Administrative Package Cover Page

This file contains the following documents:

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

Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

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

Waste Control Specialists LLC (CN600616890) operates Waste Control Specialists- Byproduct Material Disposal Facility (BMDF) (RN101702439), a facility that receives, pretreats, and disposes of byproduct material, a type of radioactive waste as defined in 30 TAC §336.1105(4) and the Texas Health & Safety Code §401.003(3)(B) (cited as the Texas Radiation Control Act), via landfill operated under the authority of Radioactive Material License No. R05807, (SIC 4953). The facility is located at 9998 State Highway 176 West, in Andrews, Andrews County, Texas 79714. Waste Control Specialists LLC is submitting a renewal application for Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0004857000 (EPA I.D. No TX0131644) previously monitored effluents, non-contact industrial stormwater, and stormwater at a volume not to exceed a daily average dry weather flow at 440,000 gallons per day via Outfall 005; and the discharge of non-contact industrial stormwater and stormwater at an intermittent and flow variable rate via Outfall 004. .

Discharges from the facility are expected to contain stabilized material inside steel canisters from the Fernald Environmental Management Plant. Byproduct material contact water including, but not limited to, landfill leachate and contact storm water, that has come in contact with steel containers containing stabilized Byproduct material from the Fernald Environmental Management Plant is treated by monitoring prior to discharge to assure compliance with discharge limits. Previously monitored effluent is discharged via outfall 103. Treatment of wastewater from the By-product disposal facility is not required. .

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

AGUAS RESIDUALES INDUSTRIALES /AGUAS PLUVIALES

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

Waste Control Specialists LLC (CN600616890) opera Waste Control Specialists- Byproduct Material Disposal Facility (BMDF) RN101702439), un instalación que recibe, trata previamente y elimina material subproducto, un tipo de desechos radiactivos según se define en 30 TAC §336.1105(4) y el Código de Salud y Seguridad de Texas §401.003(3)(B) (citado como la Ley de Control de Radiación de Texas), a través de un vertedero operado bajo la autoridad de la Licencia de Material Radiactivo No. R05807, (SIC 4953) . La instalación está ubicada en 9998 State Highway 176 West, en Andrews, Condado de Andrews County, Texas 79714. Waste Control Specialists LLC está presentando una solicitud de renovación para el permiso núm. WQ0004857000 (EPA I.D. No. TX0131644) del Sistema de Eliminación de Descargas Contaminantes de Texas (TPDES) que previamente monitoreó efluentes, aguas pluviales industriales sin contacto y aguas pluviales en un volumen que no exceda un promedio diario seco. flujo climático de 440,000 galones por día a través del emisario 005; y la descarga de aguas pluviales industriales sin contacto y de caudal variable intermitente a través del Emisario 004.

Se espera que las descargas de la instalación contengan El material subproducto está en contacto con el agua, incluidos, entre otros, lixiviados de vertederos y aguas pluviales de contacto, que han entrado en contacto con contenedores de acero que contienen material subproducto estabilizado de la Planta de Manejo Ambiental Fernald. efluentes previamente monitoreados, aguas pluviales industriales sin contacto y aguas pluviales en un volumen que no exceda un flujo promedio diario en clima seco de 440,000 galones por día a través del Emisario 005; y la descarga de aguas pluviales industriales sin contacto y de caudal variable intermitente a través del Emisario 004. está tratado por mediante monitoreo antes de la descarga para asegurar el cumplimiento de los límites de descarga. El efluente previamente monitoreado se descarga a través del emisario 103. No se requiere tratamiento de aguas residuales de la instalación de disposición de subproductos..

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

RENEWAL

PERMIT NO. WQ0004857000

APPLICATION. Waste Control Specialists LLC, P.O. Box 1129, Andrews, Texas 79714, which owns a facility that receives, pretreats, and disposes of byproduct material, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0004857000 (EPA I.D. No. TX0131644) to authorize the discharge of previously monitored effluents, non-contact industrial stormwater, and stormwater at a volume not to exceed a daily average dry weather flow of 440,000 gallons per day via Outfall 005; and the discharge of non-contact industrial stormwater and stormwater at an intermittent and flow variable rate via Outfall 004. The facility is located at 9998 West State Highway 176, near the city of Andrews, in Andrews County, Texas 79714. The discharge route is from the plant site to via Outfalls 004 and 005 to an unnamed ditch in the State of Texas; thence to an unnamed ditch in the State of New Mexico; thence to Monument Draw in the State of New Mexico; thence to Monument Draw in the State of Texas; thence to Upper Pecos River. TCEQ received this application on August 20, 2024. The permit application will be available for viewing and copying at Andrews County Library, top shelf across from west exit, 109 Northwest First Street, Andrews, 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=-103.061666,32.444444&level=18

