Administrative Package Cover Page

This file contains the following documents:

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

Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

1. Resumen en lenguaje sencillo (PLS, por sus siglas en inglés) de la actividad propuesta
   - Inglés
   - Idioma alternativo (español)
2. Primer aviso (NORI, por sus siglas en inglés)
   - Inglés
   - Idioma alternativo (español)
3. Solicitud original

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS
Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER
The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

Military Highway Water Supply Corporation (CN600666390) operates the Joines Road RO Water Treatment Facility (RN104967294), an industrial wastewater treatment facility. The facility is located at 23494 Joines Road, in San Benito, Cameron County, Texas 78526. Request for renewal of permit authorizing the discharge of 1.44 MGD of treated RO water.

Discharges from the facility are expected to contain total dissolved solids, sulfate and chlorides.. Industrial wastewater is treated by microfiltration and revere osmosis water treatment units to treat brackish groundwater containing high TDS, iron and manganese concentrations.

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

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

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

Military Highway Water Supply Corporation (CN600666390) opera la Instalación de Tratamiento de Agua de Joines Road RO (RN104967294), una instalación de tratamiento de aguas residuales industriales. La instalación está ubicada en 23494 Joines Road, en San Benito, Condado de Cameron, Texas 78526. Solicitud de renovación de permiso que autoriza la descarga de 1.44 MGD de agua RO tratada.

Se espera que las descargas de la instalación contengan sólidos disueltos totales, sulfatos y cloruros. Las aguas residuales industriales se tratan mediante microfiltración y unidades de tratamiento de agua por ósmosis para tratar aguas subterráneas salobres que contienen altas concentraciones de TDS, hierro y manganeso.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0004792000

APPLICATION. Military Highway Water Supply Corporation, P.O. Box 250, Progreso, Texas 78579, which owns a reverse osmosis water treatment plant, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0004792000 (EPA I.D. No. TX0128724) to authorize the discharge of water treatment wastes at a volume not to exceed a daily average flow of 1,440,000 gallons per day. The facility is located at 23494 Joines Road, in the city of San Benito, in Cameron County, Texas 78586. The discharge route is from the plant site to San Benito Cameron County Drainage District No. 3 Main Ditch "A"; thence to Arroyo Colorado Tidal. TCEQ received this application on February 24, 2025. The permit application will be available for viewing and copying at San Benito Library, 101 West Rose Street, San Benito, in Cameron County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: 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=-97.646388,26.076388&level=18

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

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

PUBLIC COMMENT / PUBLIC MEETING. You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a public meeting if the Executive Director determines that there is a significant degree of public

interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

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

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

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

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

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 Military Highway Water Supply Corporation at the address stated above or by calling Mrs. Consuelo De La Rosa, General Manager, at 956-565-2491.

Issuance Date: March 24, 2025

Comisión de Calidad Ambiental del Estado de Texas

AVISO DE RECIBO DE LA SOLICITUD Y
EL INTENTO DE OBTENER PERMISO PARA LA CALIDAD DEL AGUA
RENOVACION

PERMISO NO. WQ0004792000

SOLICITUD. Military Highway Water Supply Corporation, P.O. Box 250, Progreso, Texas 78579, que posee una planta de tratamiento de agua por ósmosis inversa, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0004792000 (EPA I.D. No. TX0128724) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de residuos de tratamiento de aguas en un volumen que no sobrepasa un flujo promedio diario de 1,440,000 galones por día. La instalación está ubicada en 23494 Joines Road, en la ciudad de San Benito, en el Condado de Cameron, Texas 78586. La ruta de descarga es desde del sitio de la planta a Zanja Principal "A" del Distrito de Drenaje No. 3 de San Benito Condado de Cameron; de allí a Arroyo Colorado Tidal. La TCEQ recibió esta solicitud el 24 de febrero de 2025. La solicitud del permiso está disponible para leerla y copiarla en la Biblioteca de San Benito, 101 West Rose Street, San Benito, en el Condado de Cameron, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud, incluidas las actualizaciones y los avisos asociados, están disponibles electrónicamente en la siguiente página web: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.646388,26.076388&level=18

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito

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

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

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

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

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la

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

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

También se puede obtener información adicional de Military Highway Water Supply Corporation a la dirección indicada arriba o llamando a la Sra. Consuelo De La Rosa, Gerente General, al 956-565-2491.

Fecha de emisión: 24 de marzo de 2025

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: Military Highway Water Supply Corporation

PERMIT NUMBER (If new, leave blank): WQ00 04792000

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

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

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

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

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

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

Applicant Name: Military Highway Water Supply Corporation

Permit No.: WQ0004792000

EPA ID No.: TX0128724

Expiration Date: August 20, 2025

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

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

☒ Active ☐ Inactive

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

☒ TPDES Permit ☐ TLAP ☐ TPDES with TLAP component

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

☐ New

☐ Renewal with changes ☒ Renewal without changes

☐ Major amendment with renewal ☐ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

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

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

Permit Number _____

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

g. Application Fee

EPA Classification	New	Major Amend. (with or without renewal)	Renewal (with or without changes)	Minor Amend. / Minor Mod. (without renewal)
Minor facility not subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	☐ $350	☐ $350	☒ $315	☐ $150
Minor facility subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	☐ $1,250	☐ $1,250	☐ $1,215	☐ $150
Major facility	N/A [2]	☐ $2,050	☐ $2,015	☐ $450

h. Payment Information

Mailed

Check or money order No.: 058333

Check or money order amt.: $315.00

Named printed on check or money order: Military Highway Water Supply Corporation

Epay

Voucher number: Click to enter text.

Copy of voucher attachment: Click to enter text.

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: CN600666390

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

b. Legal name of the entity (applicant) applying for this permit: Military Highway Water Supply Corporation

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

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

Prefix: Mrs. Full Name (Last/First Name): De La Rosa, Consuelo

Title: General Manager Credential: Click to enter text.

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

Yes

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

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

☒ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

☐ Yes ☐ No

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

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

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

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

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

a. ☒ Administrative Contact . ☐ Technical Contact

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

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

Organization Name: Landsman Environmental LLC

Mailing Address: 9597 Jones Road #962 City/State/Zip: Jersey Village, TX 77065

Phone No: 281-658-5899 Email: stephanie@landsmanenviro.com

b. ☐ Administrative Contact ☒ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Ruiz, Albert

Title: Senior Operator Credential: Click to enter text.

Organization Name: Military Highway Water Supply Corporation

Mailing Address: P.O. Box 250 City/State/Zip: Progreso, TX 78579

Phone No: 956-565-2491 Email: mhwsc@aol.com

Attachment: Click to enter text.

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

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

a. Prefix: Mrs. Full Name (Last/First Name): De La Rosa, Consuelo

Title: General Manager Credential: Click to enter text.

Organization Name: Military Highway Water Supply Corporation

Mailing Address: P.O. Box 250 City/State/Zip: Progreso, TX 78579

Phone No: 956-565-2491 Email: mhwsc@aol.com

b. Prefix: Mr. Full Name (Last/First Name): Ruiz, Albert

Title: Senior Operator Credential: Click to enter text.

Organization Name: Military Highway Water Supply Corporation

Mailing Address: P.O. Box 250 City/State/Zip: Progreso, TX 78579

Phone No: 956-565-2491 Email: mhwsc@aol.com

Attachment: Click to enter text.

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

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

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

Prefix: Mr. Full Name (Last/First Name): Castro, Ruben Jr.

Title: Business Manager Credential: Click to enter text.

Organization Name: Military Highway Water Supply Corporation

Mailing Address: P.O. Box 250 City/State/Zip: Progreso, TX 78579

Phone No: 956-565-2491 Email: mhwsc@aol.com

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

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

Prefix: Mr. Full Name (Last/First Name): Ruiz, Albert

Title: Senior Operator Credential: Click to enter text.

Organization Name: Military Highway Water Supply Corporation

P.O. Box 250 City/State/Zip: Progreso, TX 78579

Phone No: 956-565-2491 Email: mhwsc@aol.com

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mrs. Full Name (Last/First Name): De La Rosa, Consuelo

Title: General Manager Credential: Click to enter text.

Organization Name: Military Highway Water Supply Corporation

Mailing Address: P.O. Box 250 City/State/Zip: Progreso, TX 78579

Phone No: 956-565-2491 Email: mhwsc@aol.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: mhwsc@aol.com

☐ Fax: Click to enter text.

☐ Regular Mail (USPS)

Mailing Address: Click to enter text.

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

c. Contact in the Notice

Prefix: Mrs. Full Name (Last/First Name): De La Rosa, Consuelo

Title: General Manager Credential: Click to enter text.

Organization Name: Military Highway Water Supply Corporation

Phone No: 956-565-2491 Email: Click to enter text.

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: San Benito Public Library Location within the building: Click to enter text.

Physical Address of Building: 101 W. Rose St.

City: San Benito County: Cameron

e. Bilingual Notice Requirements

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

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

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

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

☒ Yes ☐ No

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

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

   ☒ Yes ☐ No

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No ☐ N/A

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

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

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

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

a. TCEQ issued Regulated Entity Number (RN), if available: RN104967294

   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): Joines Road RO Water Treatment Plant

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

   ☒ Yes ☐ No ☐ N/A (new permit)

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

d. Owner of treatment facility:

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

   or Organization Name: Military Highway Water Supply Corporation

   Mailing Address: P.O. Box 250 City/State/Zip: Progreso, TX 78579

   Phone No: 956-565-2491 Email: mhwsc@aol.com

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

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

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

or Organization Name: Military Highway Water Supply Corporation

Mailing Address: P.O. Box 250 City/State/Zip: Progreso, TX 78579

Phone No: 956-565-2491 Email: mhwsc@aol.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): N/A

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

or Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

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

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

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

or Organization Name: N/A

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

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

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

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

☐ Yes ☒ No

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

☒ One-mile radius

☒ Applicant's property boundaries

☒ Labeled point(s) of discharge

☐ Effluent disposal site boundaries

☐ Sewage sludge disposal site

☒ Three-miles downstream information

☒ Treatment facility boundaries

☒ Highlighted discharge route(s)

☐ All wastewater ponds

☐ New and future construction

Attachment: A

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): San Benito

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

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

☒ Yes ☐ No

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

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

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

☐ Yes No or New Permit ☐ Click to enter text.

If no, or a new application, provide an accurate location description: Click to enter text.

j. City nearest the disposal site: Click to enter text.

k. County in which the disposal site is located: Click to enter text.

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

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

Item 12. Miscellaneous Information (Instructions, Page 33)

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

☐ Yes ☒ No

If yes, list each person: Click to enter text.

b. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account no.: Click to enter text.

Total amount due: Click to enter text.

c. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Enforcement order no.: Click to enter text.

Amount due: Click to enter text.

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ0004792000

Applicant Name: Military Highway Water Supply Corporation

Certification: I, Consuelo De La Rosa, 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): Consuelo De La Rosa

Signatory title: General Manager

Signature: Consuelo DLR Date: 2/14/2025
(Use blue ink)

Subscribed and Sworn to before me by the said Consuelo De La Rosa

on this 14th day of February, 20 25.

My commission expires on the 26th day of March, 20 28.

Notary Public

Hidalgo
County, Texas

NOTARY PUBLIC STATE OF TEXAS
JAVIER ADAME
ID# 134825359
Notary Public
STATE OF TEXAS
My Comm. Exp. 03-26-2028
[SEAL]

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

This form applies to TPDES permit applications only. Complete and attach the Supplemental Permit information Form (SPIF) (TCEQ Form 20971).

Attachment: F

Attachment Index

Attachment	*Title*
A	Original USGS Topographic Map
B	Site Drawing
C	Flow Diagram
D	Core Data Form
E	PLS
F	SPIF
G	Facility Map

Military Highway Water Supply Corporation

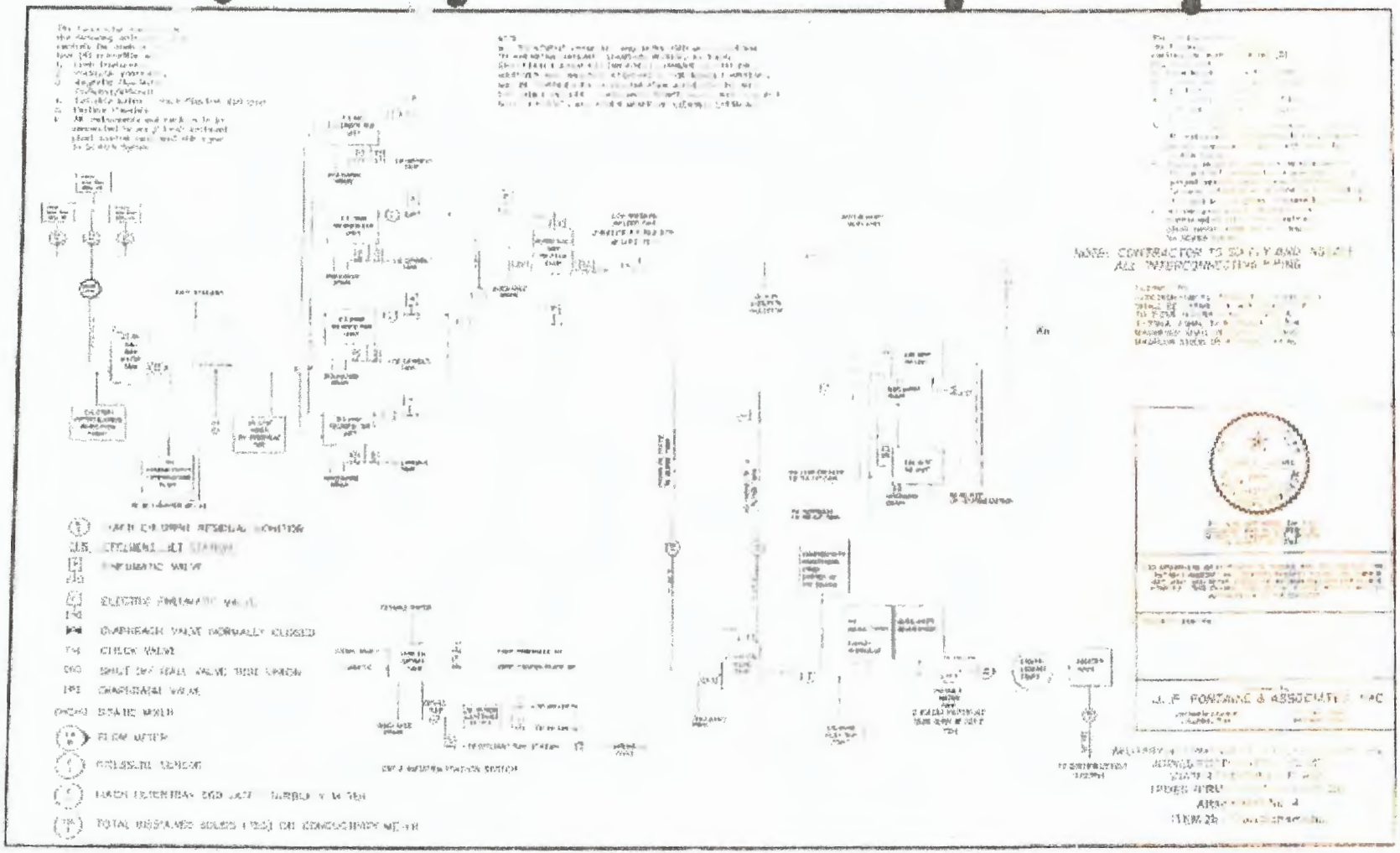
WQ0004792000

December 2024

LANDSMAN ENVIRONMENTAL LLC

Attachment C

Flow Diagram


NOTE: CONTRACTOR TO SUPPLY AND INSTALL
ALL INTERCONNECTING PIPING
DIAPHRAGM VALVE NORMALLY CLOSED
CHECK VALVE
STATIC MIXER
FLOW METER
J.F. FONTAINE & ASSOCIATES INC

Attachment D

Core Data Form

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission *(If other is checked please describe in space provided.)* ☐ New Permit, Registration or Authorization *(Core Data Form should be submitted with the program application.)*		
☒ Renewal *(Core Data Form should be submitted with the renewal form)*		☐ Other
2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	**3. Regulated Entity Reference Number** *(if issued)*
CN 600666390		RN 104967294

SECTION II: Customer Information

4. General Customer Information	**5. Effective Date for Customer Information Updates** (mm/dd/yyyy)		
☐ New Customer ☐ Update to Customer Information ☐ Change in Regulated Entity Ownership ☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).			
6. Customer Legal Name *(If an individual, print last name first: eg: Doe, John)*		*If new Customer, enter previous Customer below:*	
Military Highway Water Supply Corporation			
7. TX SOS/CPA Filing Number 290937-1	**8. TX State Tax ID** (11 digits) 17-17866626	**9. Federal Tax ID** (9 digits)	**10. DUNS Number** *(if applicable)*
11. Type of Customer:	☒ Corporation	☐ Individual	Partnership: ☐ General ☐ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other		☐ Sole Proprietorship	☐ Other:
12. Number of Employees ☐ 0-20 ☒ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher		**13. Independently Owned and Operated?** ☒ Yes ☐ No	
14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*			
☐ Owner ☐ Operator ☒ Owner & Operator ☐ Other: ☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant			

15. Mailing Address:	P.O.Box 250						
	City	Progreso	**State**	TX	**ZIP**	78579	**ZIP + 4**

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

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(956) 565-2491		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

Joines Road Water Treatment Plant

23. Street Address of the Regulated Entity:	23494 Joines Road							
(No PO Boxes)	**City**	San Benito	**State**	TX	**ZIP**	78586	**ZIP + 4**	
24. County	Cameron							

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

25. Description to Physical Location:					
26. Nearest City			**State**	**Nearest ZIP Code**	
San Benito			TX	78586	

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:	26.076389		**28. Longitude (W) In Decimal:**	-97.646389	
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)
4941		22131	

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

Water Treatment Provider

34. Mailing Address:	P.O. Box 250							
	City	Progreso	**State**	TX	**ZIP**	78579	**ZIP + 4**	
35. E-Mail Address:	mhwsc@aol.com							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(956) 565-2491		( ) -

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

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0004792000			

SECTION IV: Preparer Information

40. Name:	Stephanie Landsman	**41. Title:**	Wastewater Specialist

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(281) 658-5899		( ) -	stephanie@landsmanenviro.com

SECTION V: Authorized Signature

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

Company:	Military Highway Water Supply Corporation	**Job Title:**	General Manager
Name *(In Print):*	Consuelo De La Rosa	**Phone:**	(956) 565- **2491**
Signature:	Consuelo DeLa	**Date:**	2/14/2025

Attachment E

PLS

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS
Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER
The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

Military Highway Water Supply Corporation (CN600666390) operates the Joines Road RO Water Treatment Facility (RN104967294), an industrial wastewater treatment facility. The facility is located at 23494 Joines Road, in San Benito, Cameron County, Texas 78526. Request for renewal of permit authorizing the discharge of 1.44 MGD of treated RO water.

Discharges from the facility are expected to contain total dissolved solids, sulfate and chlorides.. Industrial wastewater is treated by microfiltration and revere osmosis water treatment units to treat brackish groundwater containing high TDS, iron and manganese concentrations.

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

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

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

Military Highway Water Supply Corporation (CN600666390) opera la Instalación de Tratamiento de Agua de Joines Road RO (RN104967294), una instalación de tratamiento de aguas residuales industriales. La instalación está ubicada en 23494 Joines Road, en San Benito, Condado de Cameron, Texas 78526. Solicitud de renovación de permiso que autoriza la descarga de 1.44 MGD de agua RO tratada.

Se espera que las descargas de la instalación contengan sólidos disueltos totales, sulfatos y cloruros. Las aguas residuales industriales se tratan mediante microfiltración y unidades de tratamiento de agua por ósmosis para tratar aguas subterráneas salobres que contienen altas concentraciones de TDS, hierro y manganeso.

Attachment F

SPIF

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

_____ Texas Historical Commission _____ U.S. Fish and Wildlife

_____ Texas Parks and Wildlife Department _____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Military Highway Water Supply Corporation

   Permit No. WQ00 04792000 EPA ID No. TX 0128724

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

   23494 Joines Road, San Benito, Cameron County

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

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

First and Last Name: Consuelo De La Rosa

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

Title: General Manager

Mailing Address: P.O. Box 250

City, State, Zip Code: Progreso, TX 78579

Phone No.: 956-565-2491 Ext.: Fax No.:

E-mail Address: mhwsc@aol.com

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

N/A

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

To San Benito Cameron County Drainage District No. 3 Main Ditch "A", thence to the Arroyo Colorado Tidal in Segment No. 2201 of the Nueces-Rio Grande Coastal Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

none

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

none

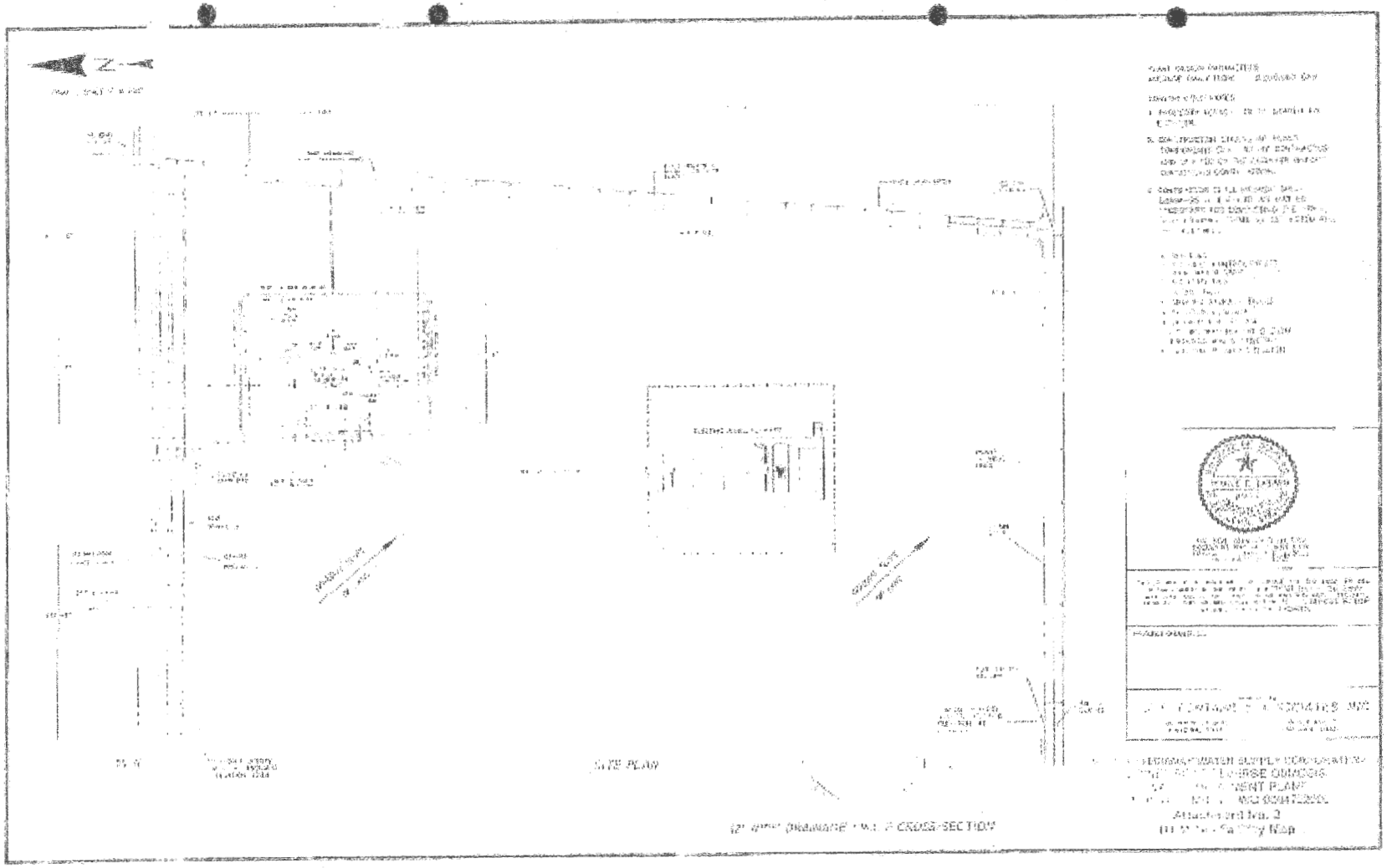
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

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

Attachment G

Facility Map


SITE PLAN
Attachment No. 2

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

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

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

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

Reverse Osmosis water treatment plant-SIC 4941

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

The process utilizes microfiltration and reverse osmosis water treatment units to treat brackish groundwater containing high TDS, iron and manganese concentrations. The facility uses standard water treatment chemicals; chlorine for oxidation and disinfection sodium metabisulfite for dichlorination, acetic acid for pH control, antiscalants and corrosion inhibitors within the water treatment process. Chemicals used in the process do not affect the quality of the product water which is ultimately used for drinking. Water treatment wastes will be discharged, after neutralization, via outfall 001. Domestic wastewater will be routed to the Military Highway WSC's Joines Road wastewater treatment plant, permit no. WQ0013462008.

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
Brackish Water	None	Potable water

Attachment: Click to enter text.

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

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

Attachment: G

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

☐ Yes ☒ No

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

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

☒ Yes ☐ No

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

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

Attachment: Click to enter text.

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

☐ Yes ☐ No ☒ N/A (renewal only)

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

☐ Yes ☐ No

If **yes**, provide the permit number: Click to enter text.

If **no**, provide an approximate date of application submittal to the USACE: Click to enter text.

Item 2. Treatment System (Instructions, Page 40)

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

None-the groundwater concentrate from the reverse osmosis process is discharged directly to the outfall ditch.

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

Attachment: C

Item 3. Impoundments (Instructions, Page 40)

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

☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

Impoundment Information

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

Attachment: Click to enter text.

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

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

1. Liner data

   ☐ Yes ☐ No ☐ Not yet designed

2. Leak detection system or groundwater monitoring data

   ☐ Yes ☐ No ☐ Not yet designed

3. Groundwater impacts

   ☐ Yes ☐ No ☐ Not yet designed

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

Attachment: Click to enter text.

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

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

   Attachment: Click to enter text.

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

   Attachment: Click to enter text.

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

   Attachment: Click to enter text.

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

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

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

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

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
001	26.0752578	-97.611944

Outfall Location Description

Outfall No.	Location Description
001	Cameron county Drainage District No. 3 Main Ditch "A"

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

Outfall No.	Description of sampling point

Outfall Flow Information – Permitted and Proposed

Outfall No.	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	1.44	1.44			

Outfall Discharge – Method and Measurement

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

Outfall Discharge – Flow Characteristics

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

Outfall Wastestream Contributions

Outfall No. Click to enter text.

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

Outfall No. Click to enter text.

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

Outfall No. Click to enter text.

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

Attachment: Click to enter text.

Item 5. Blowdown and Once-Through Cooling Water Discharges (Instructions, Page 43)

a. Indicate if the facility currently or proposes to:

☐ Yes ☒ No Use cooling towers that discharge blowdown or other wastestreams

☐ Yes ☒ No Use boilers that discharge blowdown or other wastestreams

☐ Yes ☒ No Discharge once-through cooling water

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

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

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

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

Attachment: Click to enter text.

c. Cooling Towers and Boilers

If the facility currently or proposes to use cooling towers or boilers that discharge blowdown or other wastestreams to the outfall(s), complete the following table.

Cooling Towers and Boilers

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

Item 6. Stormwater Management (Instructions, Page 44)

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

☐ Yes ☒ No

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

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

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

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

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

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

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

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

☐ Facility is a POTW. Complete Worksheet 5.0.

☐ Domestic sewage is not generated on-site.

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

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

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.
MHWSC Joines Road WWTP	WQ0013462008

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

c. If **yes** to either 8.a **or** 8.b, provide a brief summary of the requirements and a status update: Click to enter text.

Item 9. Toxicity Testing (Instructions, Page 45)

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

☐ Yes ☒ No

If **yes**, identify the tests and describe their purposes: Click to enter text.

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

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

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

☐ Yes ☒ No

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

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

b. Attach the following information to the application:

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

Attachment: Click to enter text.

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

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

☐ Yes ☐ No

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

Item 11. Radioactive Materials (Instructions, Page 46)

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

☐ Yes ☒ No

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

Radioactive Materials Mined, Used, Stored, or Processed

Radioactive Material Name	Concentration (pCi/L)

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

☐ Yes ☒ No

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

Radioactive Materials Present in the Discharge

Radioactive Material Name	Concentration (pCi/L)

Item 12. Cooling Water (Instructions, Page 46)

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

c. Cooling Water Supplier

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

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

CWIS ID				
Owner				
Operator				

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

   ☐ Yes ☐ No

   If **no**, continue. If **yes**, provide the PWS Registration No. and stop here: PWS No. Click to enter text.

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

   ☐ Yes ☐ No

   If **no**, continue. If **yes**, provide the Reuse Authorization No. and stop here: Click to enter text.

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

   ☐ Yes ☐ No

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

d. 316(b) General Criteria

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

   If **no**, provide an explanation of how the waterbody *does not meet* the definition of Waters of the United States in *40 CFR § 122.2*: Click to enter text.

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

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

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

   ☐ Yes ☐ No

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

f. Oil and Gas Exploration and Production

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

☐ Yes ☐ No

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

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

   ☐ Yes ☐ No

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

g. Compliance Phase and Track Selection

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

   ☐ Yes ☐ No

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

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

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

   ☐ Track I – AIF greater than 10 MGD

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

   ☐ Track II

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

   Attachment: Click to enter text.

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

   ☐ Yes ☐ No

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

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

   ☐ Yes ☐ No

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

   ☐ Track I – Fixed facility

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

   ☐ Track I – Not a fixed facility

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

   ☐ Track II – Fixed facility

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

   Attachment: Click to enter text.

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

This item is only applicable to existing permitted facilities.

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

☐ Yes ☒ No

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

Click to enter text.

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

☐ Yes ☒ No

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

Click to enter text.

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

☐ Yes ☒ No

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

Click to enter text.

Item 14. Laboratory Accreditation (Instructions, Page 49)

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

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

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

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

CERTIFICATION:

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

Printed Name: Consuelo De La Rosa

Title: General Manager

Signature: Consuelo De La Rosa

Date: 2/14/2025

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 1.0: EPA CATEGORICAL EFFLUENT GUIDELINES

This worksheet **is required** for all applications for TPDES permits for discharges of wastewaters subject to EPA categorical effluent limitation guidelines (ELGs).

Item 1. Categorical Industries (Instructions, Page 53)

Is this facility subject to any 40 CFR categorical ELGs outlined on page 53 of the instructions?

☐ Yes ☒ No

If **no**, this worksheet is not required. If **yes**, provide the appropriate information below.

40 CFR Effluent Guideline

Industry	40 CFR Part

Item 2. Production/Process Data (Instructions, Page 54)

NOTE: For all TPDES permit applications requesting individual permit coverage for discharges of oil and gas exploration and production wastewater (discharges into or adjacent to water in the state, falling under the Oil and Gas Extraction Effluent Guidelines – 40 CFR Part 435), see Worksheet 12.0, Item 2 instead.

a. Production Data

Provide appropriate data for effluent guidelines with production-based effluent limitations.

Production Data

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: POLLUTANT ANALYSIS

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

Item 1. General Testing Requirements (Instructions, Page 55)

a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): Click to enter text.

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

c. Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm. **Attachment:** Click to enter text.

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

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

TABLE 1 and TABLE 2 (Instructions, Page 58)

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

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

Pollutant	**Sample 1 (mg/L)**	**Sample 2 (mg/L)**	**Sample 3 (mg/L)**	**Sample 4 (mg/L)**
BOD (5-day)	7.03	3.73	2.33	2.57
CBOD (5-day)	2.83	2.41	2.16	<2.0
Chemical oxygen demand	<20	<20	<20	<20
Total organic carbon	2.81	2.16	1.72	1.61
Dissolved oxygen	6.0	6.9	6.2	7.4
Ammonia nitrogen	0.384	0.467	0.392	0.622
Total suspended solids	2.10	4.60	4.10	3.60
Nitrate nitrogen	1.60	1.87	1.73	1.53
Total organic nitrogen	<0.050	0.070	0.024	<0.050
Total phosphorus	0.783	23.1	0.596	0.521
Oil and grease	<4.71	19.6	<4.60	<4.82
Total residual chlorine	1.70	1.0	1.96	1.58

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
Total dissolved solids	4590	4510	4430	4480
Sulfate	2070	1720	1390	1670
Chloride	1520	1290	1190	1340
Fluoride	0.720	0.81	.53	.51
Total alkalinity (mg/L as CaCO3)	577	577	564	547
Temperature (°F)	75.2	73.4	77	73.4
pH (standard units)	7.6	7.4	7.6	7.6

Table 2 for Outfall No.: Click to enter text. **Samples are (check one):** ☐ **Composite** ☐ **Grab**

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total	21.5	23.1	46.2	25.6	2.5
Antimony, total	<1	<1	<3.76	<3.76	5
Arsenic, total	12.9	41.8	27.5	30.2	0.5
Barium, total	42.7	40.2	37.6	34.4	3
Beryllium, total	<.5	<.5	.243	<1	0.5
Cadmium, total	<.5	<.5	<1	<1	1
Chromium, total	<1	<1	<1	<1	3
Chromium, hexavalent	<3	<3	<3	<3	3
Chromium, trivalent	<3	<3	<3	<3	N/A
Copper, total	5.21	5.2	4.8	5.24	2
Cyanide, available	<5	<5	<5	<5	2/10
Lead, total	<1	<.244	<.244	<1	0.5
Mercury, total	<.00426	<.00426	<.00426	<.00426	0.005/0.0005
Nickel, total	2.38	2.44	1.14	<1.12	2
Selenium, total	<2	<2	<2	<2	5
Silver, total	<.2	<.226	<.226	<1	0.5
Thallium, total	<1	<.106	<.106	<1	0.5
Zinc, total	7.87	9.34	8.79	10.3	5.0

TABLE 3 (Instructions, Page 58)

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

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

Table 3 for Outfall No.: Click to enter text. **Samples are (check one):** ☐ **Composite** ☐ **Grab**

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

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

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

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

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

TABLE 4 (Instructions, Pages 58-59)

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

a. **Tributyltin**

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

☐ Yes ☒ No

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

☐ Manufacturers and formulators of tributyltin or related compounds.

☐ Painting of ships, boats and marine structures.

☐ Ship and boat building and repairing.

☐ Ship and boat cleaning, salvage, wrecking and scaling.

☐ Operation and maintenance of marine cargo handling facilities and marinas.

☐ Facilities engaged in wood preserving.

☐ Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent.

b. **Enterococci (discharge to saltwater)**

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

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

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

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

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

☒ Yes ☐ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

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

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

Pollutant	**Sample 1**	**Sample 2**	**Sample 3**	**Sample 4**	**MAL**
Tributyltin (µg/L)	N/A				0.010
Enterococci (cfu or MPN/100 mL)	N/A				N/A
E. coli (cfu or MPN/100 mL)	<1.0	<1.0	<1.0	<1.0	N/A

TABLE 5 (Instructions, Page 59)

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

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

☒ N/A

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

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

TABLE 6 (Instructions, Page 59)

Completion of Table 6 **is required** for all **external outfalls.**

Table 6 for Outfall No.: Click to enter text. **Samples are (check one):** ☐ **Composite** ☐ **Grab**

Pollutants	**Believed Present**	**Believed Absent**	**Sample 1 (mg/L)**	**Sample 2 (mg/L)**	**Sample 3 (mg/L)**	**Sample 4 (mg/L)**	**MAL (µg/L)***
Bromide	☒	☐	2.65				400
Color (PCU)	☒	☐	100				—
Nitrate-Nitrite (as N)	☒	☐	2.15				—
Sulfide (as S)	☒	☐	0.0207				—
Sulfite (as SO3)	☒	☐	<2.00				—
Surfactants	☒	☐	14.1				—
Boron, total	☒	☐	1.73				20
Cobalt, total	☒	☐	<0.0003				0.3
Iron, total	☒	☐	1.36				7
Magnesium, total	☒	☐	125				20
Manganese, total	☒	☐	0.670				0.5
Molybdenum, total	☒	☐	0.0541				1
Tin, total	☒	☐	<0.001				5
Titanium, total	☒	☐	<0.040				30

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: RECEIVING WATERS

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

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

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

☐ Yes ☒ No

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

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

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

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

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

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

a. Width of the receiving water at the outfall: Click to enter text. feet

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

Item 3. Classified Segment (Instructions, Page 80)

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

☐ Yes ☒ No

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

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

Item 4. Description of Immediate Receiving Waters (Instructions, Page 80)

a. Name of the immediate receiving waters: Click to enter text.

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

☐ Lake or Pond

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

☒ Man-Made Channel or Ditch

☐ Stream or Creek

☐ Freshwater Swamp or Marsh

☐ Tidal Stream, Bayou, or Marsh

☐ Open Bay

☐ Other, specify:

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

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

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

☐ Intermittent (dry for at least one week during most years)

☐ Intermittent with Perennial Pools (enduring pools containing habitat to maintain aquatic life uses)

☒ Perennial (normally flowing)

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

☐ USGS flow records

☒ personal observation

☐ historical observation by adjacent landowner(s)

☐ other, specify: Click to enter text.

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

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: Click to enter text.

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

Date and time of observation: Click to enter text.

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

☐ Yes ☒ No

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

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

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

☐ oil field activities
☒ agricultural runoff
☒ upstream discharges
☐ urban runoff
☐ septic tanks
☐ other, specify: Click to enter text.

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

☐ livestock watering
☐ non-contact recreation
☐ domestic water supply
☐ contact recreation
☐ fishing
☐ industrial water supply
☐ irrigation withdrawal
☐ navigation
☐ picnic/park activities
☒ other, specify: Storm Water Drainage

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

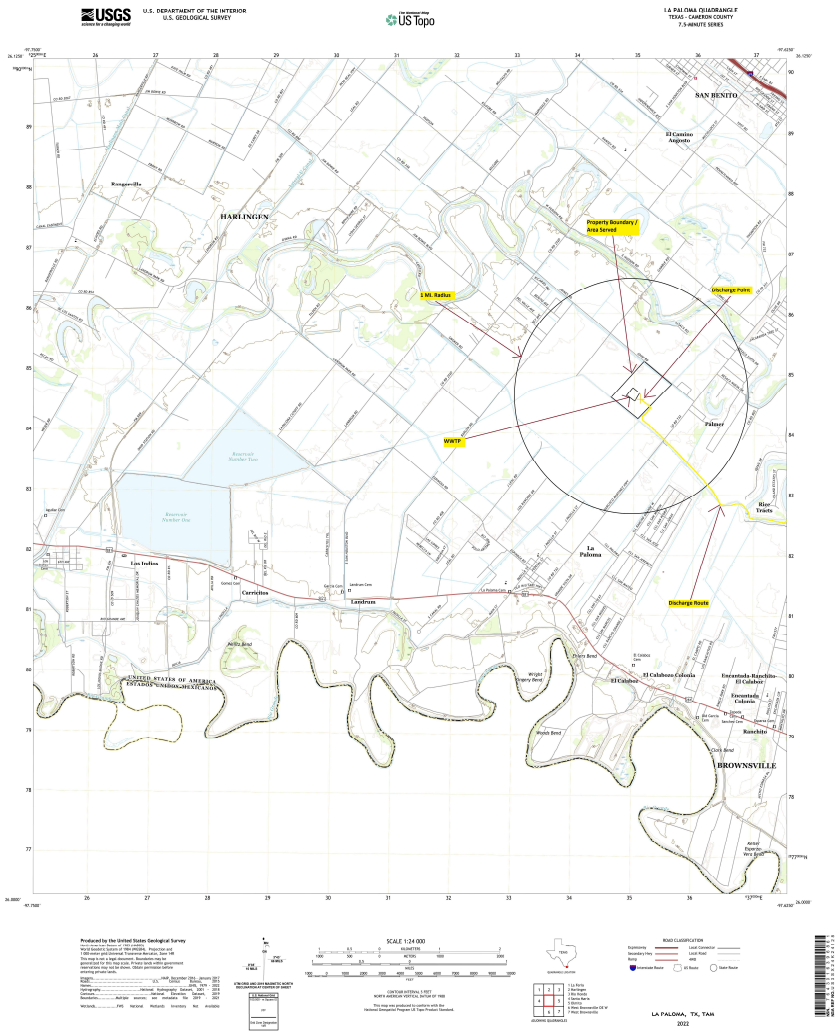
☒ **Common Setting:** not offensive, developed but uncluttered; water may be colored or turbid

☐ **Offensive:** stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

Candice Calhoun

From: Stephanie Landsman <stephanie@landsmanenviro.com>
Sent: Wednesday, March 5, 2025 8:15 AM
To: Candice Calhoun; MHWSC
Subject: MHWSC WQ0004792000 NOD Response
Attachments: Joines Road Revised CDF.pdf; Franchise Tax Account Status Search Results.pdf; Joines Road Check Copy.pdf; Military Highway Water Supply Corporation Spanish NORI wq renew (1).docx

Please let me know if you need anything further to continue.



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

Erwin Madrid

From: Erwin Madrid
Sent: Monday, March 17, 2025 1:11 PM
To: Stephanie Landsman
Cc: Candice Calhoun; mhwsc@aol.com
Subject: Application for Permit No. WQ0004792000 – Notice of Deficiency 30-Day Will Return Letter
Attachments: WQ0004792000_Will Return Ltr.pdf

Importance: High

Dear applicant,

The attached Notice of Deficiency 30-Day Will Return Letter was mailed on **March 17, 2025,** requesting additional information needed to declare the application administratively complete. Please mail an original and two copies (with a cover letter) of the complete response by **April 16, 2025.**

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

Candice Calhoun

From: Stephanie Landsman <stephanie@landsmanenviro.com>
Sent: Monday, March 17, 2025 3:55 PM
To: Candice Calhoun
Subject: Re: WQ0004792000
Attachments: MHWSC WQ0004792000 Topoquads.pdf

On Mon, Mar 17, 2025 at 3:13 PM Candice Calhoun <Candice.Calhoun@tceq.texas.gov> wrote:

Good afternoon, Stephanie,

I have not yet received the USGS map in a PDF document, as requested in the attached email. Also, I have not been able to verify the receipt of the application fee. I did check again today and did not see it in our reports. Those two things are the only things still missing.

Regards,

Candice Courville

License & Permit Specialist

ARP Team | Water Quality Division

Texas Commission on Environmental Quality

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: Monday, March 17, 2025 2:53 PM
To: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Subject: WQ0004792000

Just received the 30 day letter but don't know what is yet missing. Could you please let me know?

Thanks,

Stephanie

--

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

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

To help protect your privacy, Microsoft Office prevented automatic download of this picture from the Internet.

Candice Calhoun

From: MHWSC <mhwsc@aol.com>
Sent: Tuesday, March 18, 2025 3:51 PM
To: Stephanie Landsman; Candice Calhoun
Cc: Erwin Madrid
Subject: Re: WQ0004792000
Attachments: 03-18-2025 - TCEQ ePay - WQ0004792000.pdf

Good afternoon,

Attached is the receipt for the electronic payment for WQ0004792000 that was made today.

Respectfully,

Javier Adame
Administrative Assistant
Military Highway Water Supply Corporation
P.O. Box 250 Office (956) 565-2416
Progreso, Texas 78579 Fax (956) 565-9471

On Tuesday, March 18, 2025 at 03:22:26 PM CDT, Candice Calhoun <candice.calhoun@tceq.texas.gov> wrote:

Good afternoon, Stephanie,

I just wanted to let you know that I spoke with Javier a little bit ago and he was able to submit the application fee via our epay option. I have confirmed that this was received in our system by searching the voucher numbers Javier provided to me. No further information will be needed for my review.

Please let me know if you have any additional questions.

Regards,

U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY

The National Map US Topo

LA PALOMA QUADRANGLE
TEXAS - CAMERON COUNTY
7.5-MINUTE SERIES

Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and 1 000-meter grid:Universal Transverse Mercator, Zone 14R
This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands.

Imagery	NAIP, December 2016 - January 2017
Roads	U.S. Census Bureau, 2015
Names	GNIS, 1979 - 2022
Hydrography	National Hydrography Dataset, 2001 - 2018
Contours	National Elevation Dataset, 2019
Boundaries	Multiple sources; see metadata file 2019 - 2021
Wetlands	FWS National Wetlands Inventory Not Available

MN
GN
3°43
66 MILS
0°35
10 MILS

UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000-m Square ID
PP
Grid Zone Designation
14R

SCALE 1:24 000

KILOMETERS 0 0.5 1 2
METERS 1000 0 1000 2000
MILES 1 0.5 0 1
FEET 1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000

CONTOUR INTERVAL 5 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

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

TEXAS
QUADRANGLE LOCATION

1	2	3
4	LA PALOMA	5
6	7	

1 La Feria
2 Harlingen
3 Rio Hondo
4 Santa Maria
5 Olmito
6 West Brownsville OE W
7 West Brownsville
ADJOINING QUADRANGLES

ROAD CLASSIFICATION

Expressway
Secondary Hwy
Ramp
Local Connector
Local Road
4WD
Interstate Route
US Route
State Route

LA PALOMA, TX, TAM
2022

NSN
NGA REF NO. 1 5 0 1 3 0 6 8 1 8

U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY

The National Map US Topo

OLMITO QUADRANGLE
TEXAS - CAMERON COUNTY
7.5-MINUTE SERIES

Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and 1 000-meter grid: Universal Transverse Mercator, Zone 14N

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands.

Imagery.....NAIP, November 2016 - January 2017
Roads.....U.S. Census Bureau 2019
Names.....GNIS, 1979 - 2022
Hydrography.....National Hydrography Dataset, 2002 - 2018
Contours.....National Elevation Dataset, 2019
Boundaries.....Multiple sources; see metadata file 2019 - 2021
Wetlands.....FWS National Wetlands Inventory Not Available

MN
GN
3°26'
63 MILS
6°28'
111 MILS

UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
1000-meter Square ID
pp
Grid Zone Designation
14R

SCALE 1:24 000

KILOMETERS: 1 0.5 0 1 3
METERS: 1000 500 0 1000 2000
MILES: 1 0.5 0 1
FEET: 1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000

CONTOUR INTERVAL 5 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

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

TEXAS
QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

1 Harlingen
2 Rio Hondo
3 Laguna Atascosa
4 La Paloma
5 Los Fresnos
6 West Brownsville OE W
7 West Brownsville
8 East Brownsville

ADJOINING QUADRANGLES

ROAD CLASSIFICATION

Expressway
Secondary Hwy
Ramp
Local Connector
Local Road
4WD
Interstate Route
US Route
State Route

OLMITO, TX
2022

NBIN 9 0 9 6 9 2 3 5 1 6 8
MBA REF NO.J G S X Z 4 K 3 1 6 8

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number *(if issued)*
CN 600666390		RN 104967294

SECTION II: Customer Information

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

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

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

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

Military Highway Water Supply Corporation

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
0029093701	17417866260		

11. Type of Customer: ☒ Corporation ☐ Individual Partnership: ☐ General ☐ Limited

Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

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

13. Independently Owned and Operated?
☒ Yes ☐ No

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

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

15. Mailing Address:								
	P.O.Box 250							
	City	Progreso	State	TX	ZIP	78579	ZIP + 4	

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

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(956) 565-2491		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

Joines Road RO Water Treatment Plant