
Evaporation Pond
Applicant's Property Boundary

ATTACHMENT H.1
GOLDEN SPREAD ELECTRIC COOPERATIVE, INC.
MUSTANG STATION
INDUSTRIAL TLAP PERMIT RENEWAL APPLICATION
WATER WELL MAP

See Attachment H.2 for a cross-referenced list of wells.

TEXAS REGISTERED ENGINEERING FIRM F-13
M:\Projects\3510\002-01\8 Drawings_Figures\8-2 GIS\MustangStationRenewal\MustangStationRenewal.aprx Jgriesel

ATTACHMENT H.2
GOLDEN SPREAD ELECTRIC COOPERATIVE, INC.
MUSTANG STATION
WATER WELL INFORMATION

MAP ID	WELL ID	OWNER	DEPTH (ft)	USE	STATUS	BMP
1	339364	Mustang Station	200	Public Supply	In use	Buffer
2	2703101	Jerry Everitt	Unknown	Irrigation	In use	Buffer
3	2703116	Unknown	190	Domestic	Unkown	Buffer
4	2703108	Unknown	178	Irrigation	Unkown	Buffer
5	2703115	Unknown	155	Industrial	Unkown	Buffer
6	2703109	Unknown	178	Irrigation	Unkown	Buffer
7	2703114	C.H. Guernsey & Co	200	Industrial	Unkown	Buffer
8	2703110	Unknown	178	Irrigation	Unkown	Buffer
9	2703113	C.H. Guernsey & Co	190	Industrial	Unkown	Buffer
10	2703101	Denver City Engineer Association	190	Irrigation	Unkown	Buffer
11	2703102	Denver City Engineer Association	190	Industrial	Unkown	Buffer
12	2703104	Denver City Engineer Association	190	Industrial	Unkown	Buffer
13	2703103	Denver City Engineer Association	191	Industrial	Unkown	Buffer

Texas Water Development Board (TWDB)
Groundwater Database (GWDB)
Well Information Report for State Well Number 27-03-101

GWDB Reports and Downloads

Well Basic Details

Scanned Documents

State Well Number	2703101
County	Yoakum
River Basin	Colorado
Groundwater Management Area	2
Regional Water Planning Area	O - Llano Estacado
Groundwater Conservation District	Sandy Land UWCD
Latitude (decimal degrees)	32.978889
Latitude (degrees minutes seconds)	32° 58' 44" N
Longitude (decimal degrees)	-102.7325
Longitude (degrees minutes seconds)	102° 43' 57" W
Coordinate Source	+/- 1 Second
Aquifer Code	121OGLL - Ogallala Formation
Aquifer	Ogallala
Aquifer Pick Method	
Land Surface Elevation (feet above sea level)	3486
Land Surface Elevation Method	Interpolated From Topo Map
Well Depth (feet below land surface)	
Well Depth Source	
Drilling Start Date	
Drilling End Date	
Drilling Method	Mud (Hydraulic) Rotary
Borehole Completion	Screened

Well Type	Withdrawal of Water
Well Use	Irrigation
Water Level Observation	GCD Current Site Visit
Water Quality Available	No
Pump	Turbine
Pump Depth (feet below land surface)	
Power Type	Natural-Gas Engine
Annular Seal Method	
Surface Completion	
Owner	Jerry Everitt
Driller	
Other Data Available	
Well Report Tracking Number	
Plugging Report Tracking Number	
U.S. Geological Survey Site Number	325844102435701
Texas Commission on Environmental Quality Source Id	
Groundwater Conservation District Well Number	
Owner Well Number	
Other Well Number	
Previous State Well Number	
Reporting Agency	Groundwater Conservation District
Created Date	5/15/1992
Last Update Date	8/23/2021

Remarks	

Casing - No Data

Well Tests - No Data

Lithology - No Data

Annular Seal Range - No Data

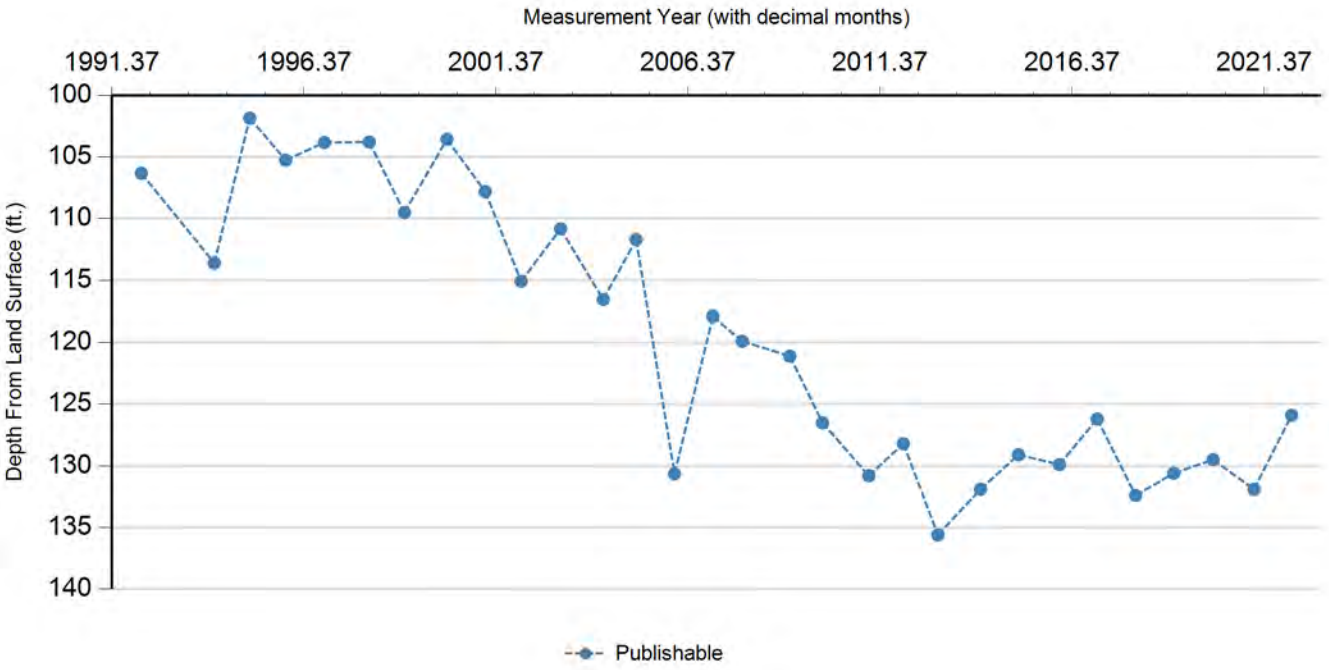
Borehole - No Data

Plugged Back - No Data

Filter Pack - No Data

Packers - No Data

Water Level Measurements



Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	2/19/1992		106.32		3379.68	1	Groundwater Conservation District	Electric Line		
P	1/13/1994		113.6	7.28	3372.4	1	Groundwater Conservation District	Electric Line		
P	12/20/1994		101.85	(11.75)	3384.15	1	Groundwater Conservation District	Electric Line		
P	11/27/1995		105.26	3.41	3380.74	1	Groundwater Conservation District	Electric Line		
P	11/29/1996		103.83	(1.43)	3382.17	1	Groundwater Conservation District	Electric Line		
P	1/26/1998		103.79	(0.04)	3382.21	1	Groundwater Conservation District	Electric Line		
P	12/30/1998		109.51	5.72	3376.49	1	Groundwater Conservation District	Electric Line		
P	2/4/2000		103.57	(5.94)	3382.43	1	Groundwater Conservation District	Electric Line		
P	2/3/2001		107.81	4.24	3378.19	1	Groundwater Conservation District	Electric Line		
P	1/9/2002		115.08	7.27	3370.92	1	Groundwater Conservation District	Electric Line		
P	1/18/2003		110.83	(4.25)	3375.17	1	Groundwater Conservation District	Electric Line		
P	1/0/2004		116.55	5.72	3369.45	1	Groundwater Conservation District	Electric Line		
P	1/7/2005		111.7	(4.85)	3374.3	1	Groundwater Conservation District	Steel Tape		
P	1/7/2006		130.64	18.94	3355.36	1	Groundwater Conservation District	Steel Tape		

Texas Water Development Board (TWDB)
Groundwater Database (GWDB)
Well Information Report for State Well Number 27-03-101

Status Code	Date	Time	Water Level (ft. below land surface)	Change value in ( ) indicates rise in level	Water Elevation (ft. above sea level)	Meas #	Measuring Agency	Method	Remark ID	Comments
P	1/6/2007		117.9	(12.74)	3368.1	1	Groundwater Conservation District	Electric Line		
P	10/16/2007		119.9	2.00	3366.1	1	Groundwater Conservation District	Electric Line		
P	1/8/2009		121.1	1.20	3364.9	1	Groundwater Conservation District	Electric Line		
P	11/18/2009		126.5	5.40	3359.5	1	Groundwater Conservation District	Steel Tape		
P	1/28/2011		130.8	4.30	3355.2	1	Groundwater Conservation District	Steel Tape		
P	12/27/2011		128.2	(2.60)	3357.8	1	Groundwater Conservation District	Electric Line		
P	11/20/2012		135.6	7.40	3350.4	1	Groundwater Conservation District	Electric Line		
P	12/30/2013		131.9	(3.70)	3354.1	1	Groundwater Conservation District	Electric Line		
P	12/26/2014		129.1	(2.80)	3356.9	1	Groundwater Conservation District	Steel Tape		
P	1/14/2016		129.9	0.80	3356.1	1	Groundwater Conservation District	Electric Line		
P	1/9/2017		126.2	(3.70)	3359.8	1	Groundwater Conservation District	Electric Line		
P	1/9/2018		132.4	6.20	3353.6	1	Groundwater Conservation District	Electric Line		
P	1/7/2019		130.6	(1.80)	3355.4	1	Groundwater Conservation District	Electric Line		
P	1/15/2020		129.5	(1.10)	3356.5	1	Groundwater Conservation District	Electric Line		
P	2/9/2021		131.9	2.40	3354.1	1	Groundwater Conservation District	Electric Line		
P	2/1/2022		125.9	(6.00)	3360.1	1	Groundwater Conservation District	Electric Line		

Code Descriptions

Status Code	Status Description
P	Publishable

Water Quality Analysis - No Data Available

STATE OF TEXAS WELL REPORT for Tracking #339364

Owner:	**Mustang Station**	Owner Well #:	**1**
Address:	**1937 CR 390 Denver City, TX 79323**	Grid #:	**27-03-1**
Well Location:	**Sec. 887 Block D Denver City, TX 79323**	Latitude:	**32° 58' 32" N**
		Longitude:	**102° 44' 36" W**
Well County:	**Yoakum**	Elevation:	**No Data**
Type of Work:	**New Well**	Proposed Use:	**Public Supply**

Drilling Start Date: **7/29/2013** Drilling End Date: **7/31/2013** **Plans Approved by TCEQ - YES**

	Diameter (in.)	*Top Depth (ft.)*	*Bottom Depth (ft.)*
Borehole:	**20**	**0**	**200**

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Straight Wall**

	Top Depth (ft.)	*Bottom Depth (ft.)*	*Description (number of sacks & material)*
Annular Seal Data:	**0**	**100**	**7.5 yd cem.**

Seal Method: **Pressure grout**

Sealed By: **C. Espinoza**

Distance to Property Line (ft.): **No Data**

Distance to Septic Field or other concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Unknown**

Water Level: **No Data**

Packers: **No Data**

Type of Pump: **No Data**

Well Tests: **No Test Data Specified**

Water Quality:

Strata Depth (ft.)	Water Type
No Data	**No Data**

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Pearson Drilling**

445 CR 103
Seminole, TX 79360

Driller Name: **Tobias Peters** License Number: **56068**

Apprentice Name: **Willie Loewen**

Comments: **Amended annular seal and driller at driller's request. Unablel to utilize amendment function - 1/30/14 - DT**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

From (ft)	To (ft)	Description
0	**5**	**Topsoil**
5	**70**	**caliche**
70	**75**	**rock**
75	**81**	**sand**
81	**90**	**sandstone**
90	**116**	**sand**
116	**145**	**limestone**
145	**190**	**sand and gravel**
190	**196**	**yellow clay**
196	**200**	**blue clay**

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia. (in.)	New/Used	Type	Setting From/To (ft.)
8 5/8	**new**	**steel**	**0 - 120**
perf			**120 - 190 3/8**
steel			**190 - 200**

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

870-1
W1

Well #4

COPY

SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT

FOR DISTRICT USE ONLY

WELL NO. 98-91

DATE OF APPLICATION: 10/8/98

DATE APPROVED _____

SIZE OF PUMP _____

YIELD _____ GPM

STATE WELL NO _____ - _____

APPLICATION FOR TEMPORARY WATER WELL PERMIT

CAUTION -- This is a temporary permit. Time during which this permit shall remain valid is two (2) months from the filing date of this application. It shall thereafter become void, unless an extention has been requested during the first two month period. You may proceed to drill at your own risk, subject to the provisions of section (e) Rule 6, Rules of Sandy Land U.W.C.D.

I, Denver City Eng. Associates (Landowner), P. O. Box 1757 Denver City, Tx. 79323 (Address) hereby make application to SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT for a permit to drill the described water well at the location indicated.

1. LOCATION: _____ 1/4, SW 1/4 Section 870 - 1, Block D, Survey JHG

2. PROPOSED USE: Irrigation ( ), Industry (X), Municipal ( ), Domestic ( ), Other ( )

3. DRILLER: Moore Drilling DATE DRILLING TO START: 10/9 19 98

Please Make Sure Your Measurements Are Correct They Will Be Checked For Accuracy

Location of Proposed Well as submitted by applicant is _____ measured yards from (N S) and _____ measured yds from (E W) property line, or section line.

EXISTING WELLS	YIELD		TOTAL
	EST.	MEAS.	

N Scale 3/16" = 100 yds.

W E

S

X ALL EXISTING WELLS TO BE SHUT IN

Total Contiguous Acres	=	640
Maximum Allowable Production	x	5 gpm
Total Maximum Allowable Production	=	3200 gpm
Total Production of Exisiting Wells	-	gpm
Total Allowable Production for New Wells		3200 gpm

SPACING REGULATIONS

Pump Size	Distance from Property or Section Line
4" or Smaller	100 Yds.
5"	125 Yds.
6"	150 Yds.
8"	200 Yds.
10" or Larger	300 Yds.

I agree that this well will be drilled within ten (10) yards of the location specified and not elsewhere, and that I will furnish the completed well registration log immediately upon completion of this well and prior to the production of water. I hereby certify that I have read the foregoing statements, and that all data therein contained are true and correct to the best of my knowledge and belief.

This notice given by: [signature] Project Manager Jack Leonard Irrigation 6799 Anson Highway, Abilene, TX. 79601

Signature (owner or agent) Title Address

This permit approved subject to the rules for production and spacing from property lines.

1. _____ Board Member 2. _____ Board Member 3. _____ Board Member

Well #94

SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT

REGISTRATION and LOG OF WELL

FOR DISTRICT USE ONLY
Well No. 98-91
Date Received
Size of pump ____ Maximum in Yield ____ gpm

1. OWNER: Denver City Eng. Associates (Name) Address P. O. Box 1757 (Street or RFD) Denver City (City) Tx. (State) 79323 (Zip)

2. LOCATION OF WELL:
County Yoakum ____ miles in ____ direction from ____
(N.E.,S.W., etc) (Town)
____ 1/4, SW 1/4 Section 870-2, Block D-2, Survey IHG

3. TYPE OF WORK:
(X) New Well ( ) Deepening
( ) Reconditioning ( ) Plugging

4. PROPOSED USE:
( ) Domestic (X) Industrial
( ) Monitor ( ) Public Supply
( ) Irrigation ( ) Test Well
( ) Injection ( ) Other ____

5. DRILLING METHOD: Rotary

6. WELL LOG:

Date Drilling:
Started 10-12 19 98
Completed 10-12 19 98

DIAMETER OF HOLE		
Dia. (in.)	From (ft.)	To (ft.)
16"	Surface	191

7. BOREHOLE COMPLETION:
( ) Open Hole ( ) Straight Wall
(X) Gravel Packed ( ) Other
If Gravel Packed give interval .....
from 15 ft. to 191 ft.

From (ft.)	To (ft.)	Description and color of formation material
0	6	Topsoil
6	63	Caliche
63	66	Rock
66	87	Sandy Clay
87	91	Rock
91	105	Sandy Clay
105	113	Rock
113	141	Sandy Clay Sandstone
141	151	Clay
151	168	Sandy Clay
168	186	Sand Gravel
186	191	Yellow Clay
194	200	Blue Clay

8. CASING:

Dia. (in.)	(Steel) Plastic, etc.	Setting (ft.) From	Setting (ft.) To
16 3/4	Blank	0	131
	Perforations	131	191

9. CEMENTING DATA
Cemented from 0 ft. to 15 ft. No. of Sacks Used 12
____ ft. to ____ ft. No. of Sacks Used ____
Method Used Water
Cemented by Monte Moore

10. SURFACE COMPLETION
(X) Specified Surface Slab Installed
( ) Pitless Adapter Used
( ) Approved Alternative Procedure Used

11. WATER LEVEL:
Static level ____ ft. below land surface ____
Date: ____

12. PUMP:
( ) Turbine ( ) Submersible ( ) Cylinder
( ) Other No. Stages ____,
Bowls Diam. ____ in., Setting ____ ft.

13. WELL TESTS:
Yield ____ gpm with ____ ft. drawdown after ____ hrs
Date ____ Length of Test ____
Made by ____

14. WATER QUALITY:
Was a chemical analysis made? ( ) Yes ( ) No
Date ____ Laboratory ____

I certify that this well was drilled by me (or under my supervision), and that each and all of the statements herein are true to the best of my knowledge and belief.

Driller Monte Moore Address ____ Date Drilled 10-12 19 98

870-2
W2

Well #3

COPY

SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT

APPLICATION FOR TEMPORARY WATER WELL PERMIT

FOR DISTRICT USE ONLY
WELL NO. 98-92
DATE OF APPLICATION : 10/8/98
DATE APPROVED _____
SIZE OF PUMP _____
YIELD _____ GPM
STATE WELL NO _____

CAUTION – This is a temporary permit. Time during which this permit shall remain valid is two (2) months from the filing date of this application. It shall thereafter become void, unless an extention has been requested during the first two month period. You may proceed to drill at your own risk, subject to the provisions of section (e) Rule 6, Rules of Sandy Land U.W.C.D.

I, Denver City Eng. Associates (Landowner), P. O. Box 1757 Denver City, Tx. 79323 (Address) hereby make application to SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT for a permit to drill the described water well at the location indicated.

1. LOCATION: _____ 1/4, SW 1/4 Section 870 - 2, Block D, Survey JHG

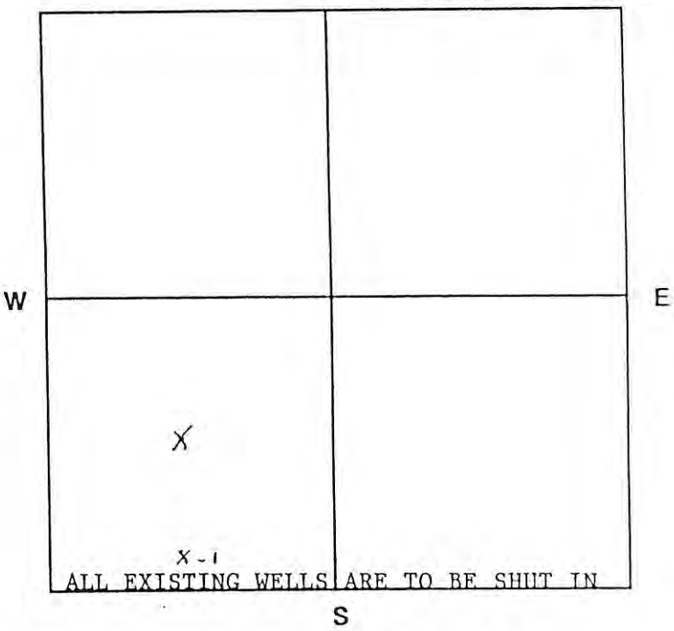
2. PROPOSED USE: Irrigation ( ), Industry (X), Municipal ( ), Domestic ( ), Other ( )

3. DRILLER: Moore Drilling DATE DRILLING TO START: 10/9 19 98

Please Make Sure Your Measurements Are Correct They Will Be Checked For Accuracy

Location of Proposed Well as submitted by applicant is _____ measured yards from (N S) and _____ measured yds from (E W) property line, or section line.

N Scale 3/16" = 100 yds.



EXISTING WELLS	YIELD EST.	YIELD MEAS.	TOTAL
1	400		

Total Contiguous Acres	=	640
Maximum Allowable Production	x	5 gpm
Total Maximum Allowable Production	=	3200 gpm
Total Production of Exisiting Wells	-	400 gpm
Total Allowable Production for New Wells		2800 gpm

SPACING REGULATIONS

Pump Size	Distance from Property or Section Line
4" or Smaller	100 Yds.
5"	125 Yds.
6"	150 Yds.
8"	200 Yds.
10" or Larger	300 Yds.

I agree that this well will be drilled within ten (10) yards of the location specified and not elsewhere, and that I will furnish the completed well registration log immediately upon completion of this well and prior to the production of water. I hereby certify that I have read the foregoing statements, and that all data therein contained are true and correct to the best of my knowledge and belief.

This notice given by: [signature] Project Manager Jack Leonard Irrigation 6799 Anson Highway, Abilene, Tx. 79601
Signature (owner or agent) Title Address

This permit approved subject to the rules for production and spacing from property lines.

1. _____ Board Member 2. _____ Board Member 3. _____ Board Member

Well #4

SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT

REGISTRATION and LOG OF WELL

FOR DISTRICT USE ONLY
Well No. 98-92
Date Received
Size of pump ____ Maximum in Yield ____ gpm

1. OWNER: Denver City Eng. Associates (Name) Address P. O. Box 1757 (Street or RFD) Denver City (City) Tx. (State) 79323 (Zip)

2. LOCATION OF WELL:
County Yoakum ____ miles in ____ direction from ____ (N.E.,S.W., etc) (Town)
____ 1/4, SW 1/4 Section 870-1, Block D, Survey JHG

3. TYPE OF WORK:
(X) New Well ( ) Deepening
( ) Reconditioning ( ) Plugging

4. PROPOSED USE:
( ) Domestic (X) Industrial
( ) Monitor ( ) Public Supply
( ) Irrigation ( ) Test Well
( ) Injection ( ) Other ____

5. DRILLING METHOD:
Rotary

6. WELL LOG:

Date Drilling:
Started 10-14 1998
Completed 10-14 1998

DIAMETER OF HOLE		
Dia. (in.)	From (ft.)	To (ft.)
16"	Surface	190'

7. BOREHOLE COMPLETION:
( ) Open Hole ( ) Straight Wall
(✓) Gravel Packed ( ) Other
If Gravel Packed give interval .....
from 15 ft. to 190 ft.

From (ft.)	To (ft.)	Description and color of formation material
0	5	Topsoil
5	66	Caliche
66	88	Sandy Clay
88	93	Rock
93	168	Sandy Clay
168	190	Sand Gravel
190	-	Yellow Clay
196	200	Red Clay

8. CASING:

Dia. (in.)	(Steel), Plastic, etc.	Setting (ft.) From	Setting (ft.) To
10¾	Blank	0	130
	Perforations	130	190

9. CEMENTING DATA
Cemented from 0 ft. to 15 ft. No. of Sacks Used 12
ft. to ____ ft. No. of Sacks Used ____
Method Used Water
Cemented by Monte Moore

10. SURFACE COMPLETION
(✓) Specified Surface Slab Installed
( ) Pitless Adapter Used
( ) Approved Alternative Procedure Used

11. WATER LEVEL:
Static level ____ ft. below land surface ____
Date: ____

12. PUMP:
( ) Turbine ( ) Submersible ( ) Cylinder
( ) Other No. Stages ____,
Bowls Diam. ____ in., Setting ____ ft.

13. WELL TESTS:
Yield ____ gpm with ____ ft. drawdown after ____ hrs
Date ____ Length of Test ____
Made by ____

14. WATER QUALITY:
Was a chemical analysis made? ( ) Yes ( ) No
Date ____ Laboratory ____

#4

I certify that this well was drilled by me (or under my supervision), and that each and all of the statements herein are true to the best of my knowledge and belief.

Driller Monte Moore Address ____ Date Drilled 10-14-98

870-3
W3

#1

SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT

APPLICATION FOR TEMPORARY WATER WELL PERMIT

FOR DISTRICT USE ONLY	
WELL NO.	99-61
DATE OF APPLICATION :	4/13/99
DATE APPROVED	
SIZE OF PUMP	
YIELD	GPM
STATE WELL NO	- -

CAUTION -- This is a temporary permit. Time during which this permit shall remain valid is two (2) months from the filing date of this application. It shall thereafter become void, unless an extention has been requested during the first two month period. You may proceed to drill at your own risk, subject to the provisions of section (e) Rule 6, Rules of Sandy Land U.W.C.D.

I, DENVER CITY ENGINEER ASSOC (Landowner), PO BOX 1757, DENVER CITY, TEXAS 79323 (Address)
hereby make application to SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT for a permit to drill the described water well at the location indicated.

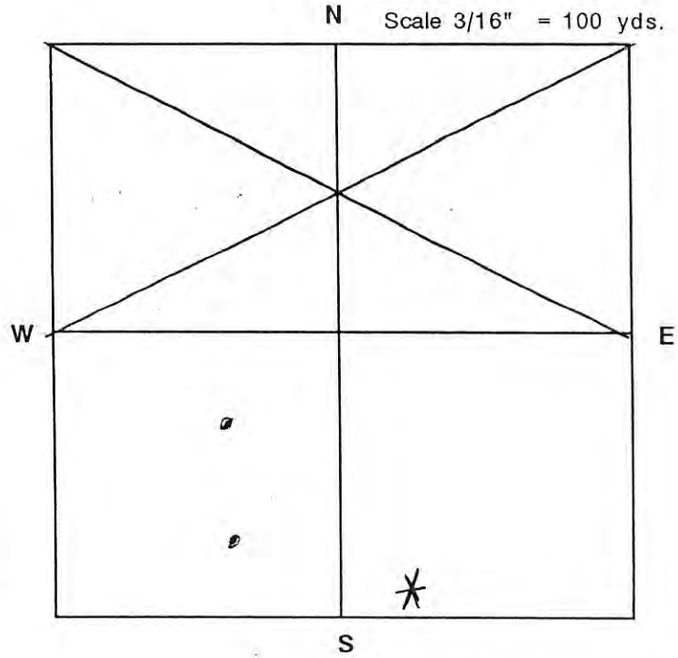
1. LOCATION: _____ 1/4, SE 1/4 Section 870, Block D, Survey JHG

2. PROPOSED USE: Irrigation ( ), Industry ( ), Municipal (✓), Domestic ( ), Other ( )

3. DRILLER: MONTE MOORE DRILLING DATE DRILLING TO START: 4/19/99 19 ___

Please Make Sure Your Measurements Are Correct They Will Be Checked For Accuracy

Location of Proposed Well as submitted by applicant is _____ measured yards from (N S) and _____ measured yds from (E W) property line, or section line.



EXISTING WELLS	YIELD EST.	YIELD MEAS.	TOTAL
1-2	650		

Total Contiguous Acres	=	320
Maximum Allowable Production	x	5 gpm
Total Maximum Allowable Production	=	1600 gpm
Total Production of Exisiting Wells	-	650 gpm
Total Allowable Production for New Wells		950 gpm

SPACING REGULATIONS

Pump Size	Distance from Property or Section Line
4" or Smaller	100 Yds.
5"	125 Yds.
6"	150 Yds.
8"	200 Yds.
10" or Larger	300 Yds.

I agree that this well will be drilled within ten (10) yards of the location specified and not elsewhere, and that I will furnish the completed well registration log immediately upon completion of this well and prior to the production of water. I hereby certify that I have read the foregoing statements, and that all data therein contained are true and correct to the best of my knowledge and belief.

This notice given by: Tony Sell (Signature (owner or agent)) PROJECT MANAGER (Title) JACK LEONARD IRRIGATION 6799 ANSON HIGHWAY, ABILENE, TX 79601 (Address)

This permit approved subject to the rules for production and spacing from property lines.

1. _____ Board Member 2. _____ Board Member 3. _____ Board Member

SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT

REGISTRATION and LOG OF WELL

FOR DISTRICT USE ONLY
Well No. 99-61
Date Received
Size of pump ____ Maximum in Yield ____ gpm

1. OWNER: DENVER CITY ENGINEER (Name) Address PO BOX 1757, DENVER CITY, TX 79323 (Street or RFD) (City) (State) (Zip)

2. LOCATION OF WELL:
County YOAKUM ____ miles in ____ direction from ____ (N.E.,S.W., etc) (Town)
____ 1/4, SE 1/4 Section 870, Block D, Survey JHG

3. TYPE OF WORK:
(XXX) New Well ( ) Deepening
( ) Reconditioning ( ) Plugging

4. PROPOSED USE:
( ) Domestic ( ) Industrial
( ) Monitor ( ) Public Supply
(XX) Irrigation ( ) Test Well
( ) Injection ( ) Other ____

5. DRILLING METHOD:
Mud Rotary

6. WELL LOG:
Date Drilling: Started 4-24 1999
Completed 427 1999

DIAMETER OF HOLE		
Dia. (in.)	From (ft.)	To (ft.)
16"	Surface	190

7. BOREHOLE COMPLETION:
( ) Open Hole ( ) Straight Wall
(X) Gravel Packed ( ) Other
If Gravel Packed give interval .....
from 15 ft. to 190 ft.

From (ft.)	To (ft.)	Description and color of formation material
0	7	Top Soil
7	30	Sandy Clay
30	48	Sand
48	50	Rock
50	71	Sand
71	77	Rock
77	95	Sand
95	105	Rock
105	123	Sand
123	125	Sand Stown
125	135	Sand
135	155	Sandy Clay gravel
155	185	Sand gravel
185	188	Yellow Clay
188	190	Blue Clay

8. CASING:

Dia. (in.)	(Steel) Plastic, etc.	Setting (ft.) From	Setting (ft.) To
		0	130
	Perforations	130	190

9. CEMENTING DATA
Cemented from 0 ft. to 15 ft. No. of Sacks Used 12
____ ft. to ____ ft. No. of Sacks Used ____
Method Used ____
Cemented by Pete Neufeld

10. SURFACE COMPLETION
( ) Specified Surface Slab Installed
( ) Pitless Adapter Used
( ) Approved Alternative Procedure Used

11. WATER LEVEL:
Static level ____ ft. below land surface ____
Date: ____

12. PUMP:
( ) Turbine ( ) Submersible ( ) Cylinder
( ) Other No. Stages ____,
Bowls Diam. ____ in., Setting ____ ft.

13. WELL TESTS:
Yield ____ gpm with ____ ft. drawdown after ____ hrs
Date ____ Length of Test ____
Made by ____

14. WATER QUALITY:
Was a chemical analysis made? ( ) Yes ( ) No
Date ____ Laboratory ____

I certify that this well was drilled by me (or under my supervision), and that each and all of the statements herein are true to the best of my knowledge and belief.

Driller Pete Neufeld / Monte Moore Drilling Address 1313-IV Hwy 137 Lamesa TX 79331 Date Drilled 4-27 1999

887-1 W4 Well #2

SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT

APPLICATION FOR TEMPORARY WATER WELL PERMIT

COPY

CAUTION -- This is a temporary permit. Time during which this permit shall remain valid is two (2) months from the filing date of this application. It shall thereafter become void, unless an extention has been requested during the first two month period. You may proceed to drill at your own risk, subject to the provisions of section (e) Rule 6, Rules of Sandy Land U.W.C.D.

FOR DISTRICT USE ONLY

WELL NO. 98-90

DATE OF APPLICATION : 9/24/98

DATE APPROVED _____

SIZE OF PUMP _____

YIELD _____ GPM

STATE WELL NO _____ - _____

I, C. H. GUERNSEY & GO (Landowner), 5555 NORTH GRAND BLVD, OKLAHOMA CITY, OK 73112 (Address)
hereby make application to SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT for a permit to drill the described water well at the location indicated.

1. LOCATION: _____ 1/4, NE 1/4 Section 887-1, Block D, Survey JHG

2. PROPOSED USE: Irrigation ( ), Industry (XX), Municipal ( ), Domestic ( ), Other ( )

3. DRILLER: MONTY MOORE, WELCH, TEXAS DATE DRILLING TO START: 9/29/98 19 ___

Please Make Sure Your Measurements Are Correct They Will Be Checked For Accuracy

Location of Proposed Well as submitted by applicant is _____ measured yards from (N S) and _____ measured yds from (E W) property line, or section line.

EXISTING WELLS	YIELD EST.	YIELD MEAS.	TOTAL
1	250		

N Scale 3/16" = 100 yds.

W E

S

See Attached Map

Total Contiguous Acres	=	640
Maximum Allowable Production	x	5 gpm
Total Maximum Allowable Production	=	3200 gpm
Total Production of Exisiting Wells	-	250 gpm
Total Allowable Production for New Wells		2950 gpm

SPACING REGULATIONS

Pump Size	Distance from Property or Section Line
4" or Smaller	100 Yds.
5"	125 Yds.
6"	150 Yds.
8"	200 Yds.
10" or Larger	300 Yds.

I agree that this well will be drilled within ten (10) yards of the location specified and not elsewhere, and that I will furnish the completed well registration log immediately upon completion of this well and prior to the production of water. I hereby certify that I have read the foregoing statements, and that all data therein contained are true and correct to the best of my knowledge and belief.

This notice given by: Larry Foster (Signature (owner or agent)) PROJECT MANAGER (Title) JACK LEONARD IRRIGATION 6799 ANSON HIGHWAY, ABILENE, TX 79 (Address)

This permit approved subject to the rules for production and spacing from property lines.

1. _____ Board Member 2. _____ Board Member 3. _____ Board Member

Well #2

SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT

REGISTRATION and LOG OF WELL

FOR DISTRICT USE ONLY
Well No. 98-90
Date Received
Size of pump ____ Maximum in Yield ____ gpm

1. OWNER: C. H. GUERNSEY & CO (Name) Address 5555 NORTH GRAND BLVD. (Street or RFD) OKLAHOMA CITY (City) OK (State) 73112 (Zip)

2. LOCATION OF WELL:
County YOAKUM ____ miles in ____ direction from ____ (N.E.,S.W., etc) (Town)
____ 1/4, NE 1/4 Section 887-1, Block D, Survey JHG

3. TYPE OF WORK:
(XX) New Well ( ) Deepening
( ) Reconditioning ( ) Plugging

4. PROPOSED USE:
( ) Domestic (X) Industrial
( ) Monitor ( ) Public Supply
( ) Irrigation ( ) Test Well
( ) Injection ( ) Other ____

5. DRILLING METHOD:
Rotary

6. WELL LOG:

Date Drilling:
Started 10-7 19 98
Completed 10-8 19 98

DIAMETER OF HOLE		
Dia. (in.)	From (ft.)	To (ft.)
	Surface	
16		190'

7. BOREHOLE COMPLETION:
( ) Open Hole ( ) Straight Wall
(X) Gravel Packed ( ) Other
If Gravel Packed give interval,.....
from 15 ft. to 190 ft.

From (ft.)	To (ft.)	Description and color of formation material
0	4	Topsoil
4	67	Caliche
67	75	Rock
75	91	Sand
91	93	Rock
93	97	Clay
97	104	Rock
104	118	Sandstone
118	122	Rock
122	137	Sand & Clay
137	145	Sand Gravel
145	170	Sand, Clay Gravel
170	183	Sand Gravel
183	194	Yellow Clay
194	200	Blue Clay

#2

8. CASING:

Dia. (in.)	(Steel), Plastic, etc.	Setting (ft.) From	To
10 3/4		0	130
	Perforations	130	190

9. CEMENTING DATA
Cemented from 0 ft. to 15 ft. No. of Sacks Used 10
____ ft. to ____ ft. No. of Sacks Used ____
Method Used Mixed
Cemented by Monroe Bros.

10. SURFACE COMPLETION
(X) Specified Surface Slab Installed
( ) Pitless Adapter Used
( ) Approved Alternative Procedure Used

11. WATER LEVEL:
Static level ____ ft. below land surface ____
Date: ____

12. PUMP:
( ) Turbine ( ) Submersible ( ) Cylinder
( ) Other No. Stages ____,
Bowls Diam. ____ in., Setting ____ ft.

13. WELL TESTS:
Yield ____ gpm with ____ ft. drawdown after ____ hrs
Date ____ Length of Test ____
Made by ____

14. WATER QUALITY:
Was a chemical analysis made? ( ) Yes ( ) No
Date ____ Laboratory ____

I certify that this well was drilled by me (or under my supervision), and that each and all of the statements herein are true to the best of my knowledge and belief.

Driller Monroe Address 1313 N Hwy 137 Lamesa Tx Date Drilled 10-8 19 98

887-2 W6 Well #1

SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT

REGISTRATION and LOG OF WELL

Well # 887-2

FOR DISTRICT USE ONLY
Well No. 98-89
Date Received
Size of pump ____ Maximum in Yield ____ gpm

1. OWNER: C. H. GUERNSEY & CO (Name) Address 5555 NORTH GRAND BLVD. (Street or RFD) OKLAHOMA CITY. (City) OK (State) 73112 (Zip)

2. LOCATION OF WELL:
County YOAKUM ____ miles in ____ (N.E.,S.W., etc) direction from ____ (Town)
____ 1/4, NE 1/4 Section 887-2, Block D, Survey JHG

3. TYPE OF WORK:
(X) New Well ( ) Deepening
( ) Reconditioning ( ) Plugging

4. PROPOSED USE:
( ) Domestic (X) Industrial
( ) Monitor ( ) Public Supply
( ) Irrigation ( ) Test Well
( ) Injection ( ) Other ____

5. DRILLING METHOD:
____
____

6. WELL LOG:

Date Drilling:
Started 10-2 1998
Completed 10-6 1998

DIAMETER OF HOLE		
Dia. (in.)	From (ft.)	To (ft.)
16"	Surface	200

7. BOREHOLE COMPLETION:
( ) Open Hole ( ) Straight Wall
(X) Gravel Packed ( ) Other
If Gravel Packed give interval .....
from 15 ft. to 200 ft.

From (ft.)	To (ft.)	Description and color of formation material
0	5	Topsoil
5	66	Caliche
66	77	Rock
77	91	Sand
91	101	Rock
101	107	Sandy Clay
107	113	Sand
113	121	Rock
121	171	Sandy Clay Gravel
171	190	Sand Gravel
190	200	Blue Clay

Well #1

8. CASING:

Dia. (in.)	Steel, Plastic, etc.	Setting (ft.) From	Setting (ft.) To
10 3/4		0	140
	Perforations	140	200

9. CEMENTING DATA
Cemented from 0 ft. to 15 ft. No. of Sacks Used 20
____ ft. to ____ ft. No. of Sacks Used ____
Method Used Water
Cemented by Monte Moore

10. SURFACE COMPLETION
(X) Specified Surface Slab Installed
( ) Pitless Adapter Used
( ) Approved Alternative Procedure Used

11. WATER LEVEL:
Static level ____ ft. below land surface ____
Date: ____

12. PUMP:
( ) Turbine ( ) Submersible ( ) Cylinder
( ) Other No. Stages ____,
Bowls Diam. ____ in., Setting ____ ft.

13. WELL TESTS:
Yield ____ gpm with ____ ft. drawdown after ____ hrs
Date ____ Length of Test ____
Made by ____

14. WATER QUALITY:
Was a chemical analysis made? ( ) Yes ( ) No
Date ____ Laboratory ____

I certify that this well was drilled by me (or under my supervision), and that each and all of the statements herein are true to the best of my knowledge and belief.

Driller [signature] Address 1313 N Hwy 137 Lamesa Date Drilled 10-6 1998

871-1

W8

SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT

APPLICATION FOR TEMPORARY WATER WELL PERMIT

COPY

CAUTION -- This is a temporary permit. Time during which this permit shall remain valid is two (2) months from the filing date of this application. It shall thereafter become void, unless an extention has been requested during the first two month period. You may proceed to drill at your own risk, subject to the provisions of section (e) Rule 6, Rules of Sandy Land U.W.C.D.

FOR DISTRICT USE ONLY

WELL NO. 99-62

DATE OF APPLICATION: 4/13/99

DATE APPROVED _____

SIZE OF PUMP _____

YIELD _____ GPM

STATE WELL NO ____ - ____

I, DENVER CITY ENGINEER ASSOC (Landowner), PO BOX 1757, DENVER CITY, TEXAS 79323 (Address)

hereby make application to SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT for a permit to drill the described water well at the location indicated.

1. LOCATION: ____ 1/4, SW 1/4 Section 871, Block D, Survey JHG

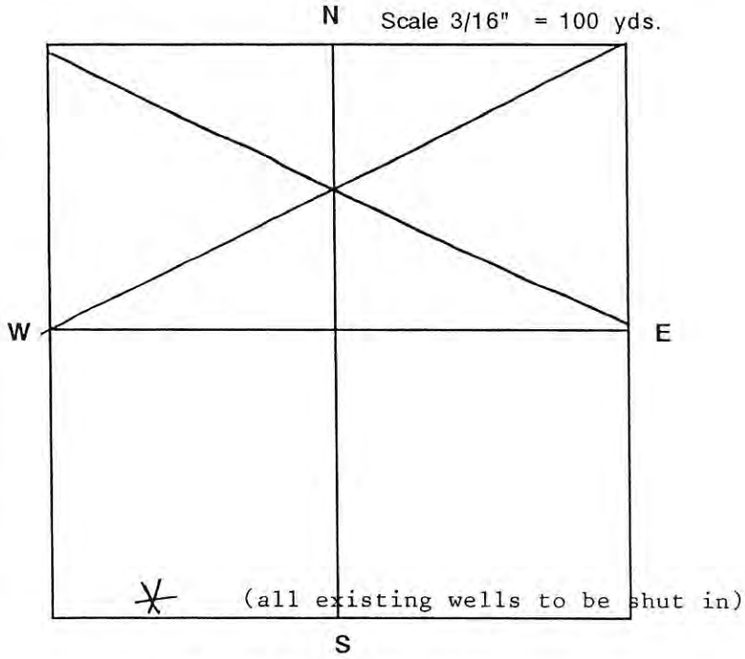
2. PROPOSED USE: Irrigation ( ), Industry (XX), Municipal ( ), Domestic ( ), Other ( )

3. DRILLER: MONTE MOORE DRILLING DATE DRILLING TO START: 4/99 19 ____

Please Make Sure Your Measurements Are Correct They Will Be Checked For Accuracy

Location of Proposed Well as submitted by applicant is _____ measured yards from (N S) and _____ measured yds from (E W) property line, or section line.

EXISTING WELLS	YIELD		TOTAL
	EST.	MEAS.	



Total Contiguous Acres	=	320
Maximum Allowable Production	x	5 gpm
Total Maximum Allowable Production	=	1600 gpm
Total Production of Exisiting Wells	-	0 gpm
Total Allowable Production for New Wells		1600gpm

SPACING REGULATIONS

Pump Size	Distance from Property or Section Line
4" or Smaller	100 Yds.
5"	125 Yds.
6"	150 Yds.
8"	200 Yds.
10" or Larger	300 Yds.

I agree that this well will be drilled within ten (10) yards of the location specified and not elsewhere, and that I will furnish the completed well registration log immediately upon completion of this well and prior to the production of water. I hereby certify that I have read the foregoing statements, and that all data therein contained are true and correct to the best of my knowledge and belief.

This notice given by: Jay Lee — PROJECT MANAGER — JACK LEONARD IRRIGATION 6799 ANSON HIGHWAY, ABILENE, TX 79601

Signature (owner or agent) — Title — Address

This permit approved subject to the rules for production and spacing from property lines.

1. _____ Board Member 2. _____ Board Member 3. _____ Board Member

SANDY LAND UNDERGROUND WATER CONSERVATION DISTRICT

REGISTRATION and LOG OF WELL

FOR DISTRICT USE ONLY

Well No. 99-62

Date Received _____

Size of pump _____ Maximum in Yield _____ gpm

1. OWNER: DENVER CITY ENGINEER ASSOC (Name) Address PO BOX 1757, DENVER CITY, TEXAS 79323 (Street or RFD) (City) (State) (Zip)

2. LOCATION OF WELL:
County YOAKUM _____ miles in _____ direction from _____ (N.E.,S.W., etc) (Town)
_____ 1/4, SW 1/4 Section 871, Block D, Survey JHG

3. TYPE OF WORK:
(XX) New Well ( ) Deepening
( ) Reconditioning ( ) Plugging

4. PROPOSED USE:
( ) Domestic ( ) Industrial
( ) Monitor ( ) Public Supply
(XX) Irrigation ( ) Test Well
( ) Injection ( ) Other _____

5. DRILLING METHOD:
_____
_____

6. WELL LOG:

Date Drilling:
Started 5-12 19 99
Completed 5-15 19 99

DIAMETER OF HOLE		
Dia. (in.)	From (ft.)	To (ft.)
16	Surface	190

7. BOREHOLE COMPLETION:
( ) Open Hole ( ) Straight Wall
(✓) Gravel Packed ( ) Other
If Gravel Packed give interval .....
from 15 ft. to 190 ft.

From (ft.)	To (ft.)	Description and color of formation material
0	10	Top Soil
10	45	Sandy Clay
45	51	Sand
51	58	Rock
58	77	Sand
77	81	Rock
81	105	Sand
105	109	Rock
109	116	Sand
116	118	Rock
118	121	Sand
121	127	Sand STown
127	153	Sandy Clay gravel
153	185	Sand gravel
185	190	yellow Clay
500 Gpm		

8. CASING:

Dia. (in.)	(Steel), Plastic, etc.	Setting (ft.) From	Setting (ft.) To
10		0	130
Perforations		130	190

9. CEMENTING DATA
Cemented from 0 ft. to 15 ft. No. of Sacks Used 12
____ ft. to ____ ft. No. of Sacks Used ____
Method Used _____
Cemented by _____

10. SURFACE COMPLETION
( ) Specified Surface Slab Installed
( ) Pitless Adapter Used
( ) Approved Alternative Procedure Used

11. WATER LEVEL:
Static level _____ ft. below land surface _____
Date: _____

12. PUMP:
( ) Turbine ( ) Submersible ( ) Cylinder
( ) Other No. Stages _____,
Bowls Diam. _____ in., Setting _____ ft.

13. WELL TESTS:
Yield ____ gpm with ____ ft. drawdown after ____ hrs
Date _____ Length of Test _____
Made by _____

14. WATER QUALITY:
Was a chemical analysis made? ( ) Yes ( ) No
Date _____ Laboratory _____

I certify that this well was drilled by me (or under my supervision), and that each and all of the statements herein are true to the best of my knowledge and belief.

Driller Pete Neufeld Monty Moore Address 1313 - N Hwy 137 Lamesa TX 79331 Date Drilled 5-15 19 99

ATTACHMENT I

Groundwater Technical Report
Wks 3.0, Item 4d

ATTACHMEMT I
GOLDEN SPREAD ELECTRIC COOPERATIVE, INC.
MUSTANG STATION
INDUSTRIAL TLAP PERMIT RENEWAL APPLICATION
GROUNDWATER TECHNICAL REPORT

INTRODUCTION

Mustang Station uses one evaporation pond to dispose of on-site generated wastewater, which consists of service water used for combustion turbine water washes and other maintenance as well as evaporative cooler blowdown. The following report assesses the potential impacts of the evaporation pond on local groundwater resources.

GROUNDWATER RESOURCE DESCRIPTION

The Facility is located in the drainage area of South Fork Double Mountain Fork Brazos River in Segment No. 1241 of the Brazos River Basin. An unnamed intermittent stream flows through the property approximately 3,500 feet southwest of the evaporation pond. The evaporation pond is not within the 100-year flood plain of the unnamed intermittent stream as taken from the USGS 7.5-Minute Series Topographic Map for Seagraves, Texas. There are no geologic formations such as faults or sinkholes on or near the facility property that may provide hydrogeologic connection to recharge groundwater. The area is geologically mapped in the Southern High Plains region. The Ogalala Aquifer is the main source of groundwater production in the surrounding areas. Groundwater is encountered approximately 190 feet below the facility property. Each evaporation pond is lined with a compacted clay liner to prevent exposure to local groundwater.

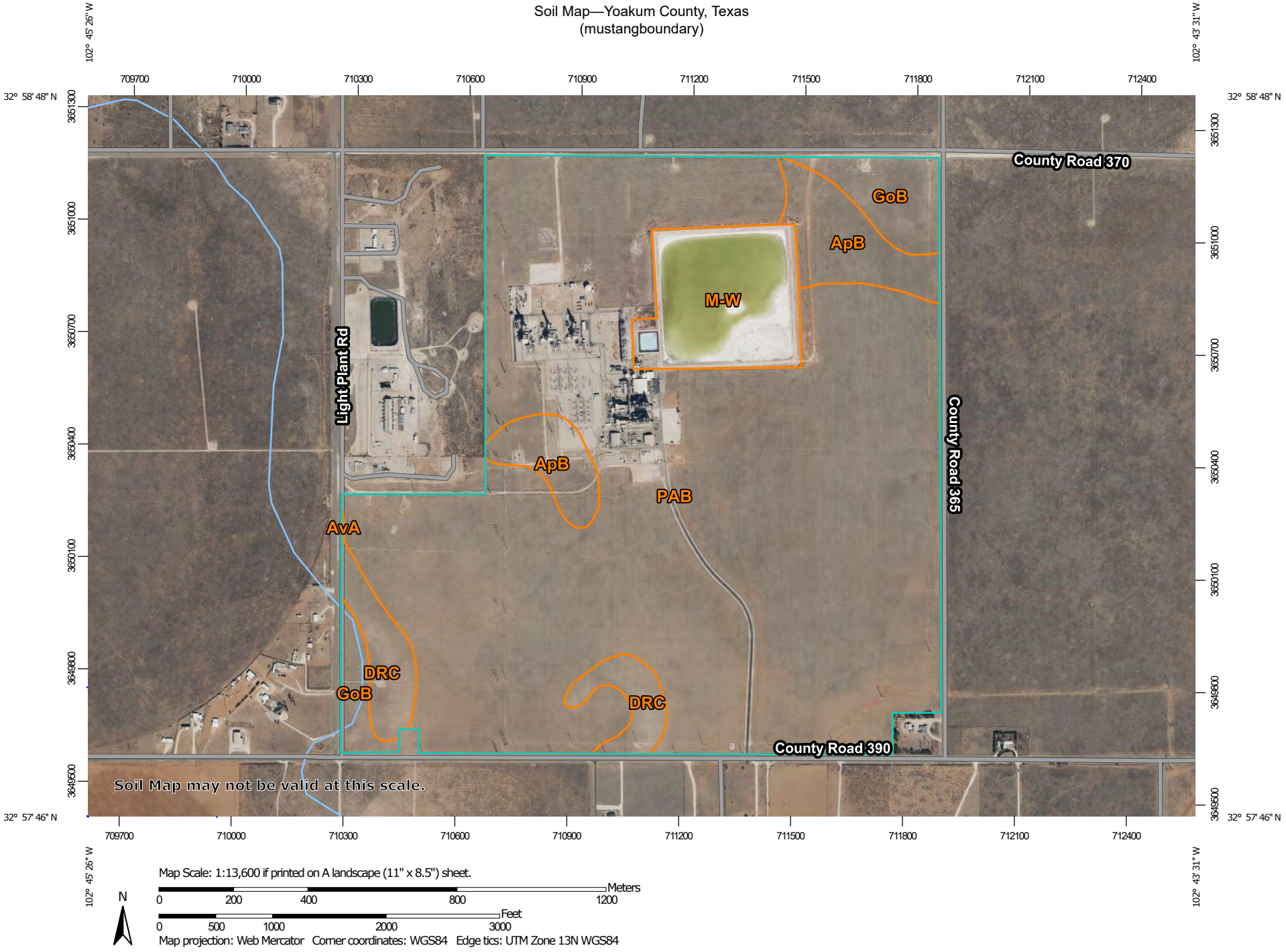
ADJACENT WATER WELLS

A total of 13 water wells were identified within 0.5 miles of the evaporation pond. Wells are constructed to depths ranging from 155 to 200 feet below ground surface. There are no wells within 150 feet of the evaporation ponds, and there are no public supply wells within 500 feet of the evaporation ponds. A list of wells within 0.5 miles of the facility's evaporation ponds is included in Attachments H.1 and H.2.

ATTACHMENT J

USDA Soil Survey Map
Wks 3.0, Item 5

Soil Map—Yoakum County, Texas
(mustangboundary)



Map Scale: 1:13,600 if printed on A landscape (11" x 8.5") sheet.

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Meters: 0 200 400 800 1200

Feet: 0 500 1000 2000 3000

Map projection: Web Mercator Corner coordinates: WGS84 Edge tics: UTM Zone 13N WGS84

MAP LEGEND

Area of Interest (AOI)
- Area of Interest (AOI)

Soils
- Soil Map Unit Polygons
- Soil Map Unit Lines
- Soil Map Unit Points

Special Point Features
- Blowout
- Borrow Pit
- Clay Spot
- Closed Depression
- Gravel Pit
- Gravelly Spot
- Landfill
- Lava Flow
- Marsh or swamp
- Mine or Quarry
- Miscellaneous Water
- Perennial Water
- Rock Outcrop
- Saline Spot
- Sandy Spot
- Severely Eroded Spot
- Sinkhole
- Slide or Slip
- Sodic Spot
- Spoil Area
- Stony Spot
- Very Stony Spot
- Wet Spot
- Other
- Special Line Features

Water Features
- Streams and Canals

Transportation
- Rails
- Interstate Highways
- US Routes
- Major Roads
- Local Roads

Background
- Aerial Photography

MAP INFORMATION

The soil surveys that comprise your AOI were mapped at 1:31,700.

Warning: Soil Map may not be valid at this scale.

Enlargement of maps beyond the scale of mapping can cause misunderstanding of the detail of mapping and accuracy of soil line placement. The maps do not show the small areas of contrasting soils that could have been shown at a more detailed scale.

Please rely on the bar scale on each map sheet for map measurements.

Source of Map: Natural Resources Conservation Service
Web Soil Survey URL:
Coordinate System: Web Mercator (EPSG:3857)

Maps from the Web Soil Survey are based on the Web Mercator projection, which preserves direction and shape but distorts distance and area. A projection that preserves area, such as the Albers equal-area conic projection, should be used if more accurate calculations of distance or area are required.

This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.

Soil Survey Area: Yoakum County, Texas
Survey Area Data: Version 22, Sep 5, 2023

Soil map units are labeled (as space allows) for map scales 1:50,000 or larger.

Date(s) aerial images were photographed: Feb 8, 2022—Feb 16, 2022

The orthophoto or other base map on which the soil lines were compiled and digitized probably differs from the background imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.

Map Unit Legend

Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
ApB	Arvana loamy fine sand, 1 to 5 percent slopes	32.3	5.9%
AvA	Arvana fine sandy loam, 0 to 1 percent slopes	0.1	0.0%
DRC	Drake soils, 1 to 8 percent slopes	21.4	3.9%
GoB	Gomez loamy fine sand, 0 to 3 percent slopes	22.4	4.1%
M-W	Water, miscellaneous	38.1	7.0%
PAB	Patricia and Amarillo loamy fine sands, 0 to 3 percent slopes	429.7	79.0%
Totals for Area of Interest		**544.1**	**100.0%**

ATTACHMENT K

Evaporation Pond Engineering Report
Wks 3.1, Section 3.b

ATTACHMENT K
GOLDEN SPREAD ELECTRIC COOPERATIVE, INC.
MUSTANG STATION
INDUSTRIAL TLAP PERMIT RENEWAL APPLICATION
STORAGE CALCULATION FOR EVAPORATION PONDS WITHOUT IRRIGATION

Average Condition Evaluation

The pond(s) must have enough surface area to evaporate all the flow to the pond(s) under average rainfall conditions. The pond is considered adequately sized when the Total Storage Necessary is less than or equal to the pond storage volume. If this value is greater than zero, the pond's surface must be increased or the effluent flow reduced to ensure that no accumulation occurs during average conditions

The following is a summary of calculations performed in determining the Total Storage Necessary:

Effluent Flow	0.1536	MGD
Pond Surface Acres	31.80	acres
Pond Storage Volume	288.00	acre-feet

Month	# of Days	Flow to Ponds (acre-feet)	Evap Rate (feet)	Evap from Ponds (acre-feet)	Storage Requirements (acre-feet)
January	31	14.61	0.21	6.78	7.83
February	28	13.20	0.25	8.07	5.13
March	31	14.61	0.40	12.69	1.92
April	30	14.14	0.53	16.73	-2.59
May	31	14.61	0.51	16.10	-1.49
June	30	14.14	0.61	19.30	-5.17
July	31	14.61	0.63	20.17	-5.56
August	31	14.61	0.59	18.65	-4.04
September	30	14.14	0.37	11.89	2.25
October	31	14.61	0.35	11.27	3.34
November	30	14.14	0.26	8.42	5.72
December	31	14.61	0.21	6.61	8.00
				Total Storage Necessary	15.34

Flow to Pond = (Effluent Flow (MGD)) X (# of Days) X (3.0684)
Evaporation from Pond = (Pond Surface Acres) X (Evaporation Rate)
Evaporation Rate = 25-year average monthly net evaporation*
Storage Requirement = (Flow to Pond) - (Evaporation from Pond)
Total Storage Necessary = SUM (Storage Requirement)

The Total Storage Necessary under average conditions (15.34 acre-feet) is less than the existing Pond Storage Volume (288 acre-feet), therefore, the storage volume of the evaporation pond is adequate for Mustang Station.

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*Texas Water Development Board Lake Evaporation and Precipitation data for Quadrangle 505 for the period of record 1998 through 2023.

ATTACHMENT K
GOLDEN SPREAD ELECTRIC COOPERATIVE, INC.
MUSTANG STATION
INDUSTRIAL TLAP PERMIT RENEWAL APPLICATION
STORAGE CALCULATION FOR EVAPORATION PONDS WITHOUT IRRIGATION

30 Texas Administrative Code (TAC), Chapter 309, Subchapter C outlines procedures used to determine appropriate design for irrigation systems at domestic wastewater treatment plants. Appropriate evaporation pond sizing is determined based upon these procedures using best professional judgement (BPJ). These procedures consist of two evaluations: critical condition evaluation and average condition evaluation.

Critical Condition Evaluation

The critical condition evaluation is designed to evaluate the storage capacity of the pond(s) under a "worst-case scenario." The worst-case scenario is defined as the 25-year lowest net evaporation* assuming daily flow to the pond at the permitted rate. The pond's storage capacity is considered adequate when the Total Storage Necessary is less than or equal to the Pond Storage Volume (the pond could contain all wastewater discharged when evaporation is lowest).

The following is a summary of calculations performed in determining the Total Storage Necessary:

Effluent Flow	0.1536	MGD
Pond Surface Acres	31.80	acres
Pond Storage Volume	288.00	acre-feet

Month	# of Days	Flow to Ponds (acre-feet)	Evap Rate (feet)	Evap from Ponds (acre-feet)	Storage Requirements (acre-feet)
January	31	14.61	0.12	3.70	10.91
February	28	13.20	0.14	4.41	8.79
March	31	14.61	0.22	6.93	7.68
April	30	14.14	0.29	9.14	5.00
May	31	14.61	0.28	8.79	5.82
June	30	14.14	0.33	10.55	3.59
July	31	14.61	0.35	11.02	3.59
August	31	14.61	0.32	10.19	4.42
September	30	14.14	0.20	6.49	7.64
October	31	14.61	0.19	6.16	8.45
November	30	14.14	0.14	4.60	9.54
December	31	14.61	0.11	3.61	11.00
				Total Storage Necessary	86.43

Flow to Pond = (Effluent Flow (MGD)) X (# of Days) X (3.0684)
Evaporation from Pond = (Pond Surface Acres) X (Evaporation Rate)
Evaporation Rate = 25-year lowest net evaporation distributed by month
Storage Requirement = (Flow to Pond) - (Evaporation from Pond)
Total Storage Necessary = SUM (Storage Requirement)

The Total Storage Necessary under critical conditions (86.43 acre-feet) is less than the existing Pond Storage Volume (288 acre-feet), therefore, the storage volume of the evaporation pond is adequate for Mustang Station.

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*Texas Water Development Board Lake Evaporation and Precipitation data for Quadrangle 505 for the period of record 1998 through 2023.