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

ADDITIONAL NOTICE. TCEQ's Executive Director has determined the application is administratively complete and will conduct a technical review of the application. After technical review of the application is complete, the Executive Director may prepare a draft permit and will issue a preliminary decision on the application. **Notice of the Application and Preliminary Decision will be published and mailed to those who are on the county-**

wide mailing list and to those who are on the mailing list for this application. That notice will contain the deadline for submitting public comments.

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

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

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

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

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

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

MAILING LIST. If you submit public comments, a request for a contested case hearing or a reconsideration of the Executive Director's decision, you will be added to the mailing list for

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

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

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

Further information may also be obtained from Waste Control Specialists LLC at the address stated above or by calling Mr. Jay Cartwright, RSO, RSO / ESH Director, at 432-525-8698.

Issuance Date: September 30, 2024

Comisión de Calidad Ambiental del Estado de Texas

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

PERMISO NO. WQ0004857000

SOLICITUD. Waste Control Specialists LLC, P.O. Box 1129, Andrews, Texas 79714, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0004857000 (EPA I.D. No. TX0131644) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 440,000 galones por día. La planta está ubicada 9998 West Highway 176, Andrews, en el Condado de Andrews County, Texas 79714. La ruta de descarga es desde el sitio de la planta a través de los emisarios 004 y 005 hasta una zanja sin nombre en el estado de Texas; de allí a una zanja sin nombre en el estado de Nuevo México; de allí a Monument Draw en el Estado de Nuevo México; de allí a Monument Draw en el Estado de Texas; de allí al río Pecos Superior. La TCEQ recibió esta solicitud el August 20, 2004. La solicitud para el permiso estará disponible para leerla y copiarla en Andrews County Library 109 Northwest 1st Street, Andrews, TX antes de la fecha de publicación de este aviso en el periódico. La solicitud, incluidas las actualizaciones y los avisos asociados, están disponibles electrónicamente en la siguiente página web: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-103.061666,32.444444&level=18

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

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

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

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión

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

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

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

También se puede obtener información adicional del Waste Control Specialists LLC a la dirección indicada arriba o llamando a Jay Cartwright, RSO al 432-525-8698.

Fecha de emission 30 de septiembre de 2024

WASTE CONTROL SPECIALISTS

September 5, 2024 VIA EMAIL AND USPS

Water Applications Team
Texas Commission on Environmental Quality
Attention: Wastewater Permitting Section, MC 148
PO Box 13087
Austin, TX 78711-3087

Re: Renewal Application for TPDES WQ0004857000 (EPA I.D. No. TX0131644) Issued to
Waste Control Specialists LLC (CN600616890)
Andrews County, Texas
Regulated Entity: Byproduct Material Disposal Facility (RN 101702439)

Dear Applications Review and Processing Team:

The information provided herein is in response to the correspondence on August 29th, 2024 requesting corrections to the Core Data Form and Administrative Report for the TPDES Renewal Application for WQ0004857000.

1. Item 4a on Page 5 of the Administrative Report: The Core Data Form (CDF) is incomplete. Please complete and submit a signed CDF.

   Please see attached Completed and Signed Core Data Form

2. Item 10D, E, F, on page 8 & 9 of the Administrative Report: Missing Information

   Please see the attached replacement pages of the Administrative Report with Item 10D, E, and F completed.

3. Please review the NORI for errors or omissions.

   I am including the NORI below with redlines for the missing information that was due to an incomplete Administrative Report and Core Data Form.

   Waste Control Specialists LLC, PO Box 1129, Andrews, TX 79714 which owns a facility that receives, pretreats, and disposes of byproduct material, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES)

Dallas Office
Waste Control Specialists LLC
17103 Preston Road, Suite 200
Dallas, TX 75248
P. 682-503-0030
F. 214-853-5720

Andrews Facility
Waste Control Specialists LLC
P.O. Box 1129
Andrews, TX 79714
P. 432-525-8500

Permit No. WQ0004857000 (EPA I.D. No. TX0131644) to authorize previously monitored effluents, non-contact industrial stormwater, and stormwater at a volume not to exceed a daily average dry weather flow of 4440,000 gallons per day via Outfall 005; and the discharge of non-contact industrial stormwater and stormwater at an intermittent and flow variable rate via Outfall 004. The facility is located at 9998 West State Highway 176 Andrews, TX 79714, near the city of Andrews, in Andrews County, Texas 79714. The discharge route is from the plant site to via Outfalls 004 and 005 to an unnamed ditch in the State of Texas; thence to an unnamed ditch in the State of New Mexico; thence to Monument Draw in the State of New Mexico; thence to Monument Draw in the State of Texas; thence to Upper Pecos River. TCEQ received this application on August 20, 2024. The permit application will be available for viewing and copying at Andrews County Library, Top Shelf Across from West Exit, 109 Northwest 1st Street, Andrews, in Andrews County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following web page: 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 https://gisweb.tceq.texas.gov/LocationMapper/?marker=-103.061666,32.444444&level=18

Further information may also be obtained from Waste Control Specialists LLC at the address stated above or by calling Mr. Jay Cartwright, RSO / ESH Director, at 432-525-8698.

4. **The Spanish translation of the NORI is attached.**

If you have any questions regarding this submittal, please contact Mr. Jay Cartwright at (432)525-8698 or jcartwright@wcstexas.com.

Sincerely,

Jay B. Cartwright, RSO
ESH Director

Enclosure

CC: Michael Sunderlin, TCEQ
Ryan Williams, WCS
Jesse Garcia, WCS
David S. Carlson, WCS

ATTACHMENTS

Attachment 1

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 600616890		**RN 101702439**

SECTION II: Customer Information

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

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

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

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

Waste Control Specialists LLC

7. TX SOS/CPA Filing Number	**8. TX State Tax ID** (11 digits)	**9. Federal Tax ID** (9 digits)	**10. DUNS Number** *(if applicable)*
07014825-23	17604837439	760483743	926884032

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

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

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

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

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

15. Mailing Address:

P.O. Box 1129

City	Andrews	**State**	TX	**ZIP**	79714	**ZIP + 4**	1129

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

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(432) 525-8500		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

Waste Control Specialists LLC

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	9998 West State Highway 176							
	City	Andrews	**State**	TX	**ZIP**	79714	**ZIP + 4**	
24. County								

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

25. Description to Physical Location:					
26. Nearest City			**State**	**Nearest ZIP Code**	
Eunice			NM	88231	

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

27. Latitude (N) In Decimal:	32.43820		**28. Longitude (W) In Decimal:**	103.06062	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
32	26	17.5	103	03	38.2

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)
4953		562211	

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

Byproduct Material Disposal

34. Mailing Address:	**P.O. Box 1129**							
	City	**Andrews**	**State**	**TX**	**ZIP**	**79714**	**ZIP + 4**	**1129**
35. E-Mail Address:	**jcartwright@wcstexas.com**							

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(432) 525-8698		( ) -

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: Radioacticve
				Material RO5807

SECTION IV: Preparer Information

40. Name:	Jay Cartwright	**41. Title:**	RSO/ESH Director

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(432 **)** 525-8698		**( )** -	jcartwright@wcstexas.com

SECTION V: Authorized Signature

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

Company:	Waste Control Specialists LLC	**Job Title:**	RSO/ESH Director
Name *(In Print):*	Jay Cartwright	**Phone:**	**(** 432 **)** 525- **8500**
Signature:		**Date:**	09-05-2024

Attachment 2

☒ Yes ☐ No

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

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

   ☒ Yes ☐ No

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No ☐ N/A

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

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

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: NA

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

a. TCEQ issued Regulated Entity Number (RN), if available: RN101702439

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): Waste Control Specialists LLC

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: NA Full Name (Last/First Name): NA

or Organization Name: Waste Control Specialists LLC

Mailing Address: PO Box 1129 City/State/Zip: Andrews / TX/ 79714

Phone No: 432-525-8500 Email: jcartwright@wcstexas.com

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

f. Owner of land where treatment facility is or will be: Waste Control Specialists LLC

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

or Organization Name: Waste Control Specialists LLC

Mailing Address: PO Box 1129 City/State/Zip: Andrews / TX / 79714

Phone No: 432-525-8500 Email: jcartwright@wcstexas.com

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

g. Owner of effluent TLAP disposal site (if applicable): NA

Prefix: NA Full Name (Last/First Name): NA

or Organization Name: NA

Mailing Address: NA City/State/Zip: NA

Phone No: NA Email: NA

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

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

Prefix: NA Full Name (Last/First Name): NA

or Organization Name: NA

Mailing Address: NA City/State/Zip: NA

Phone No: NA Email: NA

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

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

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

☐ Yes ☒ No

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

☒ One-mile radius

☒ Applicant's property boundaries

☒ Labeled point(s) of discharge

☐ Effluent disposal site boundaries

☐ Sewage sludge disposal site

☒ Three-miles downstream information

☐ Treatment facility boundaries

☒ Highlighted discharge route(s)

☐ All wastewater ponds

☐ New and future construction

Attachment: Attachment C

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

☐ Yes ☐ No or New Permit

Attachment 3

Attached to cover letter

Attachment 4

Comisión de Calidad Ambiental del Estado de Texas

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

PERMISO NO. WQ000

SOLICITUD. Waste Control Specialists LLC located at 9998 West Highway 176 in Andrews, TX ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0004857000 (EPA I.D. No. TX 0117005) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 4440,000 galones por día. La planta está ubicada 9998 West Highway 176, Andrews, TX en el Condado de Andrews County, Texas. La ruta de descarga es del sitio de la planta a través del emisario 005; y la descarga de aguas pluviales industriales sin contacto y de caudal variable intermitente a través del Emisario 004.. La TCEQ recibió esta solicitud el August 20, 2004. La solicitud para el permiso estará disponible para leerla y copiarla en Andrews County Library 109 Northwest 1st Street, Andrews, TX antes de la fecha de publicación de este aviso en el periódico. La solicitud, incluidas las actualizaciones y los avisos asociados, están disponibles electrónicamente en la siguiente página web: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.
https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar

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

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

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

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión. La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya

presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios. . *[For renewal applications that **do not** include a major amendment, include the following sentence:]* **Si ciertos criterios se cumplen, la TCEQ puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.**

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

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

También se puede obtener información adicional del Waste Control Specialists LLC a la dirección indicada arriba o llamando a Jay Cartwright, RSO al 432-525-8698.

Fecha de emission _____ *[Date notice issued]*

Comisión de Calidad Ambiental del Estado de Texas

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

PERMISO NO. WQ000

SOLICITUD. Waste Control Specialists LLC located at 9998 West Highway 176 in Andrews, TX ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0004857000 (EPA I.D. No. TX 0117005) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 4440,000 galones por día. La planta está ubicada 9998 West Highway 176, Andrews, TX en el Condado de Andrews County, Texas. La ruta de descarga es del sitio de la planta a través del emisario 005; y la descarga de aguas pluviales industriales sin contacto y de caudal variable intermitente a través del Emisario 004.. La TCEQ recibió esta solicitud el August 20, 2004. La solicitud para el permiso estará disponible para leerla y copiarla en Andrews County Library 109 Northwest 1st Street, Andrews, TX antes de la fecha de publicación de este aviso en el periódico. La solicitud, incluidas las actualizaciones y los avisos asociados, están disponibles electrónicamente en la siguiente página web: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.
https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications

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

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar

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

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Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión. La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya

presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios. . *[For renewal applications that **do not** include a major amendment, include the following sentence:]* **Si ciertos criterios se cumplen, la TCEQ puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.**

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

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También se puede obtener información adicional del Waste Control Specialists LLC a la dirección indicada arriba o llamando a Jay Cartwright, RSO al 432-525-8698.

Fecha de emission _____ *[Date notice issued]*

WASTE CONTROL SPECIALISTS

August 14, 2024 VIA EMAIL AND USPS

Water Applications Team
Texas Commission on Environmental Quality
Attention: Wastewater Permitting Section, MC 148
PO Box 13087
Austin, TX 78711-3087

Re: Renewal Application for TPDES WQ0004857000
Waste Control Specialists LLC
Andrews County, