



Administrative Package Cover Page

This file contains the following documents:

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



(409) 746-2192
FAX (409) 746-3780



P.O. BOX 579
ORANGE, TEXAS
77631

ATTACHMENT "J"

Plain Language Summary: Industrial Wastewater TPDES Application

Sabine River Authority WWTP Permit
Renewal TPDES Permit No. WQ0004845000

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

The Sabine River Authority of Texas (CN600801864) and the Sabine River Authority State of Louisiana (CN603315532) operate the Toledo Bend Dam (RN101595544), a two-unit hydroelectric generating facility primarily used for water management and power generation. It consists of two English Electric Kaplan turbines with Allis Chalmers umbrella-type water-cooled generators, each rated at 40 megawatts (MW), for a total generating capacity of 80 MW. The facility is located at 209 Private Road 6055, Burkeville, TX 75932, approximately 15 miles northeast of the City of Burkeville in unincorporated Newton County, Texas.

This application is for a major amendment and renewal to authorize the discharge of wastewater associated with the operation of the Toledo Bend Project. The permit authorizes the continued discharge of approximately 1.2 million gallons per day (MGD) of non-contact cooling water via Outfall 001, 0.036 MGD of low-volume wastewater via Outfall 002, and 0.009 MGD of stormwater runoff via Outfall 003. In addition, the application proposes the addition of Outfall 004, a new discharge point for stormwater collected from the transformer yard, with an estimated flow of 0.009 MGD.

Non-contact cooling water is withdrawn as a side-stream from the Toledo Bend Reservoir, used to cool equipment and lubricate bearings, and discharged through Outfall 001 without chemical addition or treatment. Low-volume wastewater originates from condensation, incidental leaks, and maintenance dewatering activities within the facility. It is collected in a station sump equipped with a mechanical oil skimmer prior to discharge through Outfall 002. Stormwater runoff from the powerhouse roof and deck drains through Outfall 003, while runoff from the transformer yard will be routed through an oil-water separator before discharge via the proposed Outfall 004.

The facility is subject to the general requirements of the Texas Pollutant Discharge Elimination System (TPDES). Pollutants expected from these discharges are:

- **Outfall 001** – temperature
- **Outfall 002** – copper, oil & grease, total suspended solids (TSS)
- **Outfall 003** – oil & grease, total organic carbon (TOC)

- **Outfall 004** – oil & grease, total organic carbon (TOC)

Sanitary wastewater is managed through a septic system located on adjacent property and is not discharged. Best management practices (BMPs) are routinely implemented to minimize potential contamination of stormwater and wastewater streams.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0004845000

APPLICATION. Sabine River Authority of Texas and Sabine River Authority State of Louisiana, P.O. Box 579, Orange, Texas 77631, which owns a hydroelectric power generating facility, have applied to the Texas Commission on Environmental Quality (TCEQ) to amend Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0004845000 (EPA I.D. No. TX0130109) to authorize adding a new stormwater runoff, Outfall 004, from a new transformer yard. The facility is located at 209 Private Road 6055, near the city of Burkeville, in Newton County, Texas 75932. The discharge route is from the plant site to Outfall 001, 002, and 003 to the tailrace of the dam; Outfall 004 to a man-made channel, thence to Sutton Creek, thence to the tailrace of the dam, thence all to Sabine River Above Caney Creek. TCEQ received this application on June 11, 2025. The permit application will be available for viewing and copying at Newton Public Library, 212 High Street, Newton, 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=-93.566111,31.173888&level=18>

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

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

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

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

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

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

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 Sabine River Authority of Texas and Sabine River Authority State of Louisiana at the address stated above or by calling Mr. Don Iles, Middle Basin Regional Manager, Sabine River Authority of Texas, at (409) 565-2273.

Issuance Date: July 10, 2025

Abesha Michael

From: Christine Gartner <cgartner@sratx.org>
Sent: Wednesday, July 9, 2025 4:22 PM
To: Abesha Michael
Subject: RE: Application to Amend Permit No. WQ0004845000 - Notice of Deficiency Letter
Attachments: 01_2025 TPDES Administrative Report.pdf

Ms. Michael,

Thank you for your call clarifying the way forward for us. After discussing with our legal team, we have agreed to move forward with Sabine River Authority of Texas as the applicant and Sabine River Authority, State of Louisiana (SRA-LA) as the co-applicant. I have attached the updated administrative report that now lists SRA-LA as the co-applicant. Please let me know if there are any other updates.

Thank you,

Christine Gartner

From: Abesha Michael <Abesha.Michael@tceq.texas.gov>
Sent: Wednesday, July 2, 2025 11:02 AM
To: Christine Gartner <cgartner@sratx.org>
Subject: RE: Application to Amend Permit No. WQ0004845000 - Notice of Deficiency Letter

Good morning,

Thank you for your response. I will contact you if we need additional information.



Abesha H. Michael
Applications Review & Processing Team
Water Quality Division Support Section
Water Quality Division, MC 148
PO Box 13087
Austin, Texas 78711
Phone: o: 512-239-4912
Email: abesha.michael@tceq.texas.gov

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

From: Christine Gartner <cgartner@sratx.org>
Sent: Wednesday, July 2, 2025 10:18 AM
To: Abesha Michael <Abesha.Michael@tceq.texas.gov>
Cc: Andrew Balingit <abalingit@sratx.org>
Subject: RE: Application to Amend Permit No. WQ0004845000 - Notice of Deficiency Letter
Importance: High

Dear Ms. Michael,

Please find attached our response letter and all supporting documents addressing the items noted in your Notice of Deficiency dated June 19, 2025, for Permit No. WQ0004845000 (EPA I.D. No. TX0130109).

We have:

- Corrected the mailing address,
- Provided signed and dated Core Data Forms,
- Submitted the Administrative Report on the current form,
- Included a complete Plain Language Summary,
- Updated the USGS topographic map per your instructions,
- Provided signed and notarized signature pages,
- Included the affected landowner information with map, list, and mailing labels,
- And confirmed the NORI language is acceptable as provided.

Please let me know if any additional information is needed to declare the application administratively complete. I appreciate your assistance and look forward to your confirmation.

Thank you for your time and attention.

Best regards,

Christine Gartner



Christine Gartner, CFM
Water Resource Specialist
Sabine River Authority of Texas
409-746-7767
cgartner@sratx.org

From: Abesha Michael <Abesha.Michael@tceq.texas.gov>

Sent: Thursday, June 19, 2025 1:58 PM

To: Christine Gartner <cgartner@sratx.org>

Cc: Andrew Balingit <abalingit@sratx.org>

Subject: Application to Amend Permit No. WQ0004845000 - Notice of Deficiency Letter

Dear Ms. Gartner:

The attached Notice of Deficiency letter sent on June 19, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by July 3, 2025.

Thank you,



Abesha H. Michael
Applications Review & Processing Team
Water Quality Division Support Section
Water Quality Division, MC 148
PO Box 13087
Austin, Texas 78711
Phone: o: 512-239-4912
Email: abesha.michael@tceq.texas.gov

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: Sabine River Authority of Texas and Sabine River Authority State of Louisiana

PERMIT NUMBER (If new, leave blank): WQ00 04845000

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	☐	☒
Summary of Application (PLS)	☒	☐	Worksheet 11.1	☐	☒
Public Involvement Plan Form	☒	☐	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 Oil and Gas Exploration and Production Administrative Report ([TCEQ Form-20893 and 20893-inst¹](#)).

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

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

Applicant Name: Sabine River Authority of Texas and Sabine River Authority State of Louisiana

Permit No.: WQ0004845000

EPA ID No.: TX0130109

Expiration Date: September 30, 2026

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

☐ Reverse Osmosis Water Treatment (reverse osmosis water treatment wastewaters 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: Hydroelectric facility will be adding a new stormwater runoff outfall from a new transformer yard. (outfall 004).

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

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

Permit Number -----

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.: 100796

Check or money order amt.: \$350.00

Named printed on check or money order: Texas Commission on Environmental Quality

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: CN600801864

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: Sabine River Authority of Texas

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

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

Prefix: Mr. Full Name (Last/First Name): David Montagne

Title: General Manager

Credential: Click to enter text.

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

☒ Yes ☐ No

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

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

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

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

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

- a. Legal name of the entity (co-applicant) applying for this permit: Sabine River Authority State of Louisiana

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): CN603315532

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): Founds Warren

Title: Executive Director

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 and attach one Core Data Form (TCEQ Form 10400) for each customer (applicant and co-applicant(s)). If the customer type selected on the Core Data Form is Individual, complete Attachment 1 of the Administrative Report. Attachment: Click to enter text.

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

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

- a. ☒ Administrative Contact ☐ Technical Contact

Prefix: Ms. Full Name (Last/First Name): Christine Gartner

Title: Water Resources Specialist

Credential: Click to enter text.

Organization Name: Sabine River Authority of Texas

Mailing Address: P.O. Box 579

City/State/Zip: Orange, Texas 77631

Phone No: 409-746-2192

Email: cgartner@sratx.org

- b. ☐ Administrative Contact ☒ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Andrew Balingit

Title: TBPIO Chief Dam Safety Engineer

Credential: P.E.

Organization Name: Sabine River Authority of Texas

Mailing Address: 450 Spur 135

City/State/Zip: Burkeville, TX 75932

Phone No: 409-565-2273

Email: abalingit@sratx.org

Attachment: Click to enter text.

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

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

a. Prefix: Mr. Full Name (Last/First Name): Don Iles

Title: Middle Basin Regional Manager

Credential: Click to enter text.

Organization Name: Sabine River Authority of Texas

Mailing Address: 450 Spur 135

City/State/Zip: Burkeville, TX 75932

Phone No: (409) 565-2273

Email: diles@sratx.org

b. Prefix: Mr. Full Name (Last/First Name): Bob Cullums

Title: Plant Manager

Credential: Click to enter text.

Organization Name: Sabine River Authority of Texas

Mailing Address: 450 Spur 135

City/State/Zip: Burkeville, TX 75932

Phone No: (409) 565-2273

Email: rcullums@sratx.org

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): Don Iles

Title: Middle Basin Regional Manager

Credential: Click to enter text.

Organization Name: Sabine River Authority of Texas

Mailing Address: 450 Spur 135

City/State/Zip: Burkeville, TX 75932

Phone No: (409) 565-2273

Email: diles@sratx.org

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: Ms. Full Name (Last/First Name): Christine Gartner

Title: Water Resources Specialist

Credential: Click to enter text.

Organization Name: Sabine River Authority of Texas

Mailing Address: P.O. Box 579

City/State/Zip: Orange, TX 77631

Phone No: (409) 746-7767

Email: cgartner@sratx.org

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Don Iles

Title: Middle Basin Regional Manager Credential: Click to enter text.

Organization Name: Sabine River Authority of Texas

Mailing Address: 450 Spur 135

City/State/Zip: Burkeville, TX 75932

Phone No: (409) 565-2273

Email: diles@sratx.org

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: diles@sratx.org

☐ Fax: Click to enter text.

☐ Regular Mail (USPS)

Mailing Address: Click to enter text.

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

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Don Iles

Title: Middle Basin Regional Manager Credential: Click to enter text.

Organization Name: Sabine River Authority of Texas

Phone No: (409) 565-2273

Email: diles@sratx.org

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: Newton County Public Library

Location within the building: Click to enter text.

Physical Address of Building: 212 High Street

City: Newton County: Newton

e. Bilingual Notice Requirements

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No ☐ N/A

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

- f. Summary of Application in Plain Language Template - Complete and attach the Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS. Attachment: [Click to enter text.](#)

- g. Complete and attach one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment. Attachment: [Click to enter text.](#)

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

- a. TCEQ issued Regulated Entity Number (RN), if available: RN101595544

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 (name known by the community where located): Toledo Bend Dam

- 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: Sabine River Authority (SRA-TX)

Mailing Address: 450 Spur 135

City/State/Zip: Burkeville, TX 75932

Phone No: (409) 565-2273 Email: diles@sratx.org

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: Sabine River Authority (SRA-TX)

Mailing Address: 450 Spur 135

City/State/Zip: Burkeville, TX 75932

Phone No: (409) 565-2273 Email: diles@sratx.org

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

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

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

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

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

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

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

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

☐ Yes ☒ No

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

☒ One-mile radius

☒ Three-miles downstream information

☒ Applicant's property boundaries

☐ Treatment facility boundaries

☒ Labeled point(s) of discharge

☒ Highlighted discharge route(s)

☐ Effluent disposal site boundaries

☐ All wastewater ponds

☐ Sewage sludge disposal site

☒ New and future construction

Attachment: 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): Newton

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

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

☐ Yes ☒ No

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

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

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

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

☐ Yes No or New Permit ☒ N/A

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: WQ0004845000

Applicant Name: Sabine River Authority of Texas

Certification: I, David Montagne, 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): David Montagne

Signatory title: General Manager

Signature: _____

(Use blue ink)

Date: _____

6/30/2025

Subscribed and Sworn to before me by the said _____

on this 30th

day of June

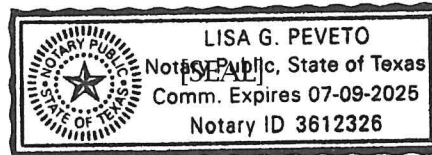
, 20 25.

My commission expires on the 9th

day of JULY

, 20 25.

Lisa G. Peveto
Notary Public



Orange
Orange, Texas

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

Permit No: WQ0004845000

Applicant Name: Sabine River Authority State of Louisiana

Certification: I, Warren Founds, 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): Warren Founds

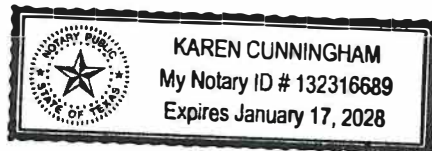
Signatory title: Executive Director

Signature:  (Use blue ink) Date: 7/1/25

Subscribed and Sworn to before me by the said Warren Founds
on this first day of July, 2025.
My commission expires on the 17 day of January, 2028.

Karen Cunningham
Notary Public

Newton
Parish, Louisiana
County, Texas



[SEAL]

INDUSTRIAL WASTEWATER PERMIT APPLICATION

ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

Item 1. Affected Landowner Information (Instructions, Page 35)

- a. Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.
- ☒ The applicant's property boundaries.
 - ☒ The facility site boundaries within the applicant's property boundaries.
 - ☒ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone.
 - ☒ The property boundaries of all landowners surrounding the applicant's property. (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
 - ☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream.
 - ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge.
 - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides.
 - ☐ The boundaries of the effluent disposal site (e.g., irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property.
 - ☐ The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located.
 - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners within one-quarter mile of the applicant's property boundaries where the sewage sludge land application site is located.
 - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (e.g., sludge surface disposal site or sludge monofil) is located.
- Attachment: [Click to enter text.](#)
- b. ☒ that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).
- c. Check this box to confirm a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided. Provide the source of the landowners' names and mailing addresses: [Attachment K](#)

- e. As required by Texas Water Code § 5.115, is any permanent school fund land affected by this application?

☐ Yes ☒ No

If yes, provide the location and foreseeable impacts and effects this application has on the land(s): [Click to enter text.](#)

Item 2. Original Photographs (Instructions, Page 37)

Provide original ground level photographs. Check the box next to each of the following items to indicate it is included.

- ☒ At least one original photograph of the new or expanded treatment unit location.
- ☒ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- ☐ At least one photograph of the existing/proposed effluent disposal site.
- ☒ A plot plan or map showing the location and direction of each photograph.

Attachment: [Attachment L](#)

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: 02_SPIF Form

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if mailing the payment. (Instructions, Page 36-37)

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- Do not mail this form with the application form.
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP **Permit No: WQ0004845000**

1. Check or Money Order Number: 100796
2. Check or Money Order Amount: \$350.00
3. Date of Check or Money Order: 6/10/2025
4. Name on Check or Money Order: Texas Commission On Environmental Quality

5. APPLICATION INFORMATION

Name of Project or Site: Toledo Bend Dam

Physical Address of Project or Site: 209 Private Road 6055 Burkeville, TX 75932

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

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

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Item 1. Individual information (Instructions, Page 38)

Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

Prefix (Mr., Ms., or Miss): [Click to enter text.](#)

Full legal name (first, middle, and last): [Click to enter text.](#)

Driver's License or State Identification Number: [Click to enter text.](#)

Date of Birth: [Click to enter text.](#)

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

City, State, and Zip Code: [Click to enter text.](#)

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

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

E-mail Address: [Click to enter text.](#)

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

CHECKLIST OF COMMON DEFICIENCIES

Below is a list of common deficiencies found during the administrative review of industrial wastewater permit applications. To ensure the timely processing of this application, please review the items below and indicate each item is complete and in accordance applicable rules at 30 TAC Chapters 21, 281, and 305 by checking the box next to the item. If an item is not required this application, indicate by checking N/A where appropriate. Please do not submit the application until all items below are addressed.

- ☒ Core Data Form (TCEQ Form No. 10400)
*(Required for all applications types. Must be completed in its entirety and signed.
Note: Form may be signed by applicant representative.)*
- ☒ Correct and Current Industrial Wastewater Permit Application Forms
(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)
- ☒ Water Quality Permit Payment Submittal Form (Page 14)
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)
- ☒ 7.5 Minute USGS Quadrangle Topographic Map Attached
*(Full-size map if seeking "New" permit.
8 ½ x 11 acceptable for Renewals and Amendments.)*
- ☒ N/A ☐ Current/Non-Expired, Executed Lease Agreement or Easement Attached
- ☐ N/A ☒ Landowners Map
(See instructions for landowner requirements.)

Things to Know:

- All the items shown on the map must be labeled.
- The applicant's complete property boundaries must be delineated which includes boundaries of contiguous property owned by the applicant.
- The applicant cannot be its own adjacent landowner. You must identify the landowners immediately adjacent to their property, regardless of how far they are from the actual facility.
- If the applicant's property is adjacent to a road, creek, or stream, the landowners on the opposite side must be identified. Although the properties are not adjacent to applicant's property boundary, they are considered potentially affected landowners. If the adjacent road is a divided highway as identified on the USGS topographic map, the applicant does not have to identify the landowners on the opposite side of the highway.

- ☐ N/A ☒ Landowners Labels and Cross Reference List
(See instructions for landowner requirements.)
- ☒ Electronic Application Submittal
(See application submittal requirements on page 23 of the instructions.)
- ☒ Original signature per 30 TAC § 305.44 - Blue Ink Preferred
*(If signature page is not signed by an elected official or principle executive officer,
a copy of signature authority/delegation letter must be attached.)*

☒ Summary of Application (in Plain Language)

Abesha Michael

From: Christine Gartner <cgartner@sratx.org>
Sent: Wednesday, July 2, 2025 10:18 AM
To: Abesha Michael
Cc: Andrew Balingit
Subject: RE: Application to Amend Permit No. WQ0004845000 - Notice of Deficiency Letter
Attachments: WQ0004845000_AdminComp_Response_2025-07-02.pdf; Deficiency resubmission.zip

Importance: High

Dear Ms. Michael,

Please find attached our response letter and all supporting documents addressing the items noted in your Notice of Deficiency dated June 19, 2025, for Permit No. WQ0004845000 (EPA I.D. No. TX0130109).

We have:

- Corrected the mailing address,
- Provided signed and dated Core Data Forms,
- Submitted the Administrative Report on the current form,
- Included a complete Plain Language Summary,
- Updated the USGS topographic map per your instructions,
- Provided signed and notarized signature pages,
- Included the affected landowner information with map, list, and mailing labels,
- And confirmed the NORI language is acceptable as provided.

Please let me know if any additional information is needed to declare the application administratively complete. I appreciate your assistance and look forward to your confirmation.

Thank you for your time and attention.

Best regards,

Christine Gartner



Christine Gartner, CFM
Water Resource Specialist
Sabine River Authority of Texas
409-746-7767
cgartner@sratx.org

From: Abesha Michael <Abesha.Michael@tceq.texas.gov>
Sent: Thursday, June 19, 2025 1:58 PM

To: Christine Gartner <cgartner@sratx.org>

Cc: Andrew Balingit <abalingit@sratx.org>

Subject: Application to Amend Permit No. WQ0004845000 - Notice of Deficiency Letter

Dear Ms. Gartner:

The attached Notice of Deficiency letter sent on June 19, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by July 3, 2025.

Thank you,



Abesha H. Michael
Applications Review & Processing Team
Water Quality Division Support Section
Water Quality Division, MC 148
PO Box 13087
Austin, Texas 78711
Phone: o: 512-239-4912
Email: abesha.michael@tceq.texas.gov

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**INDUSTRIAL WASTEWATER PERMIT APPLICATION
CHECKLIST**

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

APPLICANT NAME: Sabine River Authorities of Texas and Louisiana (See Appendix I)

PERMIT NUMBER (If new, leave blank): WQ00 04845000

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	☐	☒
Summary of Application (PLS)	☒	☐	Worksheet 11.1	☐	☒
Public Involvement Plan Form	☒	☐	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 Oil and Gas Exploration and Production Administrative Report ([TCEQ Form-20893 and 20893-inst¹](#)).

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

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

Applicant Name: Sabine River Authorities of Texas and Louisiana (See Appendix I)

Permit No.: WQ0004845000

EPA ID No.: TX0130109

Expiration Date: September 30, 2026

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

☐ Reverse Osmosis Water Treatment (reverse osmosis water treatment wastewaters 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: Hydroelectric facility will be adding a new stormwater runoff outfall from a new transformer yard. (outfall 004).

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

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

Permit Number _____

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.: 100796

Check or money order amt.: \$350.00

Named printed on check or money order: Texas Commission on Environmental Quality

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: CN600801864

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: Sabine River Authorities of Texas and Louisiana (See Appendix I)

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

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

Prefix: Mr. Full Name (Last/First Name): David Montagne

Title: General Manager

Credential: Click to enter text.

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

☒ Yes ☐ No

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

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

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

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

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

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

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): Founds Warren

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 and attach one Core Data Form (TCEQ Form 10400) for each customer (applicant and co-applicant(s)). If the customer type selected on the Core Data Form is Individual, complete Attachment 1 of the Administrative Report. Attachment: Click to enter text.

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

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

a. ☒ Administrative Contact ☐ Technical Contact

Prefix: Ms. Full Name (Last/First Name): Christine Gartner

Title: Water Resources Specialist

Credential: Click to enter text.

Organization Name: Sabine River Authority of Texas

Mailing Address: P.O. Box 579

City/State/Zip: Orange, Texas 77631

Phone No: 409-746-2192

Email: cgartner@sratx.org

b. ☐ Administrative Contact ☒ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Andrew Balingit

Title: TBPJO Chief Dam Safety Engineer

Credential: P.E.

Organization Name: Sabine River Authority of Texas

Mailing Address: 450 Spur 135

City/State/Zip: Burkeville, TX 75932

Phone No: 409-565-2273 Email: abalingit@sratx.org

Attachment: Click to enter text.

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

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

- a. Prefix: Mr. Full Name (Last/First Name): Don Iles
Title: Middle Basin Regional Manager Credential: Click to enter text.
Organization Name: Sabine River Authority of Texas
Mailing Address: 450 Spur 135 City/State/Zip: Burkeville, TX 75932
Phone No: (409) 565-2273 Email: diles@sratx.org
- b. Prefix: Mr. Full Name (Last/First Name): Bob Cullums
Title: Plant Manager Credential: Click to enter text.
Organization Name: Sabine River Authority of Texas
Mailing Address: 450 Spur 135 City/State/Zip: Burkeville, TX 75932
Phone No: (409) 565-2273 Email: rcullums@sratx.org

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): Don Iles
Title: Middle Basin Regional Manager Credential: Click to enter text.
Organization Name: Sabine River Authority of Texas
Mailing Address: 450 Spur 135 City/State/Zip: Burkeville, TX 75932
Phone No: (409) 565-2273 Email: diles@sratx.org

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: Ms. Full Name (Last/First Name): Christine Gartner
Title: Water Resources Specialist Credential: Click to enter text.
Organization Name: Sabine River Authority of Texas
Mailing Address: P.O. Box 579 City/State/Zip: Orange, TX 77631

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Don Iles

Title: Middle Basin Regional Manager Credential: [Click to enter text.](#)

Organization Name: Sabine River Authority of Texas

Mailing Address: 450 Spur 135 City/State/Zip: Burkeville, TX 75932

Phone No: (409) 565-2273 Email: diles@sratx.org

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: diles@sratx.org

☐ Fax: [Click to enter text.](#)

☐ Regular Mail (USPS)

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

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

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Don Iles

Title: Middle Basin Regional Manager Credential: [Click to enter text.](#)

Organization Name: Sabine River Authority of Texas

Phone No: (409) 565-2273 Email: diles@sratx.org

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: Newton County Public Library Location within the building: [Click to enter text.](#)

Physical Address of Building: 212 High Street

City: Newton County: Newton

e. Bilingual Notice Requirements

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No ☐ N/A

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

- f. Summary of Application in Plain Language Template – Complete and attach the Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS. Attachment: [Click to enter text.](#)

- g. Complete and attach one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment. Attachment: [Click to enter text.](#)

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

- a. TCEQ issued Regulated Entity Number (RN), if available: RN101595544

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 (name known by the community where located): Toledo Bend Dam

- 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: Sabine River Authority (SRA-TX)

Mailing Address: 450 Spur 135

City/State/Zip: Burkeville, TX 75932

Phone No: (409) 565-2273 Email: diles@sratx.org

- 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: [Sabine River Authority \(SRA-TX\)](#)

Mailing Address: [450 Spur 135](#)

City/State/Zip: [Burkeville, TX 75932](#)

Phone No: [\(409\) 565-2273](#) Email: [diles@sratx.org](#)

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

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

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

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

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

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

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

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

☐ Yes ☒ No

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

☒ One-mile radius

☒ Three-miles downstream information

☒ Applicant's property boundaries

☐ Treatment facility boundaries

☒ Labeled point(s) of discharge

☒ Highlighted discharge route(s)

☐ Effluent disposal site boundaries

☐ All wastewater ponds

☐ Sewage sludge disposal site

☒ New and future construction

Attachment: [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): Newton
- g. County in which the outfalls(s) is/are located: Netwon
- h. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?
☐ Yes ☒ No
If yes, indicate by a check mark if: ☐ Authorization granted ☐ Authorization pending
For new and amendment applications, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: [Click to enter text.](#)
For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: [Click to enter text.](#)
- i. For TLAPs, is the location of the effluent disposal site in the existing permit accurate?
☐ Yes ☐ No or New Permit ☒ N/A
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: WQ0004845000

Applicant Name: Sabine River Authority of Texas

Certification: I, David Montagne, 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): David Montagne

Signatory title: General Manager

Signature: _____

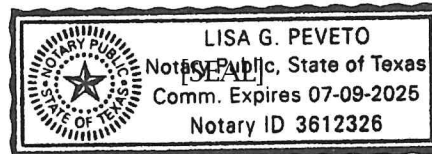
(Use blue ink)

Date: 6/30/2025

Subscribed and Sworn to before me by the said _____
on this 30th day of June, 20 25.

My commission expires on the 9th day of JULY, 20 25.

Lisa G. Peveto
Notary Public



Orange
Orange, Texas

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

Permit No: WQ0004845000

Applicant Name: Sabine River Authority, State of Louisiana

Certification: I, Warren Founds, 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): Warren Founds

Signatory title: Executive Director

Signature: _____

(Use blue ink)

Date: _____

7/1/25

Subscribed and Sworn to before me by the said _____

Warren Founds

on this _____

first

day of _____

July

, 20 25.

My commission expires on the _____

17

day of _____

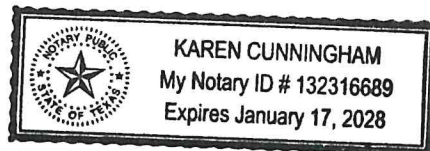
January

, 20 28.

Karen Cunningham

Notary Public

[SEAL]



Newton

Parish, Louisiana

County, Texas

INDUSTRIAL WASTEWATER PERMIT APPLICATION

ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

Item 1. Affected Landowner Information (Instructions, Page 35)

- a. Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.
- ☒ The applicant's property boundaries.
 - ☒ The facility site boundaries within the applicant's property boundaries.
 - ☒ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone.
 - ☒ The property boundaries of all landowners surrounding the applicant's property. (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
 - ☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream.
 - ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge.
 - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides.
 - ☐ The boundaries of the effluent disposal site (e.g., irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property.
 - ☐ The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located.
 - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners within one-quarter mile of the applicant's property boundaries where the sewage sludge land application site is located.
 - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (e.g., sludge surface disposal site or sludge monofil) is located.
- Attachment: [Click to enter text.](#)
- b. ☒ that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).
- c. Check this box to confirm a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided. Provide the source of the landowners' names and mailing addresses: Attachment K

- e. As required by Texas Water Code § 5.115, is any permanent school fund land affected by this application?

☐ Yes ☒ No

If yes, provide the location and foreseeable impacts and effects this application has on the land(s): [Click to enter text.](#)

Item 2. Original Photographs (Instructions, Page 37)

Provide original ground level photographs. Check the box next to each of the following items to indicate it is included.

- ☒ At least one original photograph of the new or expanded treatment unit location.
- ☒ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- ☐ At least one photograph of the existing/proposed effluent disposal site.
- ☒ A plot plan or map showing the location and direction of each photograph.

Attachment: [Attachment L](#)

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: 02_SPIF Form

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if mailing the payment. (Instructions, Page 36-37)

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- Do not mail this form with the application form.
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP Permit No: WQ0004845000

1. Check or Money Order Number: 100796
2. Check or Money Order Amount: \$350.00
3. Date of Check or Money Order: 6/10/2025
4. Name on Check or Money Order: Texas Commission On Environmental Quality

5. APPLICATION INFORMATION

Name of Project or Site: Toledo Bend Dam

Physical Address of Project or Site: 209 Private Road 6055 Burkeville, TX 75932

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

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

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Item 1. Individual information (Instructions, Page 38)

Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

Prefix (Mr., Ms., or Miss): [Click to enter text.](#)

Full legal name (first, middle, and last): [Click to enter text.](#)

Driver's License or State Identification Number: [Click to enter text.](#)

Date of Birth: [Click to enter text.](#)

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

City, State, and Zip Code: [Click to enter text.](#)

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

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

E-mail Address: [Click to enter text.](#)

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

Below is a list of common deficiencies found during the administrative review of industrial wastewater permit applications. To ensure the timely processing of this application, please review the items below and indicate each item is complete and in accordance applicable rules at 30 TAC Chapters 21, 281, and 305 by checking the box next to the item. If an item is not required this application, indicate by checking N/A where appropriate. Please do not submit the application until all items below are addressed.

- ☒ Core Data Form (TCEQ Form No. 10400)
*(Required for all applications types. Must be completed in its entirety and signed.
Note: Form may be signed by applicant representative.)*
- ☒ Correct and Current Industrial Wastewater Permit Application Forms
(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)
- ☒ Water Quality Permit Payment Submittal Form (Page 14)
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)
- ☒ 7.5 Minute USGS Quadrangle Topographic Map Attached
*(Full-size map if seeking "New" permit.
8 ½ x 11 acceptable for Renewals and Amendments.)*
- ☒ N/A ☐ Current/Non-Expired, Executed Lease Agreement or Easement Attached
- ☐ N/A ☒ Landowners Map
(See instructions for landowner requirements.)

Things to Know:

- All the items shown on the map must be labeled.
- The applicant's complete property boundaries must be delineated which includes boundaries of contiguous property owned by the applicant.
- The applicant cannot be its own adjacent landowner. You must identify the landowners immediately adjacent to their property, regardless of how far they are from the actual facility.
- If the applicant's property is adjacent to a road, creek, or stream, the landowners on the opposite side must be identified. Although the properties are not adjacent to applicant's property boundary, they are considered potentially affected landowners. If the adjacent road is a divided highway as identified on the USGS topographic map, the applicant does not have to identify the landowners on the opposite side of the highway.

- ☐ N/A ☒ Landowners Labels and Cross Reference List
(See instructions for landowner requirements.)
- ☒ Electronic Application Submittal
(See application submittal requirements on page 23 of the instructions.)
- ☒ Original signature per 30 TAC § 305.44 – Blue Ink Preferred
*(If signature page is not signed by an elected official or principle executive officer,
a copy of signature authority/delegation letter must be attached.)*

☒ Summary of Application (in Plain Language)



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 603315532		RN 1015955

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		1/14/2025	
☐ 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)					
<i>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).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
Sabine River Authority, State of Louisiana					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer:		☐ Corporation		☐ Individual	
Government: ☐ City ☐ County ☐ Federal ☐ Local ☒ State ☐ Other		☐ Sole Proprietorship		Partnership: ☐ General ☐ Limited	
12. Number of Employees				13. Independently Owned and Operated?	
☐ 0-20 ☒ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher				☒ 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 579			
City	Orange	State	TX	ZIP	77631
				ZIP + 4	
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	

18. Telephone Number (318) 253-4112	19. Extension or Code	20. Fax Number (if applicable) (318) 256-4179
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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								
<i>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).</i>								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.) Toledo Bend Dam								
23. Street Address of the Regulated Entity: (No PO Boxes)	209 Private Road 6055							
	City	Burkeville	State	TX	ZIP	75932	ZIP + 4	
24. County	Newton							

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

25. Description to Physical Location:							
26. Nearest City				State		Nearest ZIP Code	
<i>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).</i>							
27. Latitude (N) In Decimal:		31.174		28. Longitude (W) In Decimal:		93.658	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
31	10	25	93	33	57		
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)	
4911							
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.) Electric Power Generation							
34. Mailing Address:	209 Private Road 6055						
	City	Burkeville	State	TX	ZIP	75932	ZIP + 4
35. E-Mail Address:		rodney.fulton@la.gov					
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)			
(409) 565-4191				() -			

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.

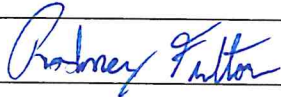
☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0004845000			

SECTION IV: Preparer Information

40. Name:	Rodney Fulton, P.E.		41. Title:	Project Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(337) 286-5244		() -	rodney.fulton@la.gov	

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:	Sabine River Authority, State of Louisiana	Job Title:	Project Engineer
Name (In Print):	Rodney Fulton	Phone:	(337) 286- 5244
Signature:		Date:	7/1/25



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 600801864		RN 101595544

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		01/14/2025	
☐ 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)					
<i>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).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) <i>If new Customer, enter previous Customer below:</i>					
Sabine River Authority of Texas					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
		A-174771		74-6013768	
				10. DUNS Number (if applicable)	
				06-071-7824	
11. Type of Customer:		☐ Corporation		☐ Individual	
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☒ Other		☐ Sole Proprietorship		Partnership: ☐ General ☐ Limited	
12. Number of Employees		13. Independently Owned and Operated?			
☐ 0-20 ☐ 21-100 ☒ 101-250 ☐ 251-500 ☐ 501 and higher		☒ 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 579					
City		Orange		State TX	
ZIP		77631		ZIP + 4	
16. Country Mailing Information (if outside USA)					
17. E-Mail Address (if applicable)					

18. Telephone Number (409) 746-2192	19. Extension or Code	20. Fax Number (if applicable) () -
---	------------------------------	--

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)								
☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information								
<i>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).</i>								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
Toledo Bend Dam								
23. Street Address of the Regulated Entity: (No PO Boxes)	209 Private Road 6055							
	City	Burkeville	State	TX	ZIP	75932	ZIP + 4	
24. County	Newton							

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

25. Description to Physical Location:												
26. Nearest City							State			Nearest ZIP Code		
<i>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).</i>												
27. Latitude (N) In Decimal:			31.174			28. Longitude (W) In Decimal:			93.658			
Degrees		Minutes		Seconds		Degrees		Minutes		Seconds		
31		10		25		93		33		57		
29. Primary SIC Code (4 digits)			30. Secondary SIC Code (4 digits)			31. Primary NAICS Code (5 or 6 digits)			32. Secondary NAICS Code (5 or 6 digits)			
4911												
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)												
Electric Power Generation												
34. Mailing Address:	209 Private Road 6055											
	City	Burkeville	State	TX	ZIP	75932	ZIP + 4					
35. E-Mail Address:			rcullums@sratx.org									
36. Telephone Number				37. Extension or Code				38. Fax Number (if applicable)				
(409) 565-2273								() -				

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:
	WQ0004845000			

SECTION IV: Preparer Information

40. Name:	Christine Gartner			41. Title:	Water Resources Specialist
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(409) 746-7767		() -	cgartner@sratx.org		

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:	Sabine River Authority of Texas		Job Title:	Middle Basin Regional Manager	
Name (In Print):	Don Iles			Phone:	(409) 565- 2273
Signature:				Date:	7-1-25



(409) 746-2192
FAX (409) 746-3780



P.O. BOX 579
ORANGE, TEXAS
77631

ATTACHMENT "J"

Plain Language Summary: Industrial Wastewater TPDES Application

Sabine River Authority WWTP Permit
Renewal TPDES Permit No. WQ0004845000

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

The Sabine River Authority of Texas (CN600801864) and the Sabine River Authority, State of Louisiana (CN603315532) operate the Toledo Bend Dam (RN1015955), a two-unit hydroelectric generating facility primarily used for water management and power generation. It consists of two English Electric Kaplan turbines with Allis Chalmers umbrella-type water-cooled generators, each rated at 40 megawatts (MW), for a total generating capacity of 80 MW. The facility is located at 209 Private Road 6055, Burkeville, TX 75932, approximately 15 miles northeast of the City of Burkeville in unincorporated Newton County, Texas.

This application is for a major amendment and renewal to authorize the discharge of wastewater associated with the operation of the Toledo Bend Project. The permit authorizes the continued discharge of approximately 1.2 million gallons per day (MGD) of non-contact cooling water via Outfall 001, 0.036 MGD of low-volume wastewater via Outfall 002, and 0.009 MGD of stormwater runoff via Outfall 003. In addition, the application proposes the addition of Outfall 004, a new discharge point for stormwater collected from the transformer yard, with an estimated flow of 0.009 MGD.

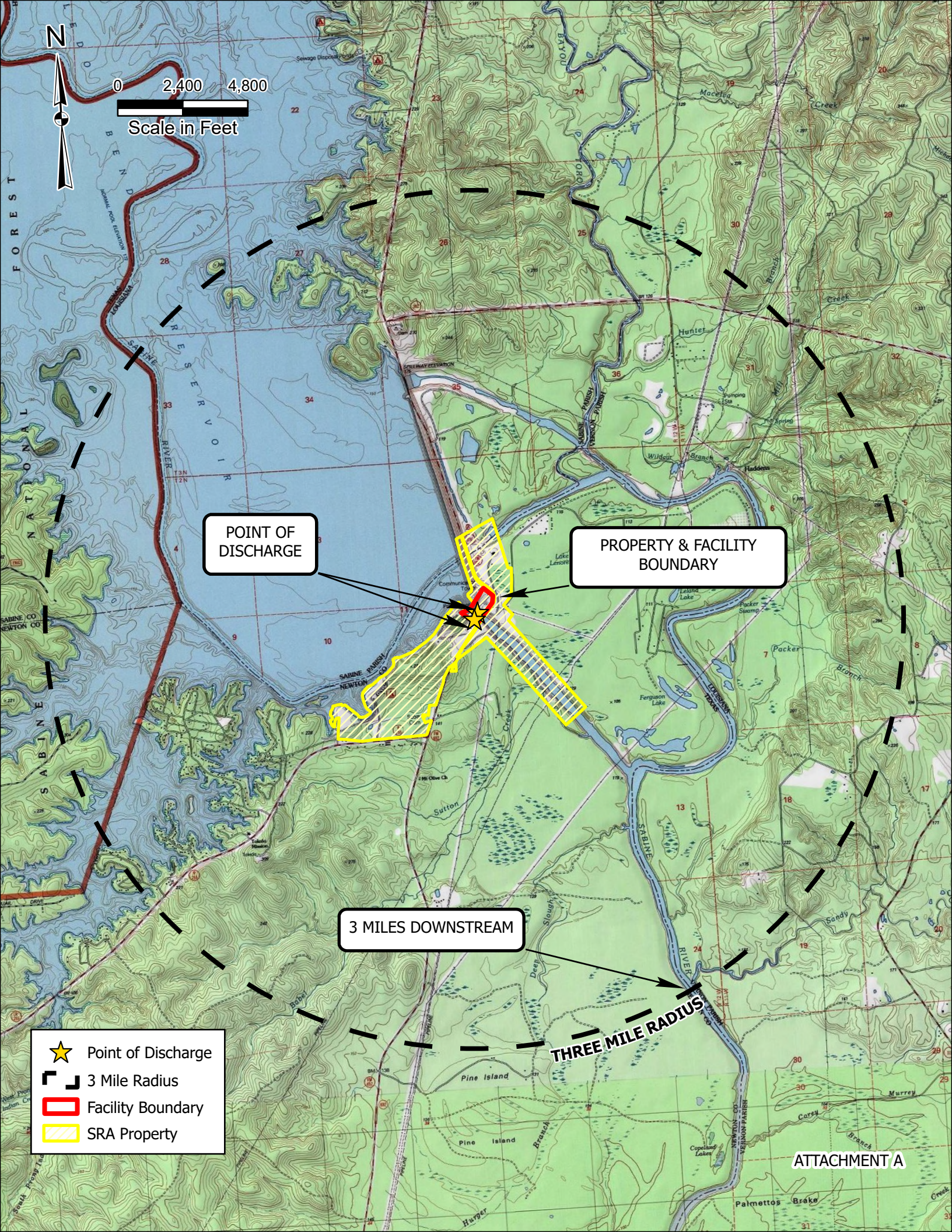
Non-contact cooling water is withdrawn as a side-stream from the Toledo Bend Reservoir, used to cool equipment and lubricate bearings, and discharged through Outfall 001 without chemical addition or treatment. Low-volume wastewater originates from condensation, incidental leaks, and maintenance dewatering activities within the facility. It is collected in a station sump equipped with a mechanical oil skimmer prior to discharge through Outfall 002. Stormwater runoff from the powerhouse roof and deck drains through Outfall 003, while runoff from the transformer yard will be routed through an oil-water separator before discharge via the proposed Outfall 004.

The facility is subject to the general requirements of the Texas Pollutant Discharge Elimination System (TPDES). Pollutants expected from these discharges are:

- **Outfall 001** – temperature
- **Outfall 002** – copper, oil & grease, total suspended solids (TSS)
- **Outfall 003** – oil & grease, total organic carbon (TOC)

- **Outfall 004** – oil & grease, total organic carbon (TOC)

Sanitary wastewater is managed through a septic system located on adjacent property and is not discharged. Best management practices (BMPs) are routinely implemented to minimize potential contamination of stormwater and wastewater streams.



0 2,400 4,800
Scale in Feet

POINT OF
DISCHARGE

PROPERTY & FACILITY
BOUNDARY

3 MILES DOWNSTREAM

THREE MILE RADIUS

- ★ Point of Discharge
- ┌┐ 3 Mile Radius
- ▭ Facility Boundary
- ▨ SRA Property

0 0.13 0.25 0.5 Miles

N

- Discharge Points
- Landowners
- ▨ SRA Property
- ▬ Facility Boundary

POINT OF
DISCHARGE

FACILITY
BOUNDARY

PROPERTY
BOUNDARY

STATE OF LOUISIANA

ONE MILE DOWNSTREAM

Parcel ID	Owner_First	Owner_Last	Owner_Address	City	State	Zip_Code
1		SCOTT CEMETERY ASSOCIATION	1235 COUNTY ROAD 2133	BURKEVILLE	TX	75932
2	GARY & DIANNA L	FOMBY	132 EAST ST	BURKEVILLE	TX	75932
3	SHIRLEY R	JACKSON	5600 SPOKANE ST	LOS ANGELES	CA	90016
4	JEFFERY A	SEAL	1530 PIMPERNEL	SAN ANTONIO	TX	78260
5	JEFFERY A	SEAL	1530 PIMPERNEL	SAN ANTONIO	TX	78260
6	JEFFERY A	SEAL	1530 PIMPERNEL	SAN ANTONIO	TX	78260
7		D3C CONSTRUCTION LLC	20615 FAWN TIMBER TRAIL	HUMBLE	TX	77336
8	MARK A	GUEDRY	122 MCCAIN RD	DERIDDER	LA	70634
9	WILLIAM E	BARROW	2072 COUNTY ROAD 2045	NEWTON	TX	75966
10	MARK A	GUEDRY	122 MCCAIN RD	DERIDDER	LA	70634
11		SOUTHERN TIMBER PROPERTIES LLC	PO BOX 1626	MANY	LA	71449
12	MARK A	GUEDRY	122 MCCAIN RD	DERIDDER	LA	70634
13	JANET STARK	SONNIER	2520 KING ROAD	SULPHUR	LA	70663
14		JONES ENTERPRISES LTD	PO BOX 631123	NACOGDOCHES	TX	75963
15	ERIC	WARREN	2503 COMMONWEALTH ST	HOUSTON	TX	77006
16		JONES ENTERPRISES LTD	PO BOX 631123	NACOGDOCHES	TX	75963
17	MR AND MRS	MCGLOTHIN	432 CR 4217	ORANGE	TX	77632
18	MICHAEL	DAVIS	6516 VAL ST	GROVES	TX	77619
19	GLEN	BURKE	2527 AVENUE P	GALVESTON	TX	77550
20	DIANNA	FOMBY	132 EAST ST	BURKEVILLE	TX	75932
21	RANDY	READ	274 E EASY STREET	BURKEVILLE	TX	75932
22	MR AND MRS	CART	390 EISSMAN RD	LEESVILLE	LA	71446
23	DENA	JOHNSON	2900 MANNING ST	PORT ARTHUR	TX	77640
24	COLE	HERSEY	1165 CAMELLIA ST	VIDOR	TX	77662
25	TAFFY	AMBURN	2879 FM 92	SILSBEE	TX	77656
26	MIKE	REDDING	239 COUNTY ROAD 2157	BURKEVILLE	TX	75932
27	MICHAEL	DAVIS	6516 VAL ST	GROVES	TX	77619
28	SANDRA	HOPSON	161 PRIVATE ROAD 6048	BURKEVILLE	TX	75932
29	RICKY	RICHMOND	218 MEEK ST	NEWTON	TX	75966
30	MR AND MRS	MURRAY	790 HICKORY HILL DR	BURKEVILLE	TX	75932
31		SHADY OAKS SHORES RV PARK LLC	245 SHADY SHORES ROAD	BURKEVILLE	TX	75932



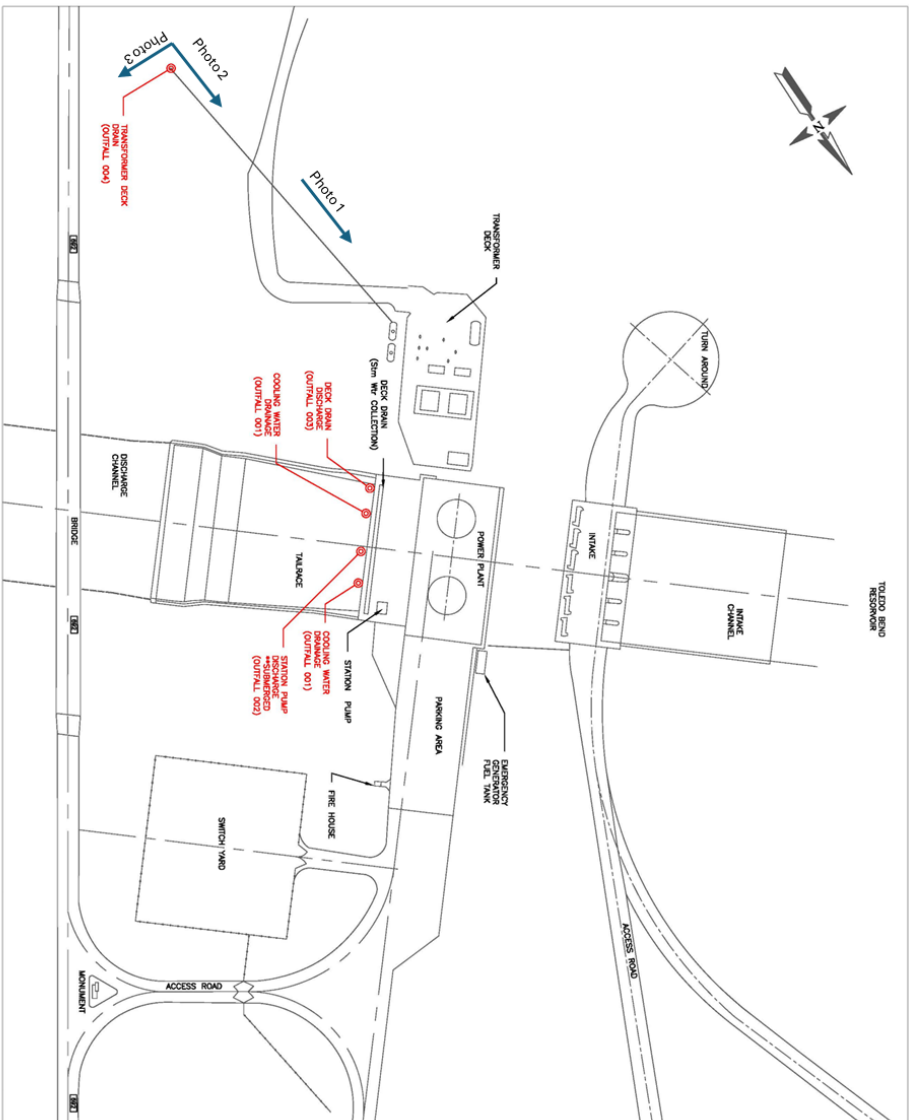
Photo 1: The new transformer yard.



Photo 2: Proposed Outfall 004 point of discharge looking upstream



Photo 3: Proposed Outfall 004 point of discharge looking downstream



LEGEND
 ● Outfall Locations



REV	DESCRIPTION	BY	DATE
1	ISSUED FOR PERMIT REVIEW	W. J. GIBSON	07/20/2011
2	FOR REVIEW	W. J. GIBSON	07/20/2011
3	FOR REVIEW	W. J. GIBSON	07/20/2011
4	FOR REVIEW	W. J. GIBSON	07/20/2011
5	FOR REVIEW	W. J. GIBSON	07/20/2011
6	FOR REVIEW	W. J. GIBSON	07/20/2011
7	FOR REVIEW	W. J. GIBSON	07/20/2011
8	FOR REVIEW	W. J. GIBSON	07/20/2011
9	FOR REVIEW	W. J. GIBSON	07/20/2011
10	FOR REVIEW	W. J. GIBSON	07/20/2011

D3C CONSTRUCTION LLC
20615 FAWN TIMBER TRAIL
HUMBLE TX 77336

TAFFY AMBURN
2879 FM 92
SILSBEE TX 77656

WILLIAM BARROW
2072 COUNTY ROAD 2045
NEWTON TX 75966

GLEN BURKE
2527 AVENUE P
GALVESTON TX 77550

MR AND MRS CART
390 EISSMAN RD
LEESVILLE LA 71446

MICHAEL DAVIS
6516 VAL ST
GROVES TX 77619

MR AND MRS FOMBY
132 EAST ST
BURKEVILLE TX 75932

MARK GUEDRY
122 MCCAIN RD
DERIDDER LA 70634

COLE HERSEY
1165 CAMELLIA ST
VIDOR TX 77662

SANDRA HOPSON
161 PRIVATE ROAD 6048
BURKEVILLE TX 75932

SHIRLEY JACKSON
5600 SPOKANE ST
LOS ANGELES CA 90016

DENA JOHNSON
2900 MANNING ST
PORT ARTHUR TX 77640

JONES ENTERPRISES LTD
PO BOX 631123
NACOGDOCHES TX 75963

MR AND MRS MCGLOTHIN
432 CR 4217
ORANGE TX 77632

MR AND MRS MURRAY
790 HICKORY HILL DR
BURKEVILLE TX 75932

RANDY READ
274 E EASY STREET
BURKEVILLE TX 75932

MIKE REDDING
239 COUNTY ROAD 2157
BURKEVILLE TX 75932

RICKY RICHMOND
218 MEEK ST
NEWTON TX 75966

SCOTT CEMETERY ASSOCIATION
1235 COUNTY ROAD 2133
BURKEVILLE TX 75932

JEFFERY SEAL
1530 PIMPERNEL
SAN ANTONIO TX 78260

SHADY OAKS SHORES RV PARK LLC
245 SHADY SHORES ROAD
BURKEVILLE TX 75932

JANET SONNIER
2520 KING ROAD
SULPHUR LA 70663

SOUTHERN TIMBER PROPERTIES LLC
PO BOX 1626
MANY LA 71449

ERIC WARREN
2503 COMMONWEALTH ST
HOUSTON TX 77006



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: Sabine River Authorities of Texas and Louisiana (See Appendix I)

PERMIT NUMBER (If new, leave blank): WQ00 04845000

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-inst¹](#)).

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

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

Applicant Name: Sabine River Authorities of Texas and Louisiana (See Appendix I)

Permit No.: WQ0004845000

EPA ID No.: TX0130109

Expiration Date: September 30, 2026

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

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

☒ 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: Hydroelectric facility will be adding a new stormwater runoff outfall from a new transformer yard. (outfall 004).

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.: 100796

Check or money order amt.: \$350.00

Named printed on check or money order: Texas Commission on Environmental Quality

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: CN600801864

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: Sabine River Authorities of Texas and Louisiana (See Appendix I)

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

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

Prefix: Mr. Full Name (Last/First Name): David Montagne

Title: General Manager

Credential: Click to enter text.

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

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

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

☒ Yes ☐ No

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

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

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

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

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): Christine Gartner

Title: Water Resources Specialist Credential: [Click to enter text.](#)

Organization Name: Sabine River Authority of Texas

Mailing Address: P.O. Box 579 City/State/Zip: Orange, Texas 77631

Phone No: 409-746-2192 Email: cgartner@sratx.org

b. ☐ Administrative Contact ☒ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Andrew Balingit

Title: TBPJO Chief Dam Safety Engineer Credential: P.E.

Organization Name: Sabine River Authority of Texas

Mailing Address: 450 Spur 135

City/State/Zip: Burkeville, TX 75932

Phone No: 409-565-2273

Email: abalingit@sratx.org

Attachment: Click to enter text.

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

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

a. Prefix: Mr. Full Name (Last/First Name): Don Iles

Title: Middle Basin Regional Manager

Credential: Click to enter text.

Organization Name: Sabine River Authority of Texas

Mailing Address: 450 Spur 135

City/State/Zip: Burkeville, TX 75932

Phone No: (409) 565-2273

Email: diles@sratx.org

b. Prefix: Mr. Full Name (Last/First Name): Bob Cullums

Title: Plant Manager

Credential: Click to enter text.

Organization Name: Sabine River Authority of Texas

Mailing Address: 209 Private Road 6055

City/State/Zip: Burkeville, TX 75932

Phone No: (409) 565-2273

Email: rcullums@sratx.org

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): Don Iles

Title: Middle Basin Regional Manager

Credential: Click to enter text.

Organization Name: Sabine River Authority of Texas

Mailing Address: 450 Spur 135

City/State/Zip: Burkeville, TX 75932

Phone No: (409) 565-2273

Email: diles@sratx.org

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: Ms. Full Name (Last/First Name): Christine Gartner

Title: Water Resources Specialist

Credential: Click to enter text.

Organization Name: Sabine River Authority of Texas

Mailing Address: P.O. Box 579

City/State/Zip: Orange, TX 77631

Phone No: (409) 746-7767

Email: cgartner@sratx.org

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Don Iles

Title: Middle Basin Regional Manager Credential: Click to enter text.

Organization Name: Sabine River Authority of Texas

Mailing Address: 450 Spur 135

City/State/Zip: Burkeville, TX 75932

Phone No: (409) 565-2273

Email: diles@sratx.org

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: diles@sratx.org

☐ Fax: Click to enter text.

☐ Regular Mail (USPS)

Mailing Address: Click to enter text.

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

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Don Iles

Title: Middle Basin Regional Manager Credential: Click to enter text.

Organization Name: Sabine River Authority of Texas

Phone No: (409) 565-2273

Email: diles@sratx.org

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: Newton County Public Library

Location within the building: Click to enter text.

Physical Address of Building: 212 High Street

City: Newton County: Newton

e. Bilingual Notice Requirements

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No ☐ N/A

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

- f. Plain Language Summary Template – Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment. Attachment: [Click to enter text.](#)

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

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

- a. TCEQ issued Regulated Entity Number (RN), if available: RN101595544

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): Toledo Bend Dam

- 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: Sabine River Authority (SRA-TX)

Mailing Address: 450 Spur 135

City/State/Zip: Burkeville, TX 75932

Phone No: (409) 565-2273 Email: diles@sratx.org

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: Sabine River Authority (SRA-TX)

Mailing Address: 450 Spur 135

City/State/Zip: Burkeville, TX 75932

Phone No: (409) 565-2273 Email: diles@sratx.org

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

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

Mailing Address: Click to enter text.

City/State/Zip: Click to enter text.

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

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

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

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

☐ Yes ☒ No

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

☒ One-mile radius

☐ Three-miles downstream information

☒ Applicant's property boundaries

☐ Treatment facility boundaries

☒ Labeled point(s) of discharge

☐ Highlighted discharge route(s)

☐ Effluent disposal site boundaries

☐ All wastewater ponds

☐ Sewage sludge disposal site

☒ New and future construction

Attachment:

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

☐ Yes ☒ No or New Permit

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

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

☒ Yes ☐ No or New Permit

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

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

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

☐ Yes ☒ No

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

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

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

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

☐ Yes ☐ No or New Permit ☒ N/A

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

- 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: WQ0004845000

Applicant Name: Sabine River Authority of Texas

Certification: I, David Montagne, 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): David Montagne

Signatory title: General Manager

Signature: _____ Date: _____
(Use blue ink)

Subscribed and Sworn to before me by the said _____
on this _____ day of _____, 20_____.
My commission expires on the _____ day of _____, 20_____.

Notary Public

[SEAL]

County, Texas

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

Permit No: WQ0004845000

Applicant Name: Sabine River Authority, State of Louisiana

Certification: I, Warren Founds, 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): Warren Founds

Signatory title: Executive Director

Signature: _____ Date: _____
(Use blue ink)

Subscribed and Sworn to before me by the said _____
on this _____ day of _____, 20____.
My commission expires on the _____ day of _____, 20____.

Notary Public

[SEAL]

County, Texas

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

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: [Click to enter text.](#)

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if mailing the payment. (Instructions, Page 36-37)

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- Do not mail this form with the application form.
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP **Permit No: WQ0004845000**

1. Check or Money Order Number: 100796
2. Check or Money Order Amount: \$350.00
3. Date of Check or Money Order: 6/10/2025
4. Name on Check or Money Order: Texas Commission On Environmental Quality
5. APPLICATION INFORMATION

Name of Project or Site: Toledo Bend dam

Physical Address of Project or Site: 209 Private Road 6055 Burkeville, TX 75932

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

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

Staple Check or Money Order in This Space

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

Below is a list of common deficiencies found during the administrative review of industrial wastewater permit applications. To ensure the timely processing of this application, please review the items below and indicate each item is complete and in accordance applicable rules at 30 TAC Chapters 21, 281, and 305 by checking the box next to the item. If an item is not required this application, indicate by checking N/A where appropriate. Please do not submit the application until all items below are addressed.

- ☐ Core Data Form (TCEQ Form No. 10400)
*(Required for all applications types. Must be completed in its entirety and signed.
Note: Form may be signed by applicant representative.)*
- ☐ Correct and Current Industrial Wastewater Permit Application Forms
(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)
- ☐ Water Quality Permit Payment Submittal Form (Page 14)
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)
- ☐ 7.5 Minute USGS Quadrangle Topographic Map Attached
*(Full-size map if seeking "New" permit.
8 ½ x 11 acceptable for Renewals and Amendments.)*
- ☐ N/A ☐ Current/Non-Expired, Executed Lease Agreement or Easement Attached
- ☐ N/A ☐ Landowners Map
(See instructions for landowner requirements.)

Things to Know:

- All the items shown on the map must be labeled.
- The applicant's complete property boundaries must be delineated which includes boundaries of contiguous property owned by the applicant.
- The applicant cannot be its own adjacent landowner. You must identify the landowners immediately adjacent to their property, regardless of how far they are from the actual facility.
- If the applicant's property is adjacent to a road, creek, or stream, the landowners on the opposite side must be identified. Although the properties are not adjacent to applicant's property boundary, they are considered potentially affected landowners. If the adjacent road is a divided highway as identified on the USGS topographic map, the applicant does not have to identify the landowners on the opposite side of the highway.

- ☐ N/A ☐ Landowners Cross Reference List
(See instructions for landowner requirements.)
- ☐ N/A ☐ Landowners Labels or CD-RW attached
(See instructions for landowner requirements.)
- ☐ Original signature per 30 TAC § 305.44 – Blue Ink Preferred
*(If signature page is not signed by an elected official or principle executive officer,
a copy of signature authority/delegation letter must be attached.)*



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 603315532		RN 101595544

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		1/14/2025	
☐ 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)					
<i>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).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) If new Customer, enter previous Customer below:					
Sabine River Authority, State of Louisiana					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
				10. DUNS Number (if applicable)	
11. Type of Customer:		☐ Corporation		☐ Individual	
Government: ☐ City ☐ County ☐ Federal ☐ Local ☒ State ☐ Other		☐ Sole Proprietorship		Partnership: ☐ General ☐ Limited	
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:					
15091 Texas Hwy					
City		Many		State LA	
ZIP		71449		ZIP + 4	
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	
(318) 253-4112				(318) 256-4179	

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	
<i>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).</i>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Toledo Bend Dam	

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>	209 Private Road 6055							
	City	Burkeville	State	TX	ZIP	75932	ZIP + 4	
24. County	Newton							

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

25. Description to Physical Location:								
26. Nearest City				State		Nearest ZIP Code		
<i>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).</i>								
27. Latitude (N) In Decimal:		31.174		28. Longitude (W) In Decimal:		93.658		
Degrees	Minutes	Seconds		Degrees	Minutes	Seconds		
31	10	25		93	33	57		
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
4911								
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>								
Electric Power Generation								
34. Mailing Address:	209 Private Road 6055							
	City	Burkeville	State	TX	ZIP	75932	ZIP + 4	
35. E-Mail Address:		rodney.fulton@la.gov						
36. Telephone Number			37. Extension or Code			38. Fax Number <i>(if applicable)</i>		
(409) 565-4191						() -		

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:
WQ0004845000				

SECTION IV: Preparer Information

40. Name:	Rodney Fulton, P.E.	41. Title:	Project Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(337) 286-5244		() -	rodney.fulton@la.gov

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:	Sabine River Authority, State of Louisiana	Job Title:	Project Engineer
Name (In Print):	Rodney Fulton	Phone:	(337) 286- 5244
Signature:		Date:	



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 600801864		RN 101595544

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		01/14/2025			
☐ 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)							
<i>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).</i>							
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) If new Customer, enter previous Customer below:							
Sabine River Authority of Texas							
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)			
		A-174771		74-6013768			
10. DUNS Number (if applicable)		06-071-7824					
11. Type of Customer:		☐ Corporation		☐ Individual			
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☒ Other		☐ Sole Proprietorship		Partnership: ☐ General ☐ Limited			
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 579						
	City	Orange	State	TX	ZIP	77631	ZIP + 4
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)			
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)			
(409) 746-2192				() -			

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	
<i>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).</i>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Toledo Bend Dam	

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>	209 Private Road 6055						
	City	Burkeville	State	TX	ZIP	75932	ZIP + 4
24. County	Newton						

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

25. Description to Physical Location:								
26. Nearest City					State			Nearest ZIP Code
<i>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).</i>								
27. Latitude (N) In Decimal:	31.174			28. Longitude (W) In Decimal:	93.658			
Degrees	Minutes	Seconds		Degrees	Minutes	Seconds		
31	10	25		93	33	57		
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)			
4911								
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>								
Electric Power Generation								
34. Mailing Address:	209 Private Road 6055							
	City	Burkeville	State	TX	ZIP	75932	ZIP + 4	
35. E-Mail Address:	rcullums@sratx.org							
36. Telephone Number	37. Extension or Code			38. Fax Number (if applicable)				
(409) 565-2273				() -				

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:
WQ0004845000				

SECTION IV: Preparer Information

40. Name:	Christine Gartner	41. Title:	Water Resources Specialist
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(409) 746-7767		() -	cgartner@sratx.org

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:	Sabine River Authority of Texas	Job Title:	Middle Basin Regional Manager
Name (In Print):	Don Iles	Phone:	(409) 565- 2273
Signature:		Date:	



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

Hydroelectric power generation; SIC Code 4911, NAICS Code 221111

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

A detailed description of the wastewater generating process is included in Appendix "C".

¹

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

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

Materials List

Raw Materials	Intermediate Products	Final Products
Water	N/A	Electricity

Attachment: N/A

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

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

Attachment: "D"

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

☐ Yes ☒ No

If **yes**, provide background discussion: [Click to enter text.](#)

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

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: [FEMA FIRM Map# 48351Co100D](#)

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: "E"

- 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.

RE: Attachment "F"

- 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: "G"

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)	N/A	N/A	N/A	N/A
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: N/A

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

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

1. Liner data

☐ Yes ☐ No ☐ Not yet designed

2. Leak detection system or groundwater monitoring data

☐ Yes ☐ No ☐ Not yet designed

3. Groundwater impacts

☐ Yes ☐ No ☐ Not yet designed

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

Attachment: N/A

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

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

Attachment: N/A

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

Attachment: N/A

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

Attachment: N/A

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

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

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

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

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
001	31.1733	-93.5656
002	31.1733	-93.5656
003	31.1733	-93.5656
004	31.1727	-93.5661

Outfall Location Description

Outfall No.	Location Description
001	Two cooling water discharge pipes at the base of the dam into the tailrace of the dam
002	An underwater discharge pipe from the station sump into the tailrace of the dam
003	Exit of transformer deck drainpipe into the tailrace of the dam
004	Exit of a drainpipe from and underground oil water separator tank into a channel that flows to the tailrace

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

Outfall No.	Description of sampling point
001	After leaving the cooling structure and prior to entering the dam tailrace
002	After leaving the sump and prior to entering the dam tailrace
003	After exiting storm water collection pipe and prior to entering the dam tailrace
004	After exiting underground oil water separator tank and prior to entering the dam tailrace

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	Report	1.2	Report	1.2	Existing
002	Report	Report	Report	Report	Existing
003	Report	Report	Report	Report	Existing
004	Report	Report	Report	Report	07/01/2025

Outfall Discharge – Method and Measurement

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

Outfall Discharge – Flow Characteristics

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

Outfall Wastestream Contributions**Outfall No. 001**

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Unit 1 Thrust and Guide Bearing Coolers	0.1152	10.53
Unit 1 Generator Cooling	0.432	39.47
Unit 2 Thrust and Guide Bearing Coolers	0.1152	10.53
Unit 2 Generator Cooling	0.432	39.47

Outfall No. 002

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Condensation and incidental drips and leaks from facility piping and water-cooled equipment	0.036	100

Outfall No. 003

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Rainwater runoff from the floor of the powerhouse and the deck area.	0.009	100

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

Outfall No. 004

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Rainwater runoff from the transformer yard.	0.009	100

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: N/A

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	N/A	N/A	N/A
Boilers	N/A	N/A	N/A

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: transferred via air ejector through pipeline to septic system on adjacent Sabine Authority of Texas property.

- 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.
N/A	N/A

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: The Generator Step-Up (GSU) Transformer project kicked off on October 17, 2022. The civil site work was completed in the Spring of 2023. The two new GSU transformers were delivered and installed on their prepared foundations on July 11, 2023, and substantial completion for the 138 KV substation was reached on November 7, 2023. Due to raw material shortages and elevated lake levels, the overall project was delayed until the Fall of 2024. TBPJO resumed construction and went into a powerhouse outage on September 16, 2024, to remove the existing transformer, install the switchgear, make final terminations, and perform testing and commissioning. Final completion for the entire GSU Transformer project was reached on November 14, 2024.

Item 9. Toxicity Testing (Instructions, Page 45)

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

☐ Yes ☒ No

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

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

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

- a. Does or will the facility receive wastes from off-site sources for treatment at the facility, disposal on-site via land application, or discharge via a permitted outfall?
- ☐ Yes ☒ No

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

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

b. Attach the following information to the application:

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

Attachment: N/A

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

☐ Yes ☒ No

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

Attachment: N/A

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

☐ Yes ☒ No

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

Item 11. Radioactive Materials (Instructions, Page 46)

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

☐ Yes ☒ No

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

Radioactive Materials Mined, Used, Stored, or Processed

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

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

☐ Yes ☒ No

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

Radioactive Materials Present in the Discharge

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

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

- 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	Sabine River Authority of TX & LA	
Operator	Sabine River Authority of TX & LA	

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

d. 316(b) General Criteria

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

☐ Yes ☒ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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

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

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

☒ Yes ☐ No

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

f. Oil and Gas Exploration and Production

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

g. Compliance Phase and Track Selection

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

☐ Yes ☐ No

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

- ☐ Track I – AIF greater than 2 MGD, but less than 10 MGD
 - Attach information required by *40 CFR §§ 125.86(b)(2)-(4)*.
- ☐ Track I – AIF greater than 10 MGD
 - Attach information required by *40 CFR § 125.86(b)*.
- ☐ Track II
 - Attach information required by *40 CFR § 125.86(c)*.

Attachment: [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.

We are requesting the addition of a new stormwater outfall, designated as Outfall 004, due to recent changes made to our transformer infrastructure and associated stormwater management systems. Scope of Request: The original transformer located on the transformer deck was removed. A new transformer yard was constructed to house the replacement transformer. This yard includes new impervious surfaces which now drain to a pipe system that leads to an underground oil catchment and separator system. This system consists of two 4,500-gallon underground tanks designed to capture and separate any oil that may be present in the stormwater runoff. When the tanks reach capacity, the inflow is offset by an equal outflow through a pipe that discharges into a Texas Department of Transportation ditch. From there, the water flows through natural drainage pathways and ultimately reaches the tailrace, approximately 1.3 miles downstream from the powerhouse. Justification for Request: Stormwater runoff from the transformer yard has the potential to encounter transformer oil. While containment and separation systems are in place, this represents a unique discharge source not previously accounted for. To ensure regulatory clarity, monitoring capability, and environmental protection, a distinct stormwater outfall (Outfall 004) is needed. This outfall is hydrologically and physically separated from existing permitted discharge points. Adding it to our stormwater permit will allow for appropriate monitoring and compliance tracking and demonstrate our commitment to responsible environmental management.

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

☐ Yes ☒ No

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

N/A

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

☐ Yes ☒ No

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

N/A

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: Christine Gartner

Title: Water Resource Specialist

Signature: _____

Date: _____

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)

- 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): 2/24/25-3/24/25
- ☒ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- 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: "H"

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: N/A

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.: 001

Samples are (check one): ☐ Composite ☒ Grab

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)	<2	<2	<2	<2
CBOD (5-day)	<2	<2	<2	<2
Chemical oxygen demand	19.7	14.9	17.9	23.6
Total organic carbon	6.55	6.60	6.60	6.79
Dissolved oxygen	10.5	9.07	10.1	10.3
Ammonia nitrogen	<0.10	<0.10	<0.10	<0.10
Total suspended solids	4.11	4.42	3.87	3.05
Nitrate nitrogen	0.140	0.120	0.110	0.0800
Total organic nitrogen	0.62	1.8	1.0	<0.20
Total phosphorus	0.14	<0.06	<0.06	<0.06
Oil and grease	<2	<2	<2	<2
Total residual chlorine	<0.10	<0.10	<0.10	<0.10
Total dissolved solids	70	75	78	32
Sulfate	10.5	10.8	10.7	11.0
Chloride	9.0	9.2	9.1	9.2
Fluoride	<0.50	<0.50	<0.50	<0.50
Total alkalinity (mg/L as CaCO ₃)	26.5	26.5	26.0	26.2
Temperature (°F)	54	55	68	57
pH (standard units)	7.85	7.24	7.33	7.24

Table 2 for Outfall No.: 001

Samples are (check one): ☐ Composite ☒ Grab

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total	27	19	21	37	2.5
Antimony, total	<5	<5	<5	<5	5

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Arsenic, total	0.76	0.74	0.72	0.70	0.5
Barium, total	46.7	47.2	47.6	47.5	3
Beryllium, total	<0.5	<0.5	<0.5	<0.5	0.5
Cadmium, total	<1	<1	<1	<1	1
Chromium, total	<3	<3	<3	<3	3
Chromium, hexavalent	<3	<3	<3	<3	3
Chromium, trivalent	<3	<3	<3	<3	N/A
Copper, total	<2	10.7	6.780	5.320	2
Cyanide, available	<5.0	<5.0	<5.0	<5.0	2/10
Lead, total	<0.5	3.470	1.74	1.25	0.5
Mercury, total	<0.0005	0.0012	<0.0005	<0.0005	0.005/0.0005
Nickel, total	<2	15.8	7.13	4.32	2
Selenium, total	<5	<5	<5	<5	5
Silver, total	<0.000002	<0.000002	<0.000002	<0.000002	0.5
Thallium, total	<0.5	<0.5	<0.5	<0.5	0.5
Zinc, total	<5	21.2	9.77	6.87	5.0

Table 3 for Outfall No.: **002**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)	<2	<2	2.06	<2
CBOD (5-day)	<2	<2	<2	<2
Chemical oxygen demand	<10	15.9	17.2	20.0
Total organic carbon	6.36	6.75	5.90	6.61
Dissolved oxygen	10.4	10.1	10.2	10.3
Ammonia nitrogen	0.50	<0.10	<0.10	<0.10
Total suspended solids	3.91	3.45	3.35	<3
Nitrate nitrogen	0.140	0.130	0.110	0.0900
Total organic nitrogen	0.50	1.3	1.8	0.31
Total phosphorus	<0.06	<0.06	<0.06	<0.06
Oil and grease	<2	<2	<2	<2
Total residual chlorine	<0.10	<0.10	<0.10	<0.10
Total dissolved solids	82	74	71	67
Sulfate	10.9	10.7	10.7	11.0
Chloride	8.9	9.1	9.1	9.3
Fluoride	<0.50	<0.50	<0.5	<0.50
Total alkalinity (mg/L as CaCO ₃)	26.8	26.9	26.0	4.40
Temperature (°F)	52	55	56	58
pH (standard units)	7.69	7.60	7.47	7.62

Table 4 for Outfall No.: **002**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	23	19	26	37	2.5
Antimony, total	<5	<5	<5	<5	5
Arsenic, total	0.76	0.75	0.70	0.66	0.5
Barium, total	46.4	46.8	46.4	46.4	3
Beryllium, total	<0.5	<0.5	<0.5	<0.5	0.5
Cadmium, total	<1	<1	<1	<1	1
Chromium, total	<3	<3	<3	<3	3
Chromium, hexavalent	<3	<3	<3	<3	3
Chromium, trivalent	<3	<3	<3	<3	N/A
Copper, total	<2	<2	<2	<2	2

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Cyanide, available	<5.0	<5.0	<5.0	<5.0	2/10
Lead, total	<0.5	<0.5	<0.5	<0.5	0.5
Mercury, total	0.00085	0.00086	0.0010	<0.00050	0.005/0.0005
Nickel, total	<2	<2	<2	<2	2
Selenium, total	<5	<5	<5	<5	5
Silver, total	<0.000002	<0.000002	<0.000002	<0.000002	0.5
Thallium, total	<0.5	<0.5	<0.5	<0.5	0.5
Zinc, total	<5	<5	<5	<5	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 5 for Outfall No.: 002

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	<50	<50	<50	50
Anthracene	<5.7	<5.7	<5.7	<5.7	10
Benzene	<1.0	<1.0	<1.0	<1.0	10
Benzidine	<20	<20	<20	<20	50
Benzo(a)anthracene	<5.0	<5.0	<5.0	<5.0	5
Benzo(a)pyrene	<5.0	<5.0	<5.0	<5.0	5
Bis(2-chloroethyl)ether	<10	<10	<10	<10	10
Bis(2-ethylhexyl)phthalate	<5.0	<5.0	<5.0	<5.0	10
Bromodichloromethane [Dichlorobromomethane]	<1.0	<1.0	<1.0	<1.0	10
Bromoform	<5.0	<5.0	<5.0	<5.0	10
Carbon tetrachloride	<5.0	<5.0	<5.0	<5.0	2
Chlorobenzene	<1.0	<1.0	<1.0	<1.0	10
Chlorodibromomethane [Dibromochloromethane]	<5.0	<5.0	<5.0	<5.0	10
Chloroform	<1.0	<1.0	<1.0	<1.0	10
Chrysene	<5.0	<5.0	<5.0	<5.0	5
m-Cresol [3-Methylphenol]	<10	<10	<10	<10	10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
o-Cresol [2-Methylphenol]	<10	<10	<10	<10	10
p-Cresol [4-Methylphenol]	<10	<10	<10	<10	10
1,2-Dibromoethane	<5.0	<5.0	<5.0	<5.0	10
m-Dichlorobenzene [1,3-Dichlorobenzene]	<10	<10	<10	<10	10
o-Dichlorobenzene [1,2-Dichlorobenzene]	<10	<10	<10	<10	10
p-Dichlorobenzene [1,4-Dichlorobenzene]	<10	<10	<10	<10	10
3,3'-Dichlorobenzidine	<5.0	<5.0	<5.0	<5.0	5
1,2-Dichloroethane	<1.0	<1.0	<1.0	<1.0	10
1,1-Dichloroethene [1,1-Dichloroethylene]	<1.0	<1.0	<1.0	<1.0	10
Dichloromethane [Methylene chloride]	<5.0	<5.0	<5.0	<5.0	20
1,2-Dichloropropane	<5.0	<5.0	<5.0	<5.0	10
1,3-Dichloropropene [1,3-Dichloropropylene]	<5.0	<5.0	<5.0	<5.0	10
2,4-Dimethylphenol	<5.0	<5.0	<5.0	<5.0	10
Di-n-Butyl phthalate	<5.0	<5.0	<5.0	<5.0	10
Ethylbenzene	<1.0	<1.0	<1.0	<1.0	10
Fluoride	<0.0005	<0.0005	<0.0005	<0.0005	500
Hexachlorobenzene	<5.0	<5.0	<5.0	<5.0	5
Hexachlorobutadiene	<1.0	<1.0	<1.0	<1.0	10
Hexachlorocyclopentadiene	<10	<10	<10	<10	10
Hexachloroethane	<4.8	<4.8	<4.8	<4.8	20
Methyl ethyl ketone	<50	<50	<50	<50	50
Nitrobenzene	<5.0	<5.0	<5.0	<5.0	10
N-Nitrosodiethylamine	<10	<10	<10	<10	20
N-Nitroso-di-n-butylamine	<10	<10	<10	<10	20
Nonylphenol	<10	<10	<10	<10	333
Pentachlorobenzene	<10	<10	<10	<10	20
Pentachlorophenol	<10	<10	<10	<10	5
Phenanthrene	<10	<10	<10	<10	10
Polychlorinated biphenyls (PCBs) (**)	<0.50	<0.50	<0.50	<0.50	0.2

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Pyridine	<10	<10	<10	<10	20
1,2,4,5-Tetrachlorobenzene	<10	<10	<10	<10	20
1,1,2,2-Tetrachloroethane	<1.0	<1.0	<1.0	<1.0	10
Tetrachloroethene [Tetrachloroethylene]	<1.0	<1.0	<1.0	<1.0	10
Toluene	<1.0	<1.0	<1.0	<1.0	10
1,1,1-Trichloroethane	<5.0	<5.0	<5.0	<5.0	10
1,1,2-Trichloroethane	<1.0	<1.0	<1.0	<1.0	10
Trichloroethene [Trichloroethylene]	<5.0	<5.0	<5.0	<5.0	10
2,4,5-Trichlorophenol	<10	<10	<10	<10	50
TTHM (Total trihalomethanes)	<5.0	<5.0	<5.0	<5.0	10
Vinyl chloride	<2.0	<2.0	<2.0	<2.0	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 6 for Outfall No.: N/A

Samples are (check one): ☐ Composite ☐ Grab

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

TABLE 5 (Instructions, Page 59)

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

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

☒ N/A

Table 7 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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
2,4-D					0.7
Danitol [Fenpropathrin]					—
Demeton					0.20
Diazinon					0.5/0.1
Dicofol [Kelthane]					1
Dieldrin					0.02
Diuron					0.090
Endosulfan I (<i>alpha</i>)					0.01
Endosulfan II (<i>beta</i>)					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Guthion [Azinphos methyl]					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
Hexachlorocyclohexane (<i>alpha</i>)					0.05
Hexachlorocyclohexane (<i>beta</i>)					0.05
Hexachlorocyclohexane (<i>gamma</i>) [Lindane]					0.05
Hexachlorophene					10
Malathion					0.1
Methoxychlor					2.0
Mirex					0.02
Parathion (ethyl)					0.1
Toxaphene					0.3
2,4,5-TP [Silvex]					0.3

* Indicate units if different from µg/L.

TABLE 6 (Instructions, Page 59)

Completion of Table 6 is required for all external outfalls.

Table 8 for Outfall No.: **001**

Samples are (check one): ☐ Composite ☒ Grab

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	☐	☒					400
Color (PCU)	☒	☐	43	38	33	35	—
Nitrate-Nitrite (as N)	☒	☐	<0.05	<0.05	<0.05	<0.05	—
Sulfide (as S)	☐	☒					—
Sulfite (as SO ₃)	☐	☒					—
Surfactants	☒	☐	<0.10	<0.10	<0.10	0.10	—
Boron, total	☒	☐	0.028	0.026	0.030	0.028	20
Cobalt, total	☐	☒					0.3
Iron, total	☒	☐	0.109	0.132	0.105	0.094	7
Magnesium, total	☒	☐	2.68	2.66	2.80	2.92	20
Manganese, total	☒	☐	0.0354	0.0427	0.0347	0.0235	0.5
Molybdenum, total	☐	☒					1
Tin, total	☒	☐	<0.0020	<0.0020	<0.0020	<0.0020	5
Titanium, total	☐	☒					30

Table 9 for Outfall No.: **002**

Samples are (check one): ☐ Composite ☒ Grab

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	☐	☒					400
Color (PCU)	☒	☐	38	35	38	32	—
Nitrate-Nitrite (as N)	☒	☐	<0.05	<0.05	<0.05	<0.05	—
Sulfide (as S)	☐	☒					—
Sulfite (as SO ₃)	☐	☒					—
Surfactants	☒	☐		<0.10	<0.10	<0.10	—
Boron, total	☒	☐	0.027	0.027	0.028	0.030	20
Cobalt, total	☐	☒					0.3
Iron, total	☒	☐	0.109	0.106	0.108	0.0910	7
Magnesium, total	☒	☐	2.69	2.75	2.72	2.84	20
Manganese, total	☒	☐	0.0342	0.0315	0.0303	0.0218	0.5
Molybdenum, total	☐	☒					1

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Tin, total	☒	☐	<0.0020	<0.0020	<0.0020	<0.0020	5
Titanium, total	☐	☒					30

TABLE 7 (Instructions, Page 60)

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

☒ N/A

Table 10 for Applicable Industrial Categories

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

Industrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/Neutrals Table 10	Pesticides Table 11
☐ Pulp and Paperboard Mills - Subpart E	430	☐ Yes	☐ Yes	☐ Yes	☐ *
☐ Rubber Processing	428	☐ Yes	☐ Yes	☐ Yes	No
☐ Soap and Detergent Manufacturing	417	☐ Yes	☐ Yes	☐ Yes	No
☐ Steam Electric Power Plants	423	☐ Yes	☐ Yes	No	No
☐ Textile Mills (Not Subpart C)	410	☐ Yes	☐ Yes	☐ Yes	No
☐ Timber Products Processing	429	☐ Yes	☐ Yes	☐ Yes	☐ Yes

* Test if believed present.

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

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

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

Table 11 for Outfall No.: N/A

Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acrolein					50
Acrylonitrile					50
Benzene					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane					10
Chloroethane					50
2-Chloroethylvinyl ether					10
Chloroform					10
Dichlorobromomethane [Bromodichloromethane]					10
1,1-Dichloroethane					10
1,2-Dichloroethane					10
1,1-Dichloroethylene [1,1-Dichloroethene]					10
1,2-Dichloropropane					10
1,3-Dichloropropylene [1,3-Dichloropropene]					10
Ethylbenzene					10
Methyl bromide [Bromomethane]					50
Methyl chloride [Chloromethane]					50

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

* Indicate units if different from µg/L.

Table 12 for Outfall No.: N/A

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)
2-Chlorophenol					10
2,4-Dichlorophenol					10
2,4-Dimethylphenol					10
4,6-Dinitro-o-cresol					50
2,4-Dinitrophenol					50
2-Nitrophenol					20
4-Nitrophenol					50
p-Chloro-m-cresol					10
Pentachlorophenol					5
Phenol					10
2,4,6-Trichlorophenol					10

* Indicate units if different from µg/L.

Table 13 for Outfall No.: N/A

Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acenaphthene					10
Acenaphthylene					10
Anthracene					10
Benzidine					50

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Benzo(a)anthracene					5
Benzo(a)pyrene					5
3,4-Benzofluoranthene [Benzo(b)fluoranthene]					10
Benzo(ghi)perylene					20
Benzo(k)fluoranthene					5
Bis(2-chloroethoxy)methane					10
Bis(2-chloroethyl)ether					10
Bis(2-chloroisopropyl)ether					10
Bis(2-ethylhexyl)phthalate					10
4-Bromophenyl phenyl ether					10
Butylbenzyl phthalate					10
2-Chloronaphthalene					10
4-Chlorophenyl phenyl ether					10
Chrysene					5
Dibenzo(a,h)anthracene					5
1,2-Dichlorobenzene [o-Dichlorobenzene]					10
1,3-Dichlorobenzene [m-Dichlorobenzene]					10
1,4-Dichlorobenzene [p-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
Diethyl phthalate					10
Dimethyl phthalate					10
Di-n-butyl phthalate					10
2,4-Dinitrotoluene					10
2,6-Dinitrotoluene					10
Di-n-octyl phthalate					10
1,2-Diphenylhydrazine (as Azobenzene)					20
Fluoranthene					10
Fluorene					10
Hexachlorobenzene					5
Hexachlorobutadiene					10

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

* Indicate units if different from µg/L.

Table 14 for Outfall No.: N/A

Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Aldrin					0.01
alpha-BHC [alpha-Hexachlorocyclohexane]					0.05
beta-BHC [beta-Hexachlorocyclohexane]					0.05
gamma-BHC [gamma-Hexachlorocyclohexane]					0.05
delta-BHC [delta-Hexachlorocyclohexane]					0.05
Chlordane					0.2
4,4'-DDT					0.02
4,4'-DDE					0.1
4,4'-DDD					0.1
Dieldrin					0.02
Endosulfan I (alpha)					0.01
Endosulfan II (beta)					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Endrin aldehyde					0.1

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

* Indicate units if different from µg/L.

Attachment: N/A

TABLE 12 (DIOXINS/FURAN COMPOUNDS)

Complete of Table 12 **is required** for **external outfalls**, as directed below. (Instructions, Pages 59-60)

Indicate which compound(s) are manufactured or used at the facility and provide a brief description of the conditions of its/their presence at the facility (check all that apply).

- ☐ 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP) CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnell) CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol (TCP) CASRN 95-95-4
- ☐ hexachlorophene (HCP) CASRN 70-30-4
- ☒ None of the above

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

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

- ☐ Yes ☒ No

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

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

Table 15 for Outfall No.: N/ASamples are (check one): ☐ Composite ☐ Grab

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

TABLE 13 (HAZARDOUS SUBSTANCES)

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Table 16 for Outfall No.: N/A

Samples are (check one): ☐ Composite ☐ Grab

Pollutant	CASRN	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	Analytical Method

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 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: N/A 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: [Click to enter text.](#)
- 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	☐ urban runoff
☐ agricultural runoff	☐ septic tanks
☐ upstream discharges	☐ other, specify: Click to enter text.

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

☐ livestock watering	☐ industrial water supply
☐ non-contact recreation	☐ irrigation withdrawal
☐ domestic water supply	☐ navigation
☐ contact recreation	☐ picnic/park activities
☐ fishing	☐ other, specify: Click to enter text.

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

☐ **Wilderness:** outstanding natural beauty; usually wooded or un-pastured area: water clarity exceptional

☐ **Natural Area:** trees or native vegetation common; some development evident (from fields, pastures, dwellings); water clarity discolored

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

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 7.0: STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges consisting of **either**: 1) solely of stormwater discharges associated with industrial activities, as defined in *40 CFR § 122.26(b)(14)(i-xi)*, **or** 2) stormwater discharges associated with industrial activities and any of the listed allowable non-stormwater discharges, as defined in the MSGP (TXR05000), Part II, Section A, Item 6.

Discharges of stormwater as defined in *40 CFR § 122.26 (b)(13)* are not required to obtain authorization under a TPDES permit (see exceptions at *40 CFR §§ 122.26(a)(1)* and *(9)*). Authorization for discharge may be required from a local municipal separate storm sewer system.

Item 1. Applicability (Instructions, Page 89)

Do discharges from any of the existing/proposed outfalls consist either 1) solely of stormwater discharges associated with industrial activities **or** 2) stormwater discharges associated with industrial activities and any of the allowable non-stormwater discharges?

☒ Yes ☐ No

If **no**, stop here. If **yes**, proceed as directed.

Item 2. Stormwater Coverage (Instructions, Page 89)

List each existing/proposed stormwater outfall at the facility and indicate which type of authorization covers or is proposed to cover discharges.

Authorization Coverage

Outfall	Authorization under MSGP	Authorized Under Individual Permit
003	☐	☒
004	☐	☒
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

If **all** existing/proposed outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) are **authorized under the MSGP**, **stop** here.

If **seeking authorization** for any outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) **under an individual permit**, **proceed**.

NOTE: The following information is required for each existing/proposed stormwater outfall for which the facility is seeking individual permit authorization under this application

Item 3. Site Map (Instructions, Page 90)

Attach a site map or maps (drawn to scale) of the entire facility with the following information.

- the location of each stormwater outfall to be covered by the permit
- an outline of the drainage area that is within the facility's boundary and that contributes stormwater to each outfall to be covered by the permit
- connections or discharge points to municipal separate storm sewer systems
- locations of all structures (e.g. buildings, garages, storage tanks)
- structural control devices that are designed to reduce pollution in discharges of stormwater associated with industrial activities
- process wastewater treatment units (including ponds)
- bag house and other air treatment units exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)
- landfills; scrapyards; surface water bodies (including wetlands)
- vehicle and equipment maintenance areas
- physical features of the site that may influence discharges of stormwater associated with industrial activities or contribute a dry weather flow
- locations where spills or leaks of reportable quality (as defined in 30 TAC § 327.4) have occurred during the three years before this application was submitted to obtain coverage under an individual permit
- processing areas, storage areas, material loading/unloading areas, and other locations where significant materials are exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)

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

Attachment: "D"

Item 4. Facility/Site Information (Instructions, Page 90)

- a. Provide the area of impervious surface and the total area drained by each stormwater outfall requested for authorization by this permit application.

Impervious Surfaces

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)
003	2.8 Acres	13.8 Acres
004	.227 Acres	.227 Acres

- b. Provide the following local area rainfall information and the source of the information.
- Wettest month: June
- Average rainfall for wettest month (total inches): 7.1
- 25-year, 24-hour rainfall (inches): 9.5
- Source: Technical Paper 40, Weather Bureau (now National Weather Service)
- c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment: Transformer Oil**
- d. Attach narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff (see instructions for guidance). **Attachment: The deck area directly adjacent to the powerhouse is occasionally used for staging materials and minor maintenance activities that would be contacted by storm water in this area. Some outage maintenance activities include hydro-blasting of coolers resulting in temporary deposits of rust in this area that might be contacted by storm water runoff if a rainfall event occurs prior to the area being cleaned. Additionally in the transformer yard where the main station transformer is located could produce transformer oil leaks that might be contacted by storm water runoff if a rainfall event occurs prior to any necessary repairs and cleaning.**
- e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility: **Oil filled equipment and tanks on the site are either built with double-walled construction or set inside secondary containment to prevent accidental release of oil to the environment. Rainwater collected in the transformer yard flows through a channel to an oil-water separation system, which includes two 4,500-gallon tanks for removing oil and other contaminants. An emergency spill kit is staged for easy access in the event a leak is detected during visual inspection of the transformer. Good housekeeping practices are employed to facilitate early visual identification of any potential leaks.**

Item 5. Pollutant Analysis (Instructions, Page 91)

- a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): 3/4/2025
- b. ☒ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Complete Table 17 as directed on page 92 of the Instructions.

Table 17 for Outfall No.: 003

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
pH (standard units)	7.3 (max)	—	(min)	—		—
Total suspended solids	10.2					—
Chemical oxygen demand	105					—

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
Total organic carbon	26.1					—
Oil and grease	<2					—
Arsenic, total	<0.0005					0.0005
Barium, total	0.00706					0.003
Cadmium, total	<0.001					0.001
Chromium, total	<0.003					0.003
Chromium, trivalent	<0.003					—
Chromium, hexavalent	<0.003					0.003
Copper, total	0.00233					0.002
Lead, total	0.00431					0.0005
Mercury, total	0.0058					0.000005
Nickel, total	0.00212					0.002
Selenium, total	<0.005					0.005
Silver, total	<0.00035					0.0005
Zinc, total	0.0886					0.005

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

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

Table 18 for Outfall No.: N/A

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

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

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

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

Item 6. Storm Event Data (Instructions, Page 93)

Provide the following data for the storm event(s) which resulted in the maximum values for the analytical data submitted:

Date of storm event: 3/4/2025

Duration of storm event (minutes): 60 minutes

Total rainfall during storm event (inches): 0.71 in.

Number of hours the between beginning of the storm measured and the end of the previous measurable storm event (hours): 5 hours

Maximum flow rate during rain event (gallons/minute): 10 GPM

Total stormwater flow from rain event (gallons): 600 GPM

Provide a description of the method of flow measurement or estimate: Time required to fill a known volume.

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: Sabine River Authorities (See Appendix I for complete ownership detail)

Permit No. WQ00 04845000

EPA ID No. TX 0130109

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

209 Private Road 6055 Burkeville, Texas 75932- 15 miles northeast of Burkeville, Texas on Hwy 692.

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

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

First and Last Name: Don Iles

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

Title: Middle Basin Regional Manager

Mailing Address: 450 Spur 135

City, State, Zip Code: Burkeville, Texas 75932

Phone No.: (409) 565-2273 Ext.: Fax No.: (409) 565-2238

E-mail Address: diles@sratx.org

2. List the county in which the facility is located: Newton
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 an unnamed man-made channel; thence to Sabine River above Caney Creek in Segment No. 0503

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):

N/A

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

Hydro-electric power generation site with associated ancillary buildings, parking areas, and storage. No change in land use is planned for the permit period.

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:

The Generator Step-Up (GSU) Transformer project kicked off on October 17, 2022. The civil site work was completed in the Spring of 2023. The two new GSU transformers were delivered and installed on their prepared foundations on July 11, 2023, and substantial completion for the 138 KV substation was reached on November 7, 2023. Due to raw material shortages and elevated lake levels, the overall project was delayed until the Fall of 2024. TBPJO resumed construction and went into a powerhouse outage on September 16, 2024, to remove the existing transformer, install the switchgear, make final terminations, and perform testing and commissioning. Final completion for the entire GSU Transformer project was reached on November 14, 2024.

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

The property belongs jointly to the Sabine River Authority of Texas and Sabine River Authority, State of Louisiana and is used for power generation.



Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

Section 1. Preliminary Screening

- ☐ New Permit or Registration Application
☒ New Activity - modification, registration, amendment, facility, etc. (see instructions)

If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.

Section 2. Secondary Screening

- ☒ Requires public notice,
☐ Considered to have significant public interest, and
☐ Located within any of the following geographical locations:

- Austin
- Dallas
- Fort Worth
- Houston
- San Antonio
- West Texas
- Texas Panhandle
- Along the Texas/Mexico Border
- Other geographical locations should be decided on a case-by-case basis

**If all the above boxes are not checked, a Public Involvement Plan is not necessary.
Stop after Section 2 and submit the form.**

- ☒ Public Involvement Plan not applicable to this application. Provide **brief** explanation.

Hydro-electric power generation facility does not have significant public interest nor is it located within the specified geographical locations.

Section 3. Application Information

Type of Application (check all that apply):

Air ☐ Initial ☐ Federal ☐ Amendment ☐ Standard Permit ☐ Title V
Waste ☐ Municipal Solid Waste ☐ Industrial and Hazardous Waste ☐ Scrap Tire
☐ Radioactive Material Licensing ☐ Underground Injection Control

Water Quality

☐ Texas Pollutant Discharge Elimination System (TPDES)
☐ Texas Land Application Permit (TLAP)
☐ State Only Concentrated Animal Feeding Operation (CAFO)
☐ Water Treatment Plant Residuals Disposal Permit
☐ Class B Biosolids Land Application Permit
☐ Domestic Septage Land Application Registration

Water Rights New Permit

☐ New Appropriation of Water
☐ New or existing reservoir

Amendment to an Existing Water Right

☐ Add a New Appropriation of Water
☐ Add a New or Existing Reservoir
☐ Major Amendment that could affect other water rights or the environment

Section 4. Plain Language Summary

Provide a brief description of planned activities.

Section 5. Community and Demographic Information

Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools.

Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information.

(City)

(County)

(Census Tract)

Please indicate which of these three is the level used for gathering the following information.

☐

City

☐

County

☐

Census Tract

(a) Percent of people over 25 years of age who at least graduated from high school

(b) Per capita income for population near the specified location

(c) Percent of minority population and percent of population by race within the specified location

(d) Percent of Linguistically Isolated Households by language within the specified location

(e) Languages commonly spoken in area by percentage

(f) Community and/or Stakeholder Groups

(g) Historic public interest or involvement

Section 6. Planned Public Outreach Activities

(a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?

☐ Yes ☐ No

(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?

☐ Yes ☐ No

If Yes, please describe.

If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.

(c) Will you provide notice of this application in alternative languages?

☐ Yes ☐ No

Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.

If yes, how will you provide notice in alternative languages?

- ☐ Publish in alternative language newspaper
- ☐ Posted on Commissioner's Integrated Database Website
- ☐ Mailed by TCEQ's Office of the Chief Clerk
- ☐ Other (specify)

(d) Is there an opportunity for some type of public meeting, including after notice?

☐ Yes ☐ No

(e) If a public meeting is held, will a translator be provided if requested?

☐ Yes ☐ No

(f) Hard copies of the application will be available at the following (check all that apply):

- ☐ TCEQ Regional Office ☐ TCEQ Central Office
- ☐ Public Place (specify)

Section 7. Voluntary Submittal

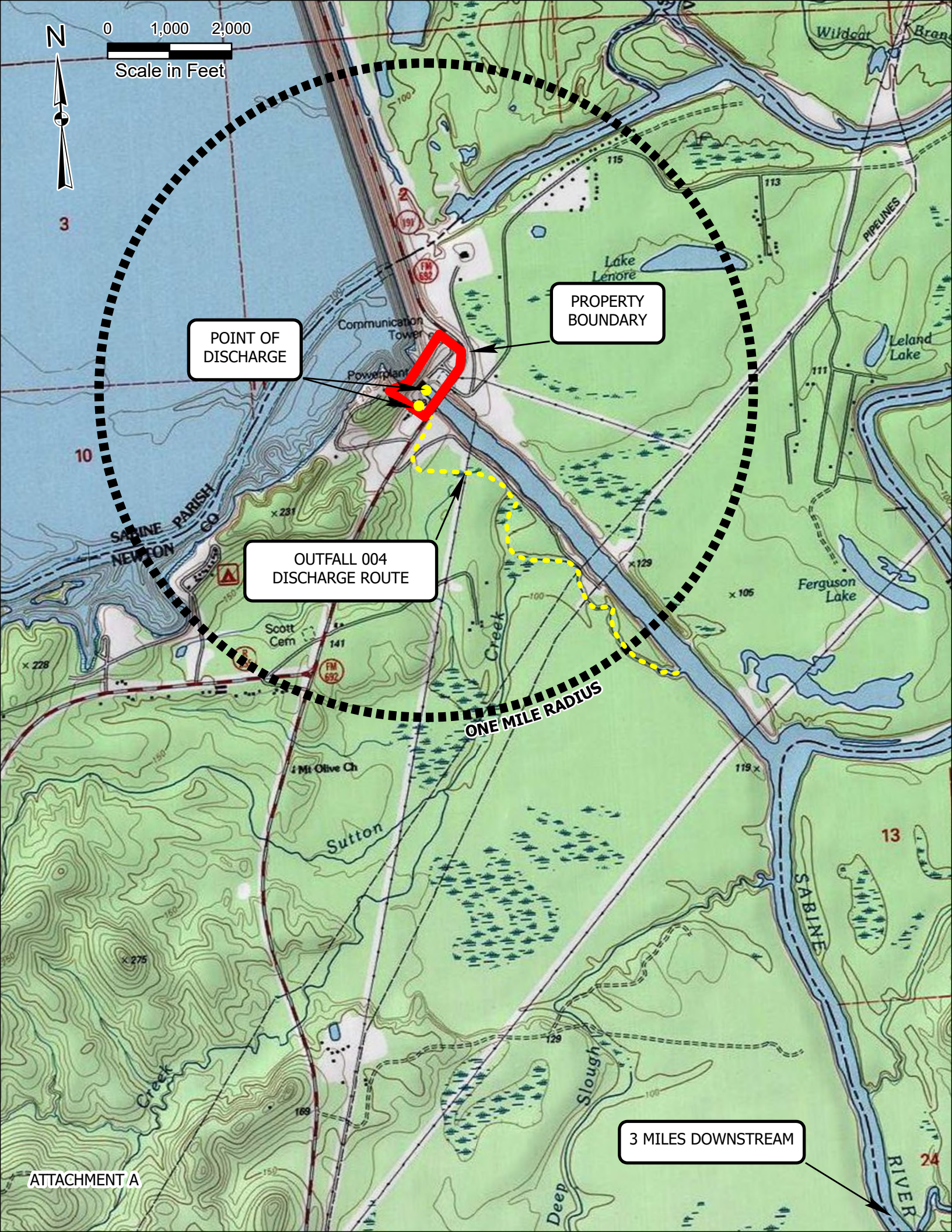
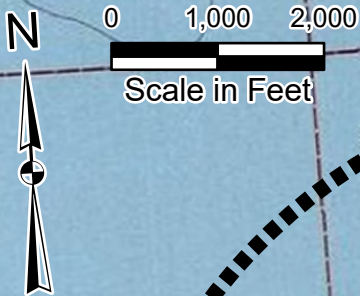
For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.

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

☐ Yes ☐ No

What types of notice will be provided?

- ☐ Publish in alternative language newspaper
- ☐ Posted on Commissioner's Integrated Database Website
- ☐ Mailed by TCEQ's Office of the Chief Clerk
- ☐ Other (specify)



3 MILES DOWNSTREAM



(409) 746-2192
FAX (409) 746-3780



P.O. BOX 579
ORANGE, TEXAS
77631

ATTACHMENT "C"

Wastewater Generation Processes

Sabine River Authority WWTP Permit
Renewal TPDES Permit No. WQ0004845000

Facility Location

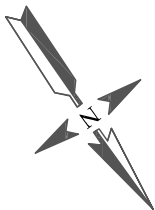
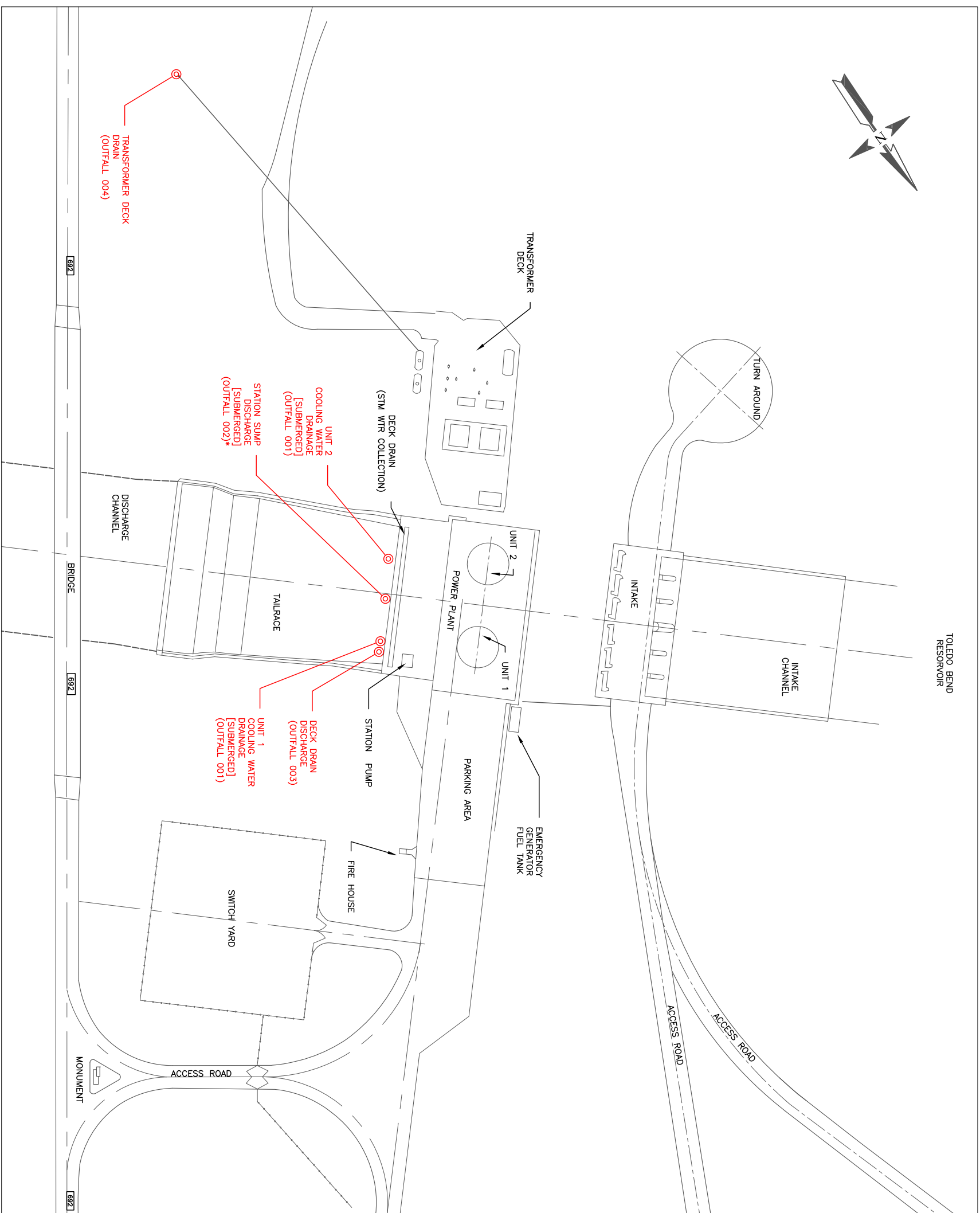
The Toledo Bend Project is located approximately 15 miles northeast of Burkeville, Texas in the unincorporated area of Newton County, Texas. The facility is owned and operated by Sabine River Authority of Texas and Sabine River Authority, State of Louisiana. The facility, constructed primarily for the purpose of water management and hydroelectric power generation, sits at 185.0 feet above sea level. The surrounding property consists of mainly wooded areas with sparse pasture and residential development.

Description of Process

The Toledo Bend hydroelectric generating facility consists of two generating units with a total generating capacity of 80 megawatts (MW). Units 1 and 2 are both English Electric Kaplan style turbines and Allis Chalmers umbrella type water cooled generators with nameplate ratings of 40 MW each in operation since 1968. Water enters the facility from Toledo Bend Reservoir and is discharged to a man-made canal which flows into the Sabine River Segment 0503 approximately 3960 feet southeast from the dam. The annual operation time for the units is planned both to maintain nominal levels in the reservoir and generate peak demand power.

Wastewater is routinely generated by the facility in the form of non-contact cooling water, condensation and incidental low-volume waster, and storm water runoff from the building roof, deck and transformer yard located on the southwest side of the powerhouse building. Non-contact cooling water is withdrawn as a side stream from the main generating facility throughput and used both for generator cooling and bearing lubrication cooling purposes via heat exchangers. During periods when the facility is not generating power, this cooling water flow continues but no heat exchange is affected. Normal condensation throughout the facility, along with incidental drips and leaks, is collected in floor drains and routed to the station sump for intermittent discharge. This sump also serves as the discharge point for dewatering the facility during major station maintenance outages. Rainwater from the roof of the generator building and deck area is collected in a grated drain for discharge during storm events. Wastewater is discharged from the facility to the tailrace of the dam, where it mixes with the generating flow and travels via a manmade channel to enter the Sabine River. Rainwater collected in the transformer yard flows through a channel to an oil-water separation system, which includes two 4,500-gallon tanks for removing oil and other contaminants. Following separation, the storm water is discharged into a drainage ditch managed by the Texas Department of Transportation (TxDOT). From there, the water flows downgradient into naturally occurring sloughs, eventually reaching the manmade channel approximately 1.3 miles downstream from the powerhouse deck.

Potable water for the facility is supplied from water wells owned and operated by the Sabine River Authority and is not treated further on site. Sanitary domestic sewage for the facility is collected and discharged via an air-lift ejector to a septic tank and drain field system located on adjacent property owned and operated by Sabine River Authority.



LEGEND

OUTFALL LOCATIONS

* SAMPLING LOCATION IS IN SUMP PIT ROOM

REV.		DESCRIPTION	BY	APPR.	DATE
	BY	SABINE RIVER AUTHORITY OF TEXAS TOLEDO BEND DIVISION TPDES PERMIT RENEWAL SITE PLAN EXHIBIT			
DRAWN	PR		06/2025		
CHD.					
APPR.					
APPR.					
FOR:			FOR REVIEW		
SCALE:			DRAWING NO.		REV.
			ATTACHMENT D		0



(409) 746-2192
FAX (409) 746-3780



P.O. BOX 579
ORANGE, TEXAS
77631

ATTACHMENT "F"

Physical, Chemical and/or Biological Treatment Processes

Sabine River Authority WWTP Permit
Renewal TPDES Permit No. WQ0004845000

The following describes, in order of outfall, the treatment processes and wastewater effluents associated with the operation of the Toledo Bend Project.

Outfall 001: Non-contact cooling water

Outfall 001 consists of two separate discharge points in the tailrace of the dam, which are sampled individually and composited on the basis of flow for the purpose of monitoring non-contact cooling water. Temperature monitoring is conducted by in-situ measurement devices installed in the cooling water lines. Since the actual discharge points are submerged during generation, any other sampling for these points will be at sample taps installed in the cooling water discharge lines from both Units 1 and 2 inside the powerhouse, just before the lines penetrate the wall of the structure. During periods of non-generation, monitoring may be conducted directly from the discharge pipes where the water enters the tail race of the dam if ambient conditions permit.

Water for non-contact cooling is withdrawn as a side-stream from the water that flows through the dam. It flows through mechanical strainers and then splits into piping leading to the Thrust and Guide Bearing coolers (80 gpm per unit) and into the Generator Cooling System (300 gpm per unit). After passing through the coolers, the two streams are combined into a common cooling water header which discharges into the tailrace of the dam. The approximately 1.2 MGD of water that makes up this waste stream flows continuously; however, it should be noted that heat load is only added to the discharge during periods when the dam is producing power. No chemicals are added to the cooling water and no treatment is employed prior to discharge.

Outfall 002: Low-volume wastewater

Outfall 002 consists of intermittent discharge from the station sump to the tailrace of the dam. The actual point of discharge is submerged beneath the water surface in the tailrace; therefore, this waste stream is sampled at a tap installed in the sump discharge line just before the line penetrates the wall of the structure for the purpose of monitoring designated low-volume wastes.

The routine processes that generate low volume wastes include condensation throughout the facility and incidental drips and leaks from facility piping and water cooled equipment. A mechanical skimmer operates in the sump to remove any oily substances that may be transported into the sump prior to discharge. No chemical treatment is currently employed in this waste stream. The station sump pumps operate an average of 2 hours per day and discharges approximately 0.036 MGD under normal operating conditions.

During annual station maintenance outages, this sump also serves as the station dewatering point. In this process, the water that remains trapped in the turbines and draft tubes during periods of non-generation is pumped out of the dam through this sump to allow for maintenance of the major powerhouse components. This dewatering process has produced instantaneous flows as high as 128 MGD initially with sustained discharge returning to normal flow once the main bulk of the water has been drained.

Outfall 003: Stormwater Runoff from Deck Drains

Outfall 003 consists of the exit of the deck drain pipe for the purpose of monitoring storm water runoff in the area around the powerhouse structure. Rain water that comes from the roof of the powerhouse and the deck is collected into a channel that exits a pipe into the tailrace of the dam just below the edge of the deck.

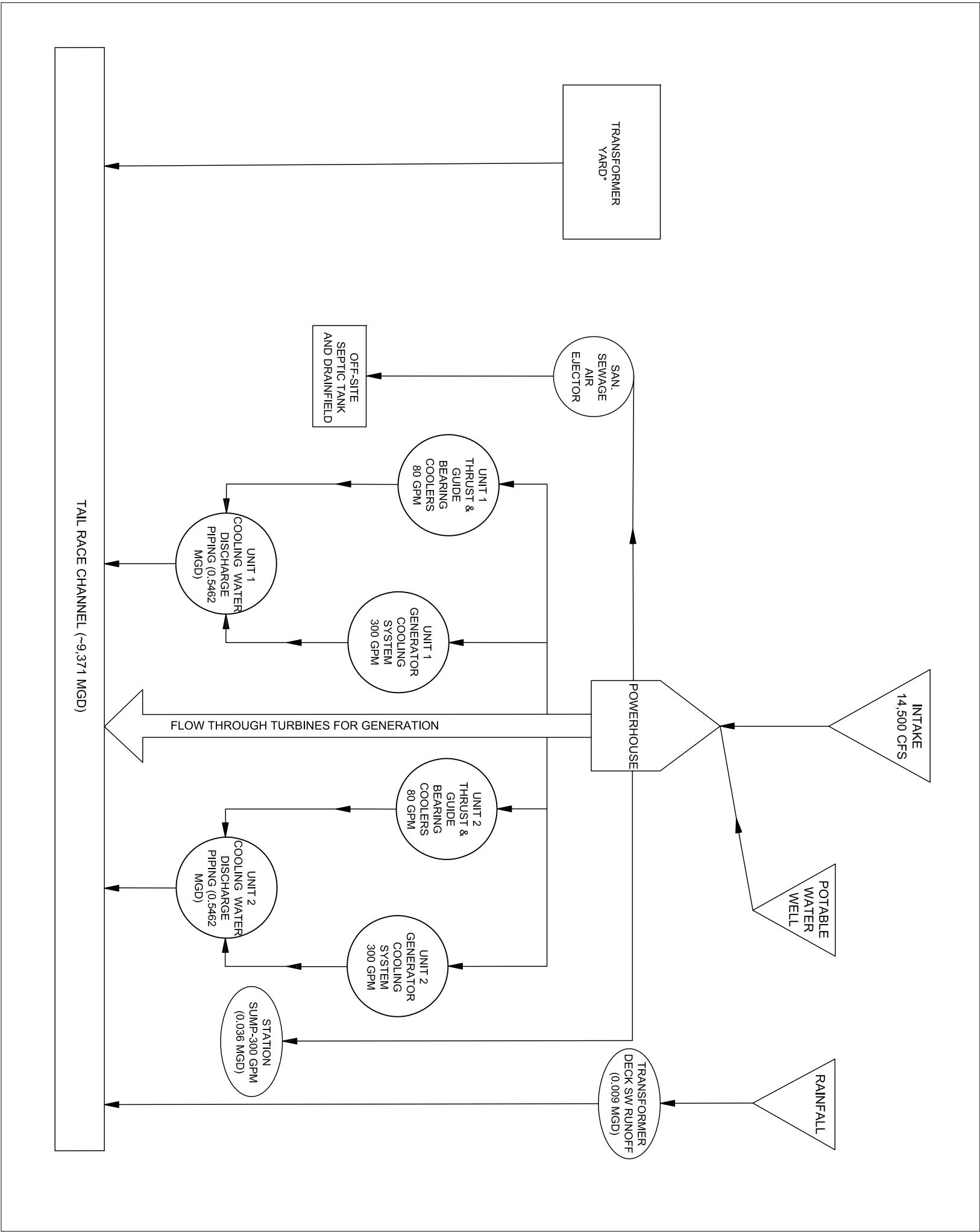
The deck area is occasionally used for materials staging and minor maintenance activities that would be contacted by storm water in this area. No treatment of this waste stream occurs prior to discharge; however best management practices are routinely utilized to prevent storm water contamination from the transformer and previously described activities.

Outfall 004: Stormwater Runoff from Transformer Yard

Outfall 004 discharge consists of storm water runoff collected from the main station transformer area via a drain pipe used for monitoring and management of localized runoff. Rainwater collected in the transformer yard flows through a channel to an oil-water separation system, which includes two 4,500-gallon tanks for removing oil and other contaminants. Following separation, the storm water is discharged into a drainage ditch managed by the Texas Department of Transportation (TxDOT). From there, the water flows downgradient into naturally occurring sloughs, eventually reaching the tailrace approximately 1.3 miles downstream from the powerhouse deck.

Minor maintenance activities in the yard may contribute pollutants to storm water intermittently. Although the runoff is not chemically or mechanically treated prior to discharge, Best Management Practices (BMPs) are routinely implemented to minimize contamination risks associated with transformer and maintenance operations.

NOTE
* TRANSFORMER YARD STORM RUNOFF
FLOWS TO OUTFALL APPROXIMATELY
1.3 MILES DOWNSTREAM





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Appendix H Physical, Chemical and/or Biological Treatment Processes

Sabine River Authority WWTP Permit Renewal With Major Amendment
TPDES Permit No. WQ0004845000

The following analyses reported on Worksheet 2 were conducted by contract laboratories:

Earth Analytical Sciences
4825 Ward Drive, Beaumont Texas 77705
Ph: 409-842-0658
Fax: 409-842-9793

- Hexavalent Chromium

Eurofins TestAmerica, Houston
6310 Rothway Street
Houston, Texas 77040
Ph: (713) 690-4444

- Mercury
- Ammonia
- MBAS-Surfactants
- Nitrogen, organic
- Cyanide
- Phosphorus as P
- Boron
- Iron
- Silver
- Tin



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Appendix I Supplemental Application Information For Facility Owner

Sabine River Authority of Texas and Sabine River Authority State of Louisiana

Permit Renewal With Major Amendment
TPDES Permit No. WQ0004845000

This hydroelectric generating facility is jointly owned by the Sabine River Authority of Texas (SRA-TX), a governmental agency and Sabine River Authority, State of Louisiana (SRA-LA), a Louisiana governmental agency (SRA-TX and SRA-LA sometimes referred to collectively as the "Authorities").

Pursuant to agreements between the Authorities, SRA-TX has administrative responsibilities for the Toledo Bend Project Joint Operations (TBPJO).

The following is the information for each of the Authorities:

Facility Owner: Sabine River Authority of Texas
Charter Number: N/A
Physical Address: 12777 Hwy 87 Orange, Texas 77632
Mailing Address: P.O. Box 579 Orange, Texas 77632-0579
Phone Number: (409) 746-2192
Tax Identification Number issued by the State Comptroller: 17460137684

The TCEQ has issued this Customer Reference Number to the owner. CN: 600801864

Facility Owner: Sabine River Authority, State of Louisiana
Charter Number: N/A
Physical Address: 15091 Texas Hwy Many, LA 71449-5781
Mailing Address: Same as Physical Address
Phone Number: (318)256-4112
Tax Identification Number issued by the State Comptroller: N/A