



Administrative Package Cover Page

This file contains the following documents:

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

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

This template is a guide to assist applicant's in developing a plain language summary as required by 30 Texas Administrative Code Chapter 39 Subchapter H. Applicant's 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 Texas Administrative Code §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 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.

Maverick County Water Control and Improvement District No.1 (CN600668438) operates Eagle Pass Power Station RN102096773. an industrial wastewater treatment facility. The facility is located 264 Power Plant Road, in Eagle Pass, Maverick County, Texas 78852. Request for renewal of permit authorizing the discharge of 116,000 GPD of treated industrial wastewater.

Discharges from the facility are expected to contain oil and grease..Industrial wastewater is treated by *a drain system to capture leaking water from the turbine shafts and equipment inside the plant. The drain system terminates in a common oil/water separator and sump. Oil is skimmed off the surface of the sump and is disposed of. Wastewater from the sump is monitored prior to discharge via external Outfall 001..*

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 son representaciones federales exigibles de la solicitud de permiso.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0004149000

APPLICATION. Maverick County Water Control and Improvement District No. 1, 1622 Maverick Industrial Park Road, Eagle Pass, Texas 78852, which owns a hydroelectric power generation plant, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0004149000 (EPA I.D. No. TX0119580) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 116,000 gallons per day. The facility is located at 264 Power Plant Road, near the city of Eagle Pass, in Maverick County, Texas 78852. The discharge route is from the plant site to the Maverick County Canal; thence to Rio Grande Below Amistad Reservoir. TCEQ received this application on July 15, 2024. The permit application will be available for viewing and copying at Eagle Pass Public Library, 589 East Main Street, Eagle Pass, in Maverick County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-100.5525,28.829722&level=18>

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

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

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from Maverick County Water Control and Improvement District No. 1 at the address stated above or by calling Ms. Brenda McCalip, General Manager, at 830-773-5129.

Issuance Date: August 15, 2024

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

TCEQ INDUSTRIAL WASTEWATER PERMIT APPLICATION

INDUSTRIAL ADMINISTRATIVE REPORT 1.0

This report is required for all applications for TPDES permits and TLAPs. Contact the Applications Review and Processing Team at 512-239-4671 with any questions about completing this report

Item 1. Application Information and Fees (Instructions, Page 25)

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

Applicant Name: Maverick County Water Control and Improvement District No.1
TX0119580

EPA ID No.:

Permit No.: WO0004149000

Expiration Date: 1/10/2025

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

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

☒ Active

☐ Inactive

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

☒ TPDES Permit

☐ TLAP

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

☐ New

☐ Renewal with changes

☒ Renewal without changes

☐ Major amendment with renewal

☐ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

- f. If applying for an amendment or modification, describe the request: [Click to enter text.](#)

- g. Application Fee

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

For TCEQ Use Only

Segment Number _____ County _____
Expiration Date _____ Region _____

¹ All facilities are designated as minors until formally classified as a major by EPA.

h. Payment Information

Mailed

Check or money order No.: 16797 Check or money order amt.: \$315.00

Named printed on check or money order: Maverick County Water Control

Epay

Voucher number: Click to enter text. Copy of voucher attachment: Click to enter text.

Item 2. Applicant Information (Instructions, Pages 25)

- a. Customer Number, if applicant is an existing customer: CN600668438

Note: Locate the customer number using the TCEQ's Central Registry Customer Search².

- b. Legal name of the entity (applicant) applying for this permit: Maverick County Water Control and Improvement District No.1

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.)

☐ Mr. ☒ Ms. First/Last Name: Brenda McCalip

Title: General Manager

Credential: Click to enter text.

- d. Will the 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 3. Co-applicant Information (Instructions, Page 26)

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

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

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

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

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

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

☐ Mr. ☐ Ms. First/Last Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

☐ Yes ☐ No

² <https://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

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

Item 4. Core Data Form (Instructions, Pages 26)

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

Item 5. Application Contact Information (Instructions, Page 26)

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
☐ Mr. ☒ Ms. Full Name (First and Last): Stephanie Landsman
Title: Click to enter text. Credential: Click to enter text.
Organization Name: Landsman Environmental LLC
Mailing Address: 9597 Jones Road #962
City: Jersey Village State: TX Zip Code: 77065
Phone No: 281-658-5899 Fax No: Click to enter text. Email: stephanie@landsmanenviro.com
- b. ☐ Administrative Contact . ☒ Technical Contact
☐ Mr. ☒ Ms. Full Name (First and Last): Brenda McCalip
Title: General Manager Credential: Click to enter text.
Organization Name: Maverick County Water Control and Improvement District No.1
Mailing Address: 1622 Maverick Industrial Park Road
City: Eagle Pass State: TX Zip Code: 78852
Phone No: 830-773-5129 Fax No: Click to enter text. Email: maverickcid1@gmail.com
Attachment: Click to enter text.

Item 6. Permit Contact Information (Instructions, Pages 26)

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

- a. ☐ Mr. ☒ Ms. Full Name (First and Last): Brenda McCalip
Title: General Manager Credential: Click to enter text.
Organization Name: Maverick County Water Control and Improvement District No.1
Mailing Address: 1622 Maverick Industrial Park Road
City: Eagle Pass State: TX Zip Code: 78852
Phone No: 830-773-5129 Fax No: Click to enter text. Email: maverickcid1@gmail.com
- b. ☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.
Title: Click to enter text. Credential: Click to enter text.
Organization Name: Click to enter text.
Mailing Address: Click to enter text.
City: Click to enter text. State: Click to enter text. Zip Code: Click to enter text.

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

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

Item 7. Billing Contact Information (Instructions, Page 27)

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.

☐ Mr. ☒ Ms. Full Name (First and Last): Brenda McCalip

Title: General Manager

Credential: Click to enter text.

Organization Name: Maverick County Water Control and Improvement District No.1

Mailing Address: 1622 Maverick Industrial Park Road

City: Eagle Pass State: TX Zip Code: 78852

Phone No: 830-773-5129

Fax No: Click to enter text.

Email: maverickcid1@gmail.com

Item 8. DMR/MER Contact Information (Instructions, Page 27)

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.

☐ Mr. ☒ Ms. Full Name (First and Last): Brenda McCalip

Title: General Manager

Credential: Click to enter text.

Organization Name: Maverick County Water Control and Improvement District No.1

Mailing Address: 1622 Maverick Industrial Park Road

City: Eagle Pass State: TX Zip Code: 78852

Phone No: 830-773-5129

Fax No: Click to enter text.

Email: maverickcid1@gmail.com

Item 9. NOTICE INFORMATION (Instructions, Pages 27

a. Individual Publishing the Notices

☐ Mr. ☒ Ms. Full Name (First and Last): Stephanie Landsman

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Landsman Environmental LLC

Mailing Address: 9597 Jones Road #962

City: Jersey Village State: TX Zip Code: 77065

Phone No: 281-658-5899

Fax No: Click to enter text.

Email:

stephanie@landsmanenviro.com

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

☒ E-mail: stephanie@landsmanenviro.com

☐ Fax: Click to enter text.

☐ Regular Mail (USPS)

Mailing Address: Click to enter text.

City: Click to enter text.

State: Click to enter text.

Zip Code: Click to enter text.

c. Contact in the Notice

☐ Mr. ☒ Ms Full Name (First and Last): Brenda McCalip

Title: General Manager Credential: Click to enter text.

Organization Name: Maverick County Water Control and Improvement District No.1

Phone No: 830-773-5129

Fax No: Click to enter text.

Email: maverickcid1@gmail.com

d. Public Viewing Location Information

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

Public building name: Eagle Pass Public Library
text.

Location within the building: Click to enter

Physical Address of Building: 589 Main Street

City: Eagle Pass County: Maverick

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.

Please call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine whether an alternative language notices are required.

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No ☐ N/A

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

f. Plain Language Summary Template – Complete the Plain Language Summary at the end of this application.

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

Item 10. Regulated Entity and Permitted Site Information (Instructions Pages 28-30)

- a. TCEQ issued Regulated Entity Number (RN), if available: RN102096773

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): Eagle Pass Power 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:

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Maverick County Water Control and Improvement District No.1

Mailing Address: 1622 Maverick Industrial Park Road

City: Eagle Pass State: TX Zip Code: 78852

Phone No: 830-773-5129

Fax No: Click to enter text.

Email: maverickcid1@gmail.com

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

- f. Owner of land where treatment facility is or will be: Click to enter text.

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Maverick County Water Control and Improvement District No.1

Mailing Address: 1622 Maverick Industrial Park Road

City: Eagle Pass State: TX Zip Code: 78852

Phone No: 830-773-5129

Fax No: Click to enter text.

Email: maverickcid1@gmail.com

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

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

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Click to enter text.

Mailing Address: Click to enter text.

City: Click to enter text.

State: Click to enter text.

Zip Code: Click to enter text.

Phone No: Click to enter text.

Fax No: Click to enter text.

Email: Click to enter text.

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

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

☐ Mr. ☐ Ms. Full Name (First and Last): Click to enter text.

or Organization Name: Click to enter text.

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

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

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

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

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

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

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

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

Item 11. TD PES Discharge/TLAP Disposal Information (Instructions, Pages 30-32)

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

☐ Yes ☒ No

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

☒ One-mile radius

☒ Three-miles downstream information

☒ Applicant's property boundaries

☒ Treatment facility boundaries

☒ Labeled point(s) of discharge

☒ Highlighted discharge route(s)

☐ Effluent disposal site boundaries

☐ All wastewater ponds

☐ Sewage sludge disposal site

☐ New and future construction

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

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

☒ Yes ☐ No or New Permit

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

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

☒ Yes ☐ No or New Permit

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

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

☒ Yes ☐ No or New Permit

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

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

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

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

☐ Yes ☒ No

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

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

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

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

☐ Yes ☐ No or New Permit

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

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

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

l. Disposal Site Latitude: [Click to enter text.](#) Longitude: [Click to enter text.](#)

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

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

Item 12. MISCELLANEOUS INFORMATION (Instructions, Page 32)

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

☐ Yes ☒ No

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

b. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the account no.: [Click to enter text.](#) and total amount due: [Click to enter text.](#)

c. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, provide the enforcement order no.: [Click to enter text.](#) and amount due: [Click to enter text.](#)

Item 13. SIGNATURE PAGE (Instructions, Pages 32-33)

Permit No: WQ0004149000

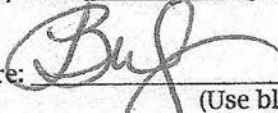
Applicant Name: Maverick County Water Control and Improvement District No. 1

Certification: I, Brenda McCalip, 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): Brenda McCalip

Signatory title: General Manager

Signature: 
(Use blue ink)

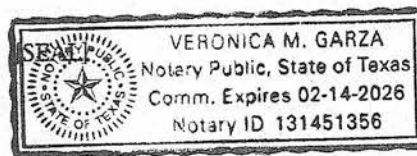
Date: 07/01/2024

Subscribed and Sworn to before me by the said Brenda McCalip
on this 1 day of July, 2024.

My commission expires on the 14 day of February, 2024.

Veronica M. Garza
Notary Public

Maverick
County, Texas



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

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

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

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

This form applies to TPDES permit applications only. (Instructions, Page 36)

The SPIF must be completed as a separate document. The TCEQ will mail a copy of the SPIF to each agency as required by the TCEQ agreement with EPA. If any of the items are not completely addressed or further information is needed, you will be contacted to provide the information before the permit is issued. Each item must be completely addressed.

Do not refer to a response of any item in the permit application form. Each attachment must be provided with this form separately from the administrative report of the application. The application will not be declared administratively complete without this form being completed in its entirety including all attachments.

The following applies to all applications:

1. Permittee Name: Maverick County Water Control and Improvement District No.1
2. Permit No.: WO0004149000 EPA ID No.: TX0119580
3. Address of the project (location description that includes street/highway, city/vicinity, and county):
264 Power Plant Road, Eagle Pass, Maverick County
4. Provide the name, address, phone and fax number, and email address of an individual that can be contacted to answer specific questions about the property.

Full Name (First and Last): Brenda McCalip

Organization Name: Maverick County Water Control and Improvement District No.1 Mailing
Address: 1622 Maverick Industrial Park Road

City: Eagle Pass State: TX Zip Code: 78852

Phone No: 830-773-5129

Fax No: Click to enter text.

Email: maverickcid1@gmail.com

5. List the county in which the facility is located: Maverick
6. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property: Click to enter text.

7. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number: To the Maverick County Canal; thence to the Rio Grande Below Amistad Reservoir in Segment No. 2304 of the Rio Grande Basin
8. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report.) Attachment: B
9. Provide original photographs of any structures 50 years or older on the property. Attachment: N/A
10. Does your project involve any of the following? Check all that apply.
- ☐ Proposed access roads, utility lines, construction easements
 - ☐ Visual effects that could damage or detract from a historic property's integrity
 - ☐ Vibration effects during construction or as a result of project design
 - ☐ Additional phases of development that are planned for the future
 - ☐ Sealing caves, fractures, sinkholes, other karst features
 - ☐ Disturbance of vegetation or wetlands
11. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features): N/A
12. Describe existing disturbances, vegetation, and land use: N/A

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

13. List construction dates of all buildings and structures on the property: Click to enter text.
14. Provide a brief history of the property, and name of the architect/builder, if known: Click to enter text.

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

This template is a guide to assist applicant's in developing a plain language summary as required by 30 Texas Administrative Code Chapter 39 Subchapter H. Applicant's 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 Texas Administrative Code §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 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.

Maverick County Water Control and Improvement District No.1 (CN600668438) operates Eagle Pass Power Station RN102096773. an industrial wastewater treatment facility. The facility is located 264 Power Plant Road, in Eagle Pass, Maverick County, Texas 78852. Request for renewal of permit authorizing the discharge of 116,000 GPD of treated industrial wastewater.

Discharges from the facility are expected to contain oil and grease..Industrial wastewater is treated by a drain system to capture leaking water from the turbine shafts and equipment inside the plant. The drain system terminates in a common oil/water separator and sump. Oil is skimmed off the surface of the sump and is disposed of. Wastewater from the sump is monitored prior to discharge via external Outfall 001..

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 son representaciones federales exigibles de la solicitud de permiso.

TECHNICAL REPORT 1.0

INDUSTRIAL

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, refer to the Instructions for Completing the Industrial Wastewater Permit Application¹ available on the TCEQ website.

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.

1. FACILITY/SITE INFORMATION (Instructions, Pages 39-40)

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

Electric power generation

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

The facility contains a drain system to capture leaking water from the turbine shafts and equipment inside the plant. The drain system terminates in a common oil/water separator and sump. Oil is skimmed off the surface of the sump and is disposed of properly. Wastewater from the sump is monitored via internal outfall 101 prior to discharge via external outfall 001. The facility also utilizes non-contact cooling water in three small heat exchangers (turbine oil coolers) to cool hydraulic oil used for bearing lubrication and turbine control. There is no chemical treatment of the non-contact cooling water, and it is commingled with the previously monitored effluent from internal outfall 101 prior to discharge via outfall 001. The facility occasionally discharges intermittent volumes of non-process are storm water from roof rains on the main plant building that are also route to outfall 001 for discharge.

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	Mechanical energy	electricity

Attachment: [REDACTED]

- 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: [REDACTED]

- 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: Flood Hazard Boundary Map- Maverick County

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: [REDACTED]

Attachment: [REDACTED]

5. 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: [REDACTED]

If no, provide an approximate date of application submittal to the USACE: [REDACTED]

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.

Filtration (traveling screens) is accomplished at the plant's intake structure for removal of solid debris for the pass-through water and the make-up water for the turbine oil coolers. Solid debris is removed and handled/removed as a solid waste by the Maverick County Irrigation District. Oil/water separator is used in conjunction with the sump at internal outfall 101 for separation/removal of oil and/or oily debris prior to commingling with non-contact cooling water from the turbine oil coolers and/or intermittent storm water from the roof drains. The commingled waste streams are then ultimately discharged via external outfall 001.

- b. Attach a flow schematic **with a water balance** showing all sources of water and wastewater flow into the facility, wastewater flow into and from each treatment unit, and wastewater flow to each outfall/point of disposal.

Attachment: C

3. IMPOUNDMENTS (Instructions, Pages 40-42)

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:

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

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

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

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

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

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

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

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

Impoundment Information

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

Impoundment Information

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

Attachment:

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**.

i. Liner data

☐ Yes ☐ No ☐ Not yet designed

ii. Leak detection system or groundwater monitoring data

☐ Yes ☐ No ☐ Not yet designed

iii. Groundwater impacts

☐ Yes ☐ No ☐ Not yet designed

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

Attachment: _____

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

c. Attach a USGS map or a color copy of original quality and scale which accurately locates and identifies all known water supply wells and monitor wells within 1/2-mile of the impoundments.

Attachment: _____

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

Attachment: _____

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

Attachment: _____

4. OUTFALL/DISPOSAL METHOD INFORMATION (Instructions, Pages 42-43)

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

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

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

Outfall Latitude and Longitude

Outfall Number	Latitude-decimal degrees	Longitude-decimal degrees
001	28.829167	-100.550833
101	28.829167	-100.550833

Outfall Location Description

Outfall Number	Location Description
001	Discharge-side of sump in plant prior to being routed into discharge canal via pipe
101	Oil/water separator in plant

Description of Sampling Points (if different from Outfall location)

Outfall Number	Description of Sampling Point
	saa

Outfall Flow Information – Permitted and Proposed

Outfall Number	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	Report	0.116	N/A	N/A	N/A
101	Report	0.0288	N/A	N/A	N/A

Outfall Discharge – Method and Measurement

Outfall Number	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	N	Y	Estimated
101	Y	N	Estimated

Outfall Discharge – Flow Characteristics

Outfall Number	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
001	N	Y	N	24	31	12

Wastestream Contributions

Outfall No.: 001

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Turbine leakage collected from floor drain and routed to oil/water separator	0.0457	41-61%
Non-contact cooling water from turbine oil coolers	0.029	25-38%
Intermittent non-process area storm water from roof drains on main plant building	0-0.04	0-34%

Outfall No.:

Contributing Wastestreams	Volume (MGD)	% of Total Flow

Outfall No.:

Contributing Wastestreams	Volume (MGD)	% of Total Flow

5. BLOWDOWN AND ONCE-THROUGH COOLING WATER DISCHARGES (Instructions, Page 44)

- a. Does the facility use/propose to use any cooling towers which discharge blowdown or other wastestreams to the outfall(s)?

☐ Yes ☒ No

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

- b. Does the facility use or plan to use any boilers that discharge blowdown or other wastestreams to the outfall(s)?

☐ Yes ☒ No

- c. Does or will the facility discharge once-through cooling water to the outfall(s)?

☐ Yes ☒ No

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

- d. If yes to Items 5.a, 5.b, or 5.c, attach the 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.

Attach a summary of this information in addition to the submittal of the SDS for each specific wastestream and the associated chemical additives and specify which outfalls are affected.

Attachment: _____

- e. Cooling Towers and Boilers

If yes to either Item 5.a or 5.b, complete the following table.

Cooling Towers and Boilers

Type of Unit	Number of Units	Dly Avg Blowdown (gallons/day)	Dly Max Blowdown (gallons/day)
Cooling Towers	0	0	0
Boilers	0	0	0

6. STORMWATER MANAGEMENT (Instructions, Page 44)

Are there any existing/proposed outfalls which 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 some manner which may result in exposure of the activities or materials to stormwater: _____

7. DOMESTIC SEWAGE, SEWAGE SLUDGE, AND SEPTAGE MANAGEMENT AND DISPOSAL (Instructions, Page 45)

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.
Siesta Septic Service	24054

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: _____

9. TOXICITY TESTING (Instructions, Page 45)

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

☐ Yes ☒ No

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

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

Attachment: [REDACTED]

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: [REDACTED]

- 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: [REDACTED]

- 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.

11. RADIOACTIVE MATERIALS (Instructions, Pages 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	Concentration (pCi/L)

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

☐ Yes ☐ No

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

Radioactive Materials Present in the Discharge

Radioactive Material	Concentration (pCi/L)

12. COOLING WATER (Instructions, Pages 46-47)

- 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

- i. 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				

- ii. 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. _____

- iii. 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: _____

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

☐ Yes ☐ No

If **yes**, provide the actual intake flow of the Independent Supplier's CWIS that is/will be used to provide water for cooling purposes to the facility and proceed: _____

If **no**, proceed to Item 12.d.

d. 316(b) General Criteria

i. 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

ii. 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

iii. 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: _____

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.o, Items 1(a), 1(b)(i-iii) and (vi), 2(b)(i), and 3(a) to allow for a determination based upon BPJ.

f. Oil and Gas Exploration and Production

i. 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.

ii. 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.o, Items 1(a), 1(b)(i-iii) and (vi), 2(b)(i), and 3(a) to allow for a determination based upon BPJ. If **no**, skip to Item 12.g.iii.

g. Compliance Phase and Track Selection

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

☐ Yes ☐ No

If **yes**, check the box next to the facility's 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:

ii. 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.

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

☐ Yes ☐ No

If **yes**, check the box next to the facility's 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 the CWIS latitude and 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:

NOTE: Item 13 is required only for existing permitted facilities.

13. PERMIT CHANGE REQUESTS (Instructions, Pages 49-50)

- 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.

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

☐ Yes ☒ No

If **yes**, list and discuss the requested changes.

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

☐ Yes ☒ No

If **yes**, list and discuss the requested changes.

WORKSHEET 2.0 POLLUTANT ANALYSES REQUIREMENTS

Worksheet 2.0 is **required** for all applications submitted for a TPDES permit. Worksheet 2.0 is not required for applications for a permit to dispose of all wastewater by land disposal or for discharges solely of stormwater associated with industrial activities.

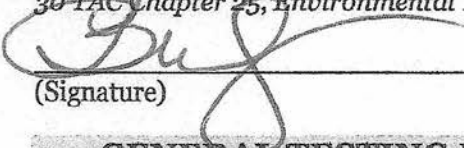
1. LABORATORY ACCREDITATION (Instructions, Page 56)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

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

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 34, for a list of approved signatories.

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


(Signature)

2. GENERAL TESTING REQUIREMENTS (Instructions, Pages 56-58)

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

3. SPECIFIC TESTING REQUIREMENTS (Instructions, Pages 58-69)

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

TABLE 1 and TABLE 2 (Instructions, Page 58)

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

WORKSHEET 4.0 RECEIVING WATERS

This worksheet is **required** for all TPDES permit applications.

1. DOMESTIC DRINKING WATER SUPPLY (Instructions, Page 81)

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

☐ Yes ☒ No

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

i. The legal name of the owner of the drinking water supply intake: _____

v. The distance and direction from the outfall to the drinking water supply intake: _____

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

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

2. DISCHARGE INTO TIDALLY INFLUENCED WATERS (Instructions, Page 81)

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

a. Width of the receiving water at the outfall: _____ feet

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

3. CLASSIFIED SEGMENT (Instructions, Page 81)

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

☐ Yes ☒ No

If **yes**, stop here. It is not necessary to complete Items 4 and 5 of this worksheet or Worksheet 4.1.

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

4. DESCRIPTION OF IMMEDIATE RECEIVING WATERS (Instructions, Page 82)

a. Name of the immediate receiving waters: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Lake or Pond | <input checked="" type="checkbox"/> Man-Made Channel or Ditch |
| • Surface area (acres): _____ | <input type="checkbox"/> Stream or Creek |
| • Average depth of the entire water body (feet): _____ | <input type="checkbox"/> Freshwater Swamp or Marsh |
| • Average depth of water body within a 500-foot radius of the discharge point (feet): _____ | <input type="checkbox"/> Tidal Stream, Bayou, or Marsh |
| | <input type="checkbox"/> Open Bay |
| | <input type="checkbox"/> Other, specify: _____ |

If **Man-Made Channel or Ditch** or **Stream or Creek** were selected above, provide responses to Items 4.c – 4.g below:

c. For **existing discharges**, check the description below that best characterizes the area **upstream** of the discharge.

For **new discharges**, check the description below that best characterizes the area **downstream** of the discharge.

- ☒ Intermittent (dry for at least one week during most years)
- ☐ Intermittent with Perennial Pools (enduring pools containing habitat to maintain aquatic life uses)
- ☐ Perennial (normally flowing)

Check the source(s) of the information used to characterize the area upstream (existing discharge) or downstream (new discharge):

- ☐ USGS flow records
- ☒ personal observation
- ☐ historical observation by adjacent landowner(s)
- ☐ other, specify: _____

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

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

☐ Yes ☒ No

If **yes**, describe how: _____

f. General observations of the water body during normal dry weather conditions: water is generally clouded with a greenish-gray color; water received from the irrigation district is sometimes turbid.

Date and time of observation: _____

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

☐ Yes ☒ No

If **yes**, describe how: _____

5. GENERAL CHARACTERISTICS OF WATER BODY (Instructions, Page 82)

- a. Is the receiving water upstream of the existing discharge or proposed discharge site influenced by any of the following (check all that apply):
- | | |
|--|--|
| <input checked="" type="checkbox"/> oil field activities | <input type="checkbox"/> urban runoff |
| <input checked="" type="checkbox"/> agricultural runoff | <input type="checkbox"/> septic tanks |
| <input checked="" type="checkbox"/> upstream discharges | <input type="checkbox"/> other, specify: _____ |
- b. Uses of water body observed or evidence of such uses (check all that apply):
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> livestock watering | <input type="checkbox"/> fishing | <input type="checkbox"/> picnic/park activities |
| <input checked="" type="checkbox"/> non-contact recreation | <input type="checkbox"/> industrial water supply | <input type="checkbox"/> other, specify: _____ |
| <input type="checkbox"/> domestic water supply | <input type="checkbox"/> irrigation withdrawal | _____ |
| <input type="checkbox"/> contact recreation | <input type="checkbox"/> navigation | |
- c. Description which best describes the aesthetics of the receiving water and the surrounding area (check only one):
- ☐ **Wilderness:** outstanding natural beauty; usually wooded or un-pastured area: water clarity exceptional
- ☒ **Natural Area:** trees or native vegetation common; some development evident (from fields, pastures, dwellings); water clarity discolored
- ☐ **Common Setting:** not offensive, developed but uncluttered; water may be colored or turbid
- ☐ **Offensive:** stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

WORKSHEET 6.0

INDUSTRIAL WASTE CONTRIBUTION

This worksheet is **required** for all applications for publicly-owned treatment works (POTWs).

For an explanation of the terms used in this worksheet, refer to the General Definitions on pages 4-12 and the Definitions Relating to Pretreatment on pages 13-14 of the Instructions.

1. ALL POTWS (Instructions, Page 87)

- a. Complete the following table with the number of each type of industrial users (IUs) that discharge to the POTW and the daily average flows from each.

Industrial User Information

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

If **no**, skip Item 2 and answer all questions in Item 3 for each significant industrial user and categorical industrial user.

2. POTWS WITH APPROVED PRETREATMENT PROGRAMS OR THOSE REQUIRED TO DEVELOP A PRETREATMENT PROGRAM (Instructions, Pages 87-88)

- a. Have there been any substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ) for approval according to 40 CFR § 403.18?

☐ Yes ☐ No

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

Attachment: _____

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

☐ Yes ☐ No

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

Attachment: [REDACTED]

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

Effluent Parameters Measured Above the MAL

Pollutant	Concentration	MAL	Units	Date

Attachment: [REDACTED]

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

☐ Yes ☐ No

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

3. SIGNIFICANT INDUSTRIAL USER AND CATEGORICAL INDUSTRIAL USER INFORMATION (Instructions, Pages 88-89)

POTWs that **do not** have an approved pretreatment program **are required** to provide the following information for each SIU and CIU:

- a. Mr. or Ms.: N/A First/Last Name: [REDACTED]
Organization Name: [REDACTED] SIC Code: [REDACTED]
Phone number: [REDACTED] Email address: [REDACTED]
Physical Address: [REDACTED] City/State/ZIP Code: [REDACTED]

Attachment: [REDACTED]

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

Attachment: [REDACTED]

- c. Provide a description of the principal products(s) or service(s) performed: [REDACTED]

Attachment Index

<i>Attachment</i>	<i>Title</i>
--------------------------	---------------------

A	Original USGS Topographic Map
B	Site Drawing
C	Flow Diagram
D	Core Data Form
E	Facility Diagram

Attachment A

Original Topographic Map

Property Boundary /
Area Served

1 Mi. Radius

WWTP

FM 1907

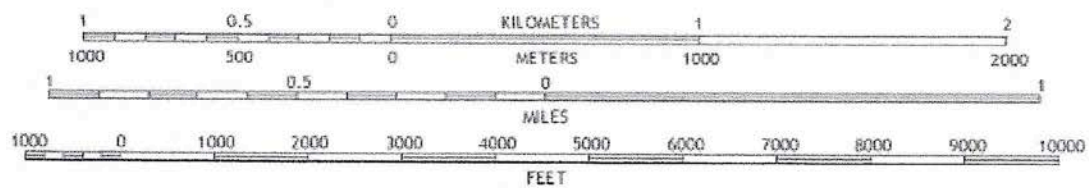
UNITED STATES OF AMERICA
ESTADOS UNIDOS MEXICANOS

Discharge Point

Discharge Route

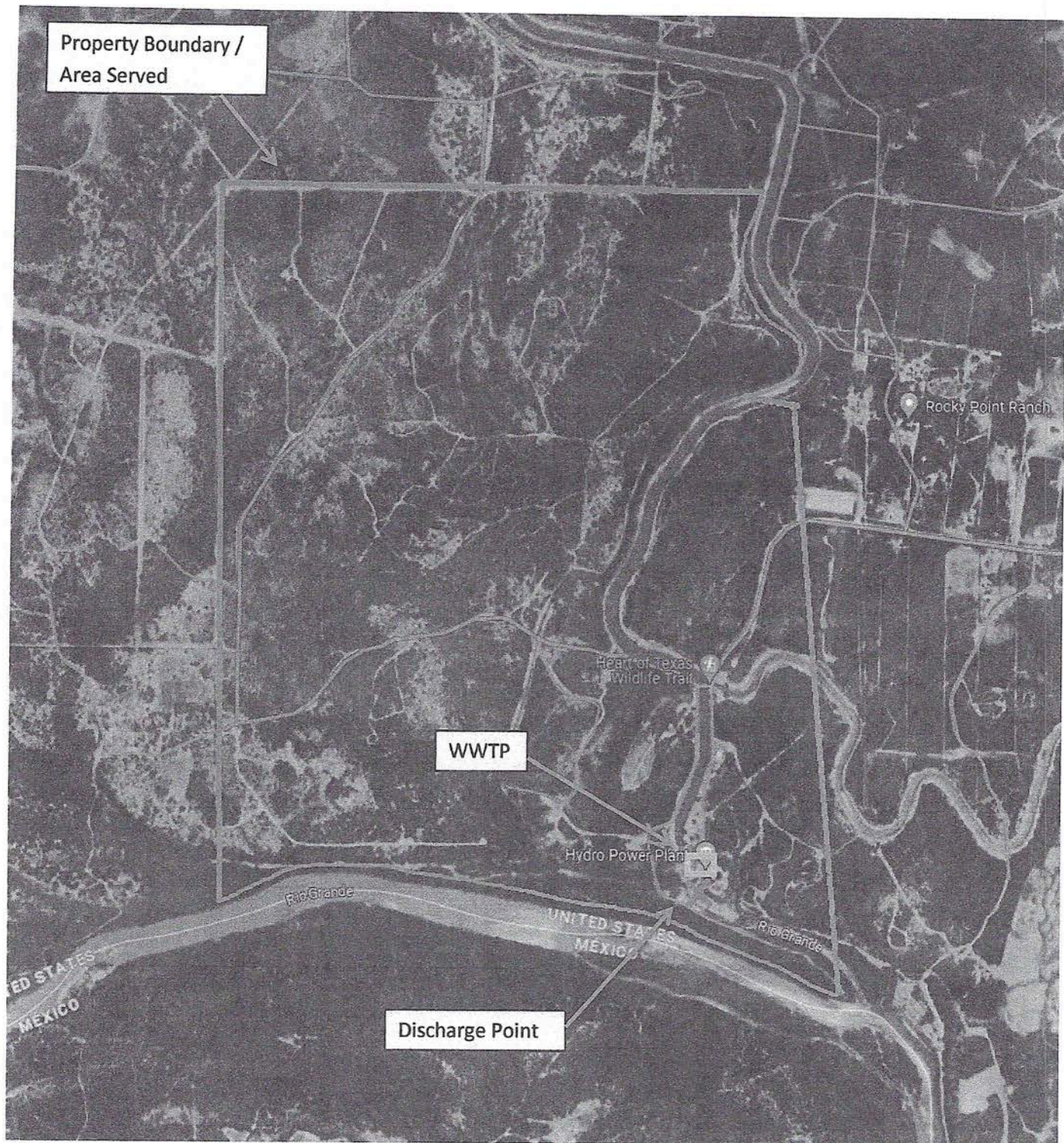
LEHRMAN LN

SCALE 1:24 000



Attachment B

Site Drawing



Maverick County WCID No. 1

WQ0004149000

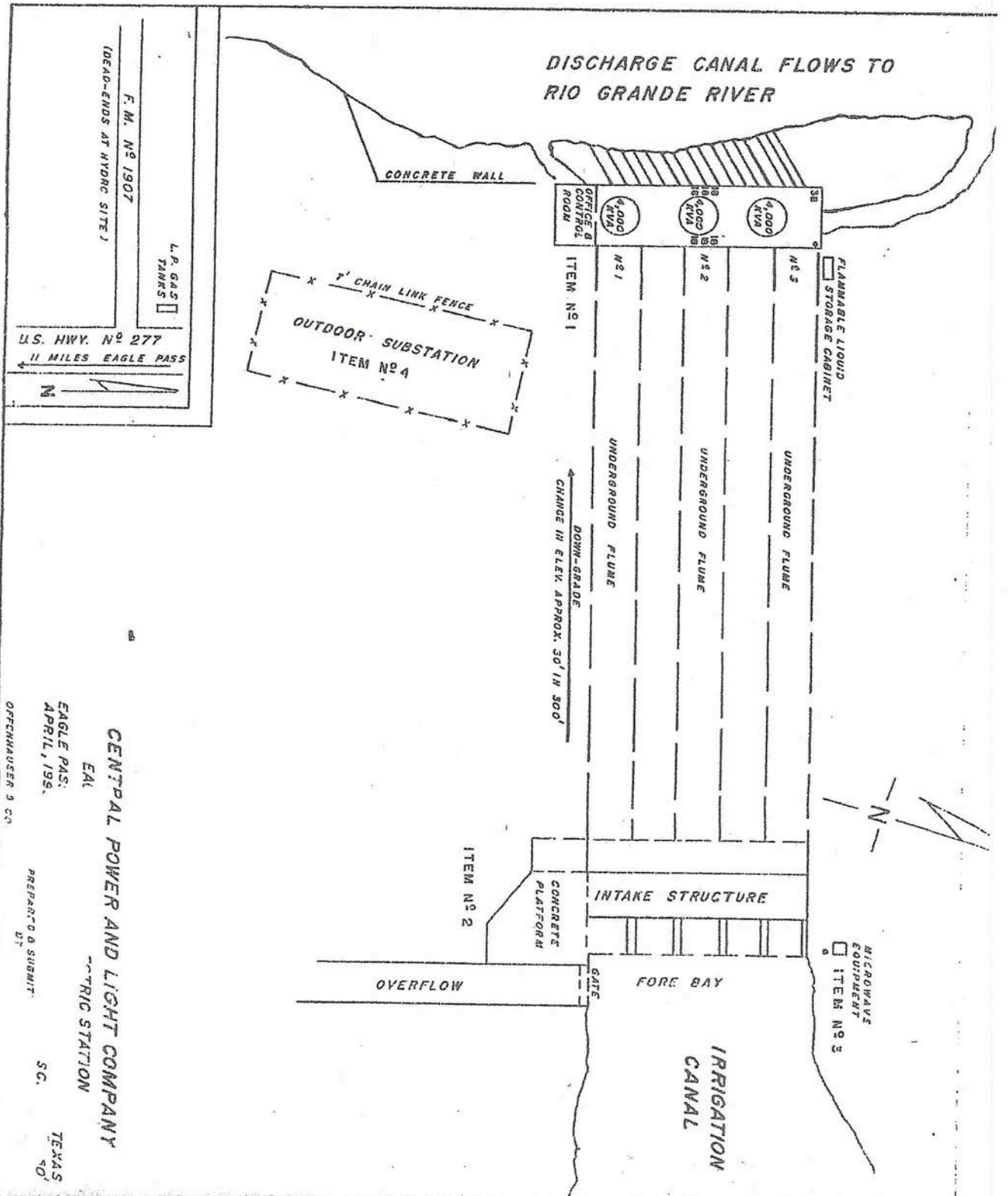
June 2024



Attachment C

Flow Diagram

12-1-1



Attachment D

Core Data Form



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600668438		RN 102096773

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
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:	
Maverick County Water Control and Improvement District No. 1			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits) 74-6000706	10. DUNS Number (if applicable)
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following			
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant			
15. Mailing Address:			
1622 Maverick Industrial Park Road			
City Eagle Pass State TX ZIP 78852 ZIP + 4			
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		maverickcid1@gmail.com	
18. Telephone Number		20. Fax Number (if applicable)	
(830) 773-5129		() -	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Eagle Pass Power Station	
23. Street Address of the Regulated Entity:	264 Power Plant Road

(No PO Boxes)							
	City	Eagle Pass	State	TX	ZIP	78852	ZIP + 4
24. County	Maverick						

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

25. Description to Physical Location:							
26. Nearest City		State		Nearest ZIP Code			
Eagle Pass		TX		78852			
Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).							
27. Latitude (N) In Decimal:		28.829848		28. Longitude (W) In Decimal:		-100.552541	
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				221111			
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
hydroelectric power generation plant							
34. Mailing Address:		1622 Maverick Industrial Road					
		City	Eagle Pass	State	TX	ZIP	78852
						ZIP + 4	
35. E-Mail Address:		maverickcid1@gmail.com					
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
(830) 773-5129				() -			

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

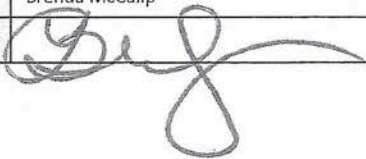
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
WQ0004149000				

SECTION IV: Preparer Information

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

SECTION V: Authorized Signature

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

Company:	Maverick County WCID #1	Job Title:	General Manager
Name (In Print):	Brenda McCalip	Phone:	(830) 773- 5129
Signature:		Date:	07/01/2024

Attachment E

Facility Diagram

Candice Calhoun

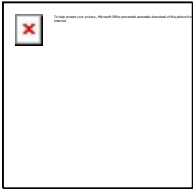
From: Stephanie Landsman <stephanie@landsmanenviro.com>
Sent: Tuesday, August 6, 2024 9:58 AM
To: Candice Calhoun
Subject: Maverick County WCID #1
Attachments: Maverick County Final Attachments.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Here are the attachments that were submitted with the application. I am waiting on an email address for the second permit contact.

--

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



Candice Calhoun

From: Stephanie Landsman <stephanie@landsmanenviro.com>
Sent: Tuesday, August 13, 2024 9:22 AM
To: Candice Calhoun
Subject: Re: Maverick County WCID Renewal. WQ0004149000
Attachments: Maverick County Permit Contact.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Try this!

On Tue, Aug 13, 2024 at 9:10 AM Stephanie Landsman <stephanie@landsmanenviro.com> wrote:
I did that-let me see what I did with it!

On Tue, Aug 13, 2024 at 9:06 AM Candice Calhoun <Candice.Calhoun@tceq.texas.gov> wrote:

Mr. Landsman,

Thank you for providing the Technical Report 1.0.

I am now just waiting on the 2nd permit contact information, in order to declare the application administratively complete.

Thank you,



Candice Calhoun

Texas Commission on Environmental
Quality

Water Quality Division

512-239-4312
candice.calhoun@tceq.texas.gov

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

From: Stephanie Landsman <stephanie@landsmanenviro.com>
Sent: Tuesday, August 13, 2024 9:03 AM
To: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>; BRENDA MCCALIP <maverickcid1@gmail.com>; Thomas Starr <Thomas.Starr@Tceq.Texas.Gov>
Subject: Re: Maverick County WCID Renewal. WQ0004149000

I'm not sure where all my files are going! Here is the technical report that was submitted in July-4 hard copies and 1 electronic! The lab pages were not included because we hadn't received even the first report yet. Please let me know what else I can do today!

On Tue, Aug 13, 2024 at 8:51 AM Candice Calhoun <Candice.Calhoun@tceq.texas.gov> wrote:

Good morning, Ms. Landsman,

This application has not been declared administratively complete, as we are still missing some items. Since this has not been declared administratively complete, the technical team may not have started their review, as their time doesn't officially begin until it finishes the administrative review. We do send a courtesy email informing the teams of which reviews need to be completed by the teams, that way if they want to begin their review early, they can. Mr. Thomas Starr is the individual I sent the application information over to, and he is the individual who had informed me of the missing pages from the worksheets. I will place his contact information below. Also, I have attached the previous email, which states which items are still missing.

Mr. Thomas Starr

512-239-4570

Thomas.starr@tceq.texas.gov

Please let me know if you have any additional questions.

Regards,

Candice Calhoun



Texas Commission on Environmental
Quality

Water Quality Division

512-239-4312

candice.calhoun@tceq.texas.gov

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

From: Stephanie Landsman <stephanie@landsmanenviro.com>

Sent: Tuesday, August 13, 2024 8:07 AM

To: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>

Subject: Maverick County WCID Renewal. WQ0004149000

Would you please tell me who is working on the technical review of this one? We have one set of results but the lab never sent the kits for the other 3 weeks and we are trying to straighten this out today.

I am not in very good shape today but will try to stay in touch as much as possible, been sick since Friday but don't want to lose this application because of the lab's mistake.

Attachment Index

<i>Attachment</i>	<i>Title</i>
--------------------------	---------------------

A	Original USGS Topographic Map
B	Site Drawing
C	Flow Diagram
D	Core Data Form
E	Facility Diagram

Attachment A

Original Topographic Map

Property Boundary /
Area Served

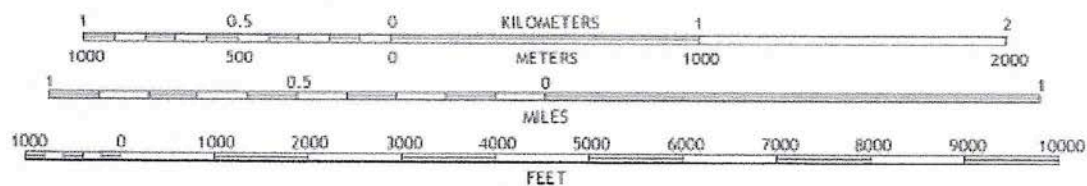
1 Mi. Radius

WWTP

Discharge Point

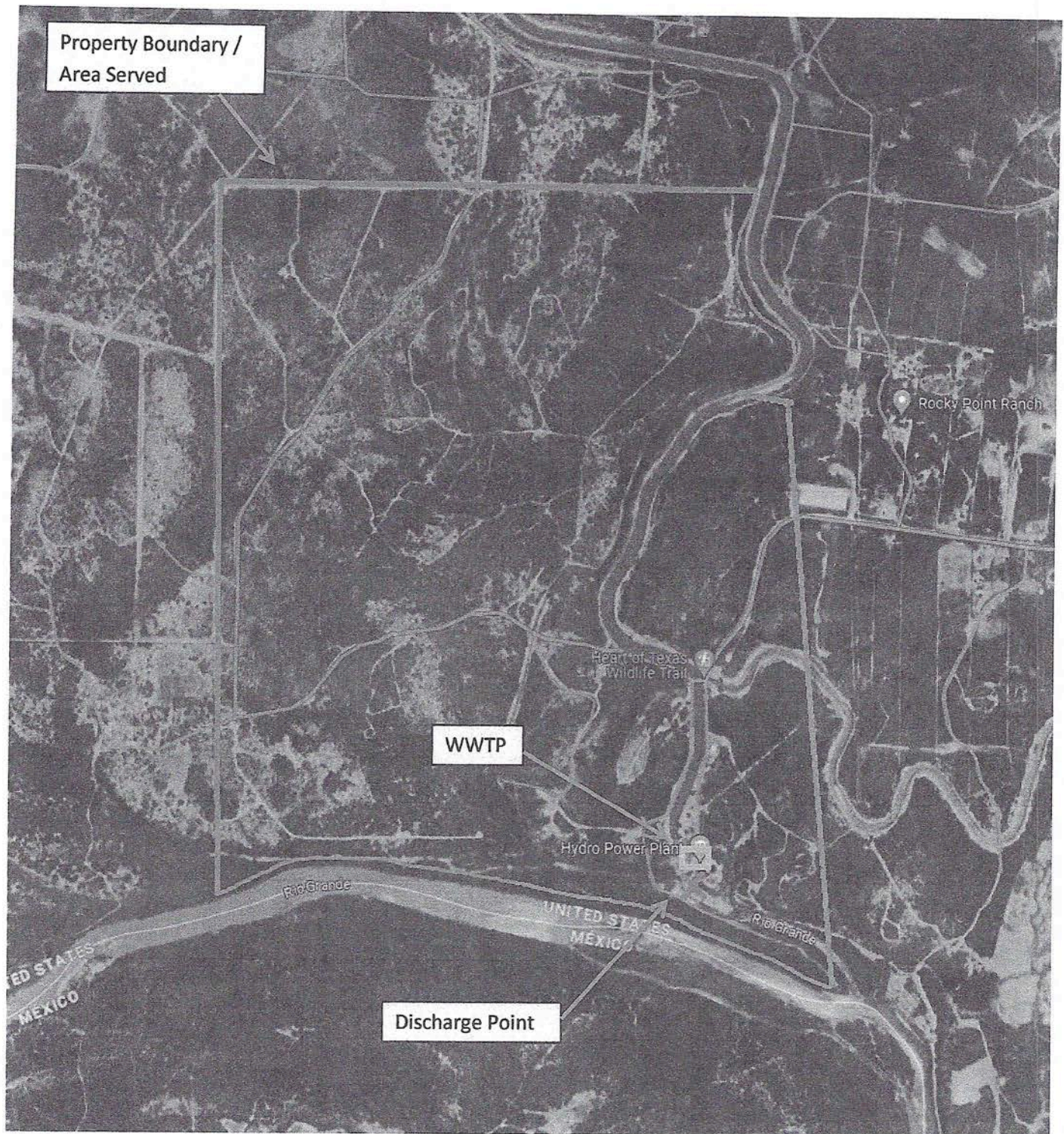
Discharge Route

SCALE 1:24 000



Attachment B

Site Drawing



Maverick County WCID No. 1

WQ0004149000

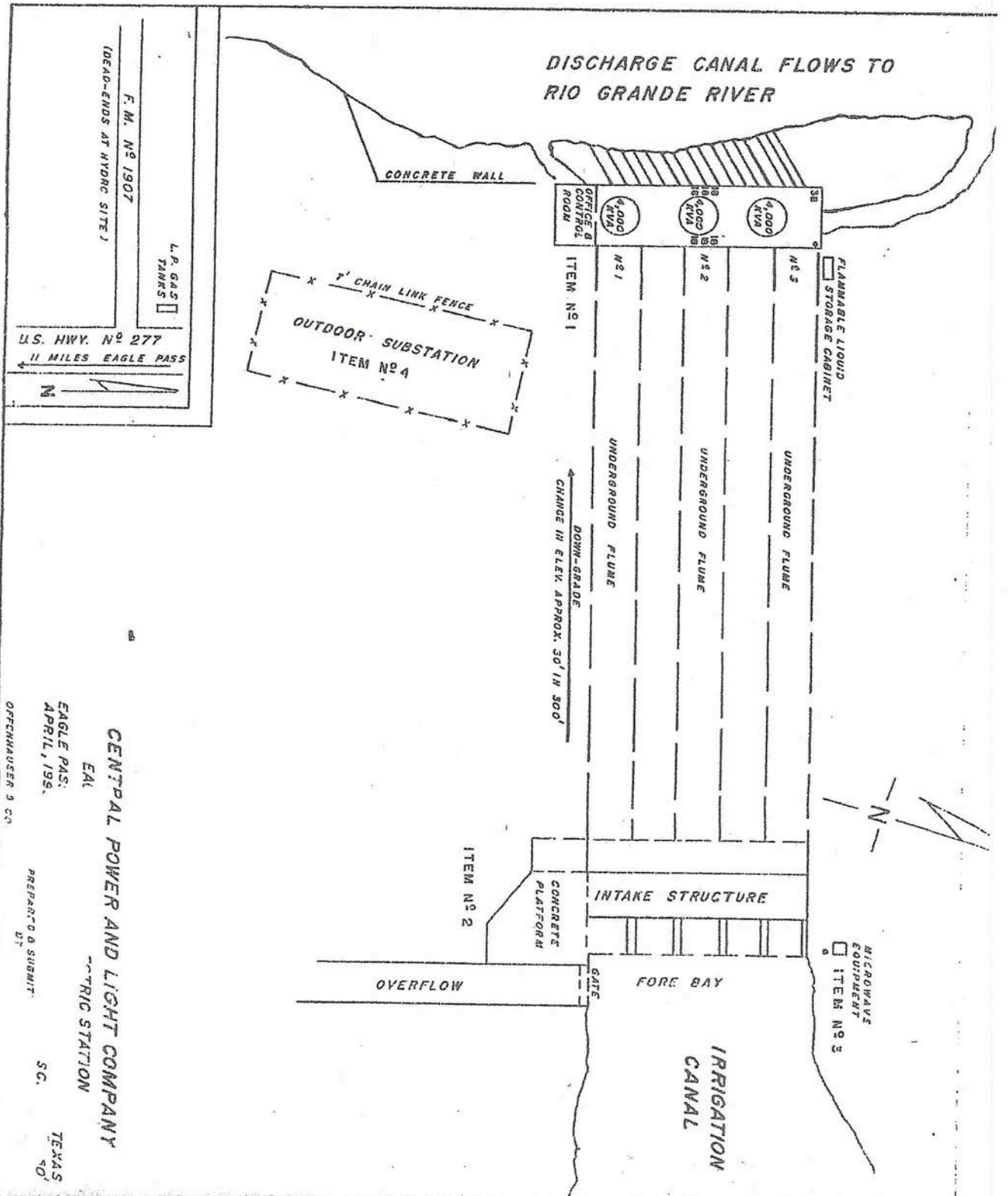
June 2024



Attachment C

Flow Diagram

12-1-10



Attachment D

Core Data Form



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600668438		RN 102096773

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
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:	
Maverick County Water Control and Improvement District No. 1			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits) 74-6000706	10. DUNS Number (if applicable)
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following			
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant			
15. Mailing Address:			
1622 Maverick Industrial Park Road			
City Eagle Pass State TX ZIP 78852 ZIP + 4			
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		maverickcid1@gmail.com	
18. Telephone Number		20. Fax Number (if applicable)	
(830) 773-5129		() -	
19. Extension or Code			

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Eagle Pass Power Station	
23. Street Address of the Regulated Entity:	264 Power Plant Road

(No PO Boxes)							
	City	Eagle Pass	State	TX	ZIP	78852	ZIP + 4
24. County	Maverick						

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

25. Description to Physical Location:							
26. Nearest City		State		Nearest ZIP Code			
Eagle Pass		TX		78852			
Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).							
27. Latitude (N) In Decimal:		28.829848		28. Longitude (W) In Decimal:		-100.552541	
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				221111			
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
hydroelectric power generation plant							
34. Mailing Address:		1622 Maverick Industrial Road					
		City	Eagle Pass	State	TX	ZIP	78852
						ZIP + 4	
35. E-Mail Address:		maverickcid1@gmail.com					
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
(830) 773-5129				() -			

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

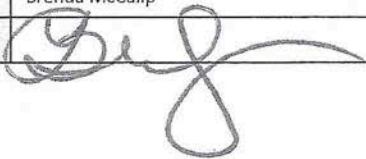
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
WQ0004149000				

SECTION IV: Preparer Information

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

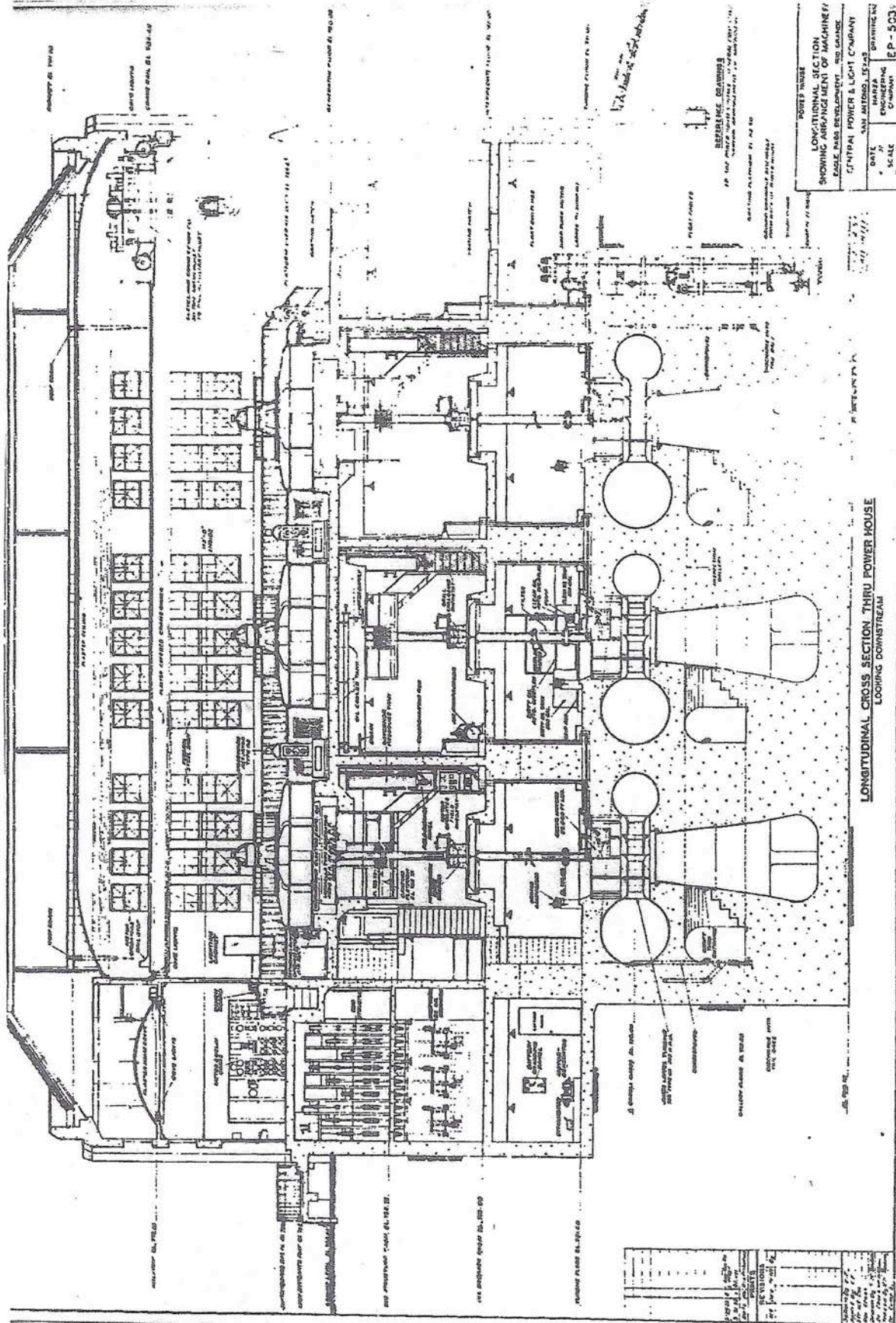
SECTION V: Authorized Signature

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

Company:	Maverick County WCID #1	Job Title:	General Manager
Name (In Print):	Brenda McCalip	Phone:	(830) 773- 5129
Signature:		Date:	07/01/2024

Attachment E

Facility Diagram



LONGITUDINAL CROSS SECTION THRU POWER HOUSE
LOOKING DOWNSTREAM

POWER HOUSE
LONGITUDINAL SECTION
SHOWING ARRANGEMENT OF MACHINERY
EASE PASS DEVELOPMENT - NO CHANGE
CENTRAL POWER & LIGHT COMPANY
SAN ANTONIO, TEXAS
DATE: 10-1-22
SCALE: 1/4" = 1'-0"
DRAWING NO.: EP-503
CHICAGO

REVISIONS
NO. 1
DATE 10-1-22
BY J. H. B. (JHB)
CHECKED BY J. H. B. (JHB)
APPROVED BY J. H. B. (JHB)
DRAWN BY J. H. B. (JHB)
SCALE 1/4" = 1'-0"
SHEET NO. 1 OF 1
PROJECT NO. 100-100-100
SHEET TITLE: LONGITUDINAL CROSS SECTION THRU POWER HOUSE
LOOKING DOWNSTREAM

TECHNICAL REPORT 1.0

INDUSTRIAL

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, refer to the Instructions for Completing the Industrial Wastewater Permit Application¹ available on the TCEQ website.

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.

1. FACILITY/SITE INFORMATION (Instructions, Pages 39-40)

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

Electric power generation

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

The facility contains a drain system to capture leaking water from the turbine shafts and equipment inside the plant. The drain system terminates in a common oil/water separator and sump. Oil is skimmed off the surface of the sump and is disposed of properly. Wastewater from the sump is monitored via internal outfall 101 prior to discharge via external outfall 001. The facility also utilizes non-contact cooling water in three small heat exchangers (turbine oil coolers) to cool hydraulic oil used for bearing lubrication and turbine control. There is no chemical treatment of the non-contact cooling water, and it is commingled with the previously monitored effluent from internal outfall 101 prior to discharge via outfall 001. The facility occasionally discharges intermittent volumes of non-process are storm water from roof rains on the main plant building that are also route to outfall 001 for discharge.

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	Mechanical energy	electricity

Attachment: [REDACTED]

- 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: [REDACTED]

- 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: Flood Hazard Boundary Map- Maverick County

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: [REDACTED]

Attachment: [REDACTED]

5. 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: [REDACTED]

If no, provide an approximate date of application submittal to the USACE: [REDACTED]

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.

Filtration (traveling screens) is accomplished at the plant's intake structure for removal of solid debris for the pass-through water and the make-up water for the turbine oil coolers. Solid debris is removed and handled/removed as a solid waste by the Maverick County Irrigation District. Oil/water separator is used in conjunction with the sump at internal outfall 101 for separation/removal of oil and/or oily debris prior to commingling with non-contact cooling water from the turbine oil coolers and/or intermittent storm water from the roof drains. The commingled waste streams are then ultimately discharged via external outfall 001.

- b. Attach a flow schematic **with a water balance** showing all sources of water and wastewater flow into the facility, wastewater flow into and from each treatment unit, and wastewater flow to each outfall/point of disposal.

Attachment: C

3. IMPOUNDMENTS (Instructions, Pages 40-42)

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:

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

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

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

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

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

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

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

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

Impoundment Information

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

Impoundment Information

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

Attachment:

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**.

i. Liner data

☐ Yes ☐ No ☐ Not yet designed

ii. Leak detection system or groundwater monitoring data

☐ Yes ☐ No ☐ Not yet designed

iii. Groundwater impacts

☐ Yes ☐ No ☐ Not yet designed

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

Attachment: _____

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

c. Attach a USGS map or a color copy of original quality and scale which accurately locates and identifies all known water supply wells and monitor wells within 1/2-mile of the impoundments.

Attachment: _____

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

Attachment: _____

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

Attachment: _____

4. OUTFALL/DISPOSAL METHOD INFORMATION (Instructions, Pages 42-43)

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

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

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

Outfall Latitude and Longitude

Outfall Number	Latitude-decimal degrees	Longitude-decimal degrees
001	28.829167	-100.550833
101	28.829167	-100.550833

Outfall Location Description

Outfall Number	Location Description
001	Discharge-side of sump in plant prior to being routed into discharge canal via pipe
101	Oil/water separator in plant

Description of Sampling Points (if different from Outfall location)

Outfall Number	Description of Sampling Point
	saa

Outfall Flow Information – Permitted and Proposed

Outfall Number	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	Report	0.116	N/A	N/A	N/A
101	Report	0.0288	N/A	N/A	N/A

Outfall Discharge – Method and Measurement

Outfall Number	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	N	Y	Estimated
101	Y	N	Estimated

Outfall Discharge – Flow Characteristics

Outfall Number	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
001	N	Y	N	24	31	12

Wastestream Contributions

Outfall No.: 001

Contributing Wastestreams	Volume (MGD)	% of Total Flow
Turbine leakage collected from floor drain and routed to oil/water separator	0.0457	41-61%
Non-contact cooling water from turbine oil coolers	0.029	25-38%
Intermittent non-process area storm water from roof drains on main plant building	0-0.04	0-34%

Outfall No.:

Contributing Wastestreams	Volume (MGD)	% of Total Flow

Outfall No.:

Contributing Wastestreams	Volume (MGD)	% of Total Flow

Attachment: [REDACTED]

5. BLOWDOWN AND ONCE-THROUGH COOLING WATER DISCHARGES (Instructions, Page 44)

- a. Does the facility use/propose to use any cooling towers which discharge blowdown or other wastestreams to the outfall(s)?

☐ Yes ☒ No

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

- b. Does the facility use or plan to use any boilers that discharge blowdown or other wastestreams to the outfall(s)?

☐ Yes ☒ No

- c. Does or will the facility discharge once-through cooling water to the outfall(s)?

☐ Yes ☒ No

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

- d. If yes to Items 5.a, 5.b, or 5.c, attach the 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.

Attach a summary of this information in addition to the submittal of the SDS for each specific wastestream and the associated chemical additives and specify which outfalls are affected.

Attachment: _____

- e. Cooling Towers and Boilers

If yes to either Item 5.a or 5.b, complete the following table.

Cooling Towers and Boilers

Type of Unit	Number of Units	Dly Avg Blowdown (gallons/day)	Dly Max Blowdown (gallons/day)
Cooling Towers	0	0	0
Boilers	0	0	0

6. STORMWATER MANAGEMENT (Instructions, Page 44)

Are there any existing/proposed outfalls which 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 some manner which may result in exposure of the activities or materials to stormwater: _____

7. DOMESTIC SEWAGE, SEWAGE SLUDGE, AND SEPTAGE MANAGEMENT AND DISPOSAL (Instructions, Page 45)

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.
Siesta Septic Service	24054

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: _____

9. TOXICITY TESTING (Instructions, Page 45)

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

☐ Yes ☒ No

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

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

Attachment: [REDACTED]

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: [REDACTED]

- 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: [REDACTED]

- 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.

11. RADIOACTIVE MATERIALS (Instructions, Pages 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	Concentration (pCi/L)

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

☐ Yes ☐ No

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

Radioactive Materials Present in the Discharge

Radioactive Material	Concentration (pCi/L)

12. COOLING WATER (Instructions, Pages 46-47)

- 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

- i. 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				

- ii. 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. _____

- iii. 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: _____

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

☐ Yes ☐ No

If **yes**, provide the actual intake flow of the Independent Supplier's CWIS that is/will be used to provide water for cooling purposes to the facility and proceed: _____

If **no**, proceed to Item 12.d.

d. 316(b) General Criteria

i. 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

ii. 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

iii. 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: _____

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.o, Items 1(a), 1(b)(i-iii) and (vi), 2(b)(i), and 3(a) to allow for a determination based upon BPJ.

f. Oil and Gas Exploration and Production

i. 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.

ii. 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.o, Items 1(a), 1(b)(i-iii) and (vi), 2(b)(i), and 3(a) to allow for a determination based upon BPJ. If **no**, skip to Item 12.g.iii.

g. Compliance Phase and Track Selection

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

☐ Yes ☐ No

If **yes**, check the box next to the facility's 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:

ii. 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.

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

☐ Yes ☐ No

If **yes**, check the box next to the facility's 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 the CWIS latitude and 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:

NOTE: Item 13 is required only for existing permitted facilities.

13. PERMIT CHANGE REQUESTS (Instructions, Pages 49-50)

- 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.

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

☐ Yes ☒ No

If **yes**, list and discuss the requested changes.

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

☐ Yes ☒ No

If **yes**, list and discuss the requested changes.

WORKSHEET 2.0

POLLUTANT ANALYSES REQUIREMENTS

Worksheet 2.0 is **required** for all applications submitted for a TPDES permit. Worksheet 2.0 is not required for applications for a permit to dispose of all wastewater by land disposal or for discharges solely of stormwater associated with industrial activities.

1. LABORATORY ACCREDITATION (Instructions, Page 56)

Effective July 1, 2008, all laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification* with the following general exemptions:

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

Review *30 TAC Chapter 25* for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 34, for a list of approved signatories.

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

(Signature)

2. GENERAL TESTING REQUIREMENTS (Instructions, Pages 56-58)

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

3. SPECIFIC TESTING REQUIREMENTS (Instructions, Pages 58-69)

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

TABLE 1 and TABLE 2 (Instructions, Page 58)

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

WORKSHEET 4.0 RECEIVING WATERS

This worksheet is **required** for all TPDES permit applications.

1. DOMESTIC DRINKING WATER SUPPLY (Instructions, Page 81)

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

☐ Yes ☒ No

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

i. The legal name of the owner of the drinking water supply intake: _____

v. The distance and direction from the outfall to the drinking water supply intake: _____

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

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

2. DISCHARGE INTO TIDALLY INFLUENCED WATERS (Instructions, Page 81)

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

a. Width of the receiving water at the outfall: _____ feet

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

3. CLASSIFIED SEGMENT (Instructions, Page 81)

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

☐ Yes ☒ No

If **yes**, stop here. It is not necessary to complete Items 4 and 5 of this worksheet or Worksheet 4.1.

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

4. DESCRIPTION OF IMMEDIATE RECEIVING WATERS (Instructions, Page 82)

a. Name of the immediate receiving waters: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Lake or Pond | <input checked="" type="checkbox"/> Man-Made Channel or Ditch |
| • Surface area (acres): _____ | <input type="checkbox"/> Stream or Creek |
| • Average depth of the entire water body (feet): _____ | <input type="checkbox"/> Freshwater Swamp or Marsh |
| • Average depth of water body within a 500-foot radius of the discharge point (feet): _____ | <input type="checkbox"/> Tidal Stream, Bayou, or Marsh |
| | <input type="checkbox"/> Open Bay |
| | <input type="checkbox"/> Other, specify: _____ |

If **Man-Made Channel or Ditch** or **Stream or Creek** were selected above, provide responses to Items 4.c – 4.g below:

c. For **existing discharges**, check the description below that best characterizes the area **upstream** of the discharge.

For **new discharges**, check the description below that best characterizes the area **downstream** of the discharge.

- ☒ Intermittent (dry for at least one week during most years)
- ☐ Intermittent with Perennial Pools (enduring pools containing habitat to maintain aquatic life uses)
- ☐ Perennial (normally flowing)

Check the source(s) of the information used to characterize the area upstream (existing discharge) or downstream (new discharge):

- ☐ USGS flow records
- ☒ personal observation
- ☐ historical observation by adjacent landowner(s)
- ☐ other, specify: _____

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

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

☐ Yes ☒ No

If **yes**, describe how: _____

f. General observations of the water body during normal dry weather conditions: water is generally clouded with a greenish-gray color; water received from the irrigation district is sometimes turbid.

Date and time of observation: _____

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

☐ Yes ☒ No

If **yes**, describe how: _____

5. GENERAL CHARACTERISTICS OF WATER BODY (Instructions, Page 82)

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> oil field activities | <input type="checkbox"/> urban runoff |
| <input checked="" type="checkbox"/> agricultural runoff | <input type="checkbox"/> septic tanks |
| <input checked="" type="checkbox"/> upstream discharges | <input type="checkbox"/> other, specify: _____ |

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

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

c. Description which best describes the aesthetics of the receiving water and the surrounding area (check only one):

- ☐ **Wilderness:** outstanding natural beauty; usually wooded or un-pastured area: water clarity exceptional
- ☒ **Natural Area:** trees or native vegetation common; some development evident (from fields, pastures, dwellings); water clarity discolored
- ☐ **Common Setting:** not offensive, developed but uncluttered; water may be colored or turbid
- ☐ **Offensive:** stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

WORKSHEET 6.0

INDUSTRIAL WASTE CONTRIBUTION

This worksheet is **required** for all applications for publicly-owned treatment works (POTWs).

For an explanation of the terms used in this worksheet, refer to the General Definitions on pages 4-12 and the Definitions Relating to Pretreatment on pages 13-14 of the Instructions.

1. ALL POTWS (Instructions, Page 87)

- a. Complete the following table with the number of each type of industrial users (IUs) that discharge to the POTW and the daily average flows from each.

Industrial User Information

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

If **no**, skip Item 2 and answer all questions in Item 3 for each significant industrial user and categorical industrial user.

2. POTWS WITH APPROVED PRETREATMENT PROGRAMS OR THOSE REQUIRED TO DEVELOP A PRETREATMENT PROGRAM (Instructions, Pages 87-88)

- a. Have there been any substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ) for approval according to 40 CFR § 403.18?

☐ Yes ☐ No

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

Attachment: _____

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

☐ Yes ☐ No

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

Attachment: [REDACTED]

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

Effluent Parameters Measured Above the MAL

Pollutant	Concentration	MAL	Units	Date

Attachment: [REDACTED]

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

☐ Yes ☐ No

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

3. SIGNIFICANT INDUSTRIAL USER AND CATEGORICAL INDUSTRIAL USER INFORMATION (Instructions, Pages 88-89)

POTWs that **do not** have an approved pretreatment program **are required** to provide the following information for each SIU and CIU:

- a. Mr. or Ms.: N/A First/Last Name: [REDACTED]
Organization Name: [REDACTED] SIC Code: [REDACTED]
Phone number: [REDACTED] Email address: [REDACTED]
Physical Address: [REDACTED] City/State/ZIP Code: [REDACTED]

Attachment: [REDACTED]

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

Attachment: [REDACTED]

- c. Provide a description of the principal products(s) or service(s) performed: [REDACTED]

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 26)

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

Item 5. Application Contact Information (Instructions, Page 26)

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
☐ Mr. ☒ Ms. Full Name (First and Last): Stephanie Landsman
Title: Click to enter text. Credential: Click to enter text.
Organization Name: Landsman Environmental LLC
Mailing Address: 9597 Jones Road #962
City: Jersey Village State: TX Zip Code: 77065
Phone No: 281-658-5899 Fax No: Click to enter text. Email: stephanie@landsmanenviro.com
- b. ☐ Administrative Contact . ☒ Technical Contact
☐ Mr. ☒ Ms. Full Name (First and Last): Brenda McCalip
Title: General Manager Credential: Click to enter text.
Organization Name: Maverick County Water Control and Improvement District No.1
Mailing Address: 1622 Maverick Industrial Park Road
City: Eagle Pass State: TX Zip Code: 78852
Phone No: 830-773-5129 Fax No: Click to enter text. Email: maverickcid1@gmail.com
Attachment: Click to enter text.

Item 6. Permit Contact Information (Instructions, Pages 26)

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

- a. ☐ Mr. ☒ Ms. Full Name (First and Last): Brenda McCalip
Title: General Manager Credential: Click to enter text.
Organization Name: Maverick County Water Control and Improvement District No.1
Mailing Address: 1622 Maverick Industrial Park Road
City: Eagle Pass State: TX Zip Code: 78852
Phone No: 830-773-5129 Fax No: Click to enter text. Email: maverickcid1@gmail.com
- b. ☒ Mr. ☐ Ms. Full Name (First and Last): Joe Martinez
Title: Power Plant Supervisor Credential: Click to enter text.
Organization Name: Maverick County WCID#1
Mailing Address: 1622 Maverick Industrial Park Road
City: Eagle Pass State: TX Zip Code: 78852

Phone No: 830-776-1877

Fax No: Click to enter text.

Email: joehydroplant@gmail.com

Attachment: Click to enter text.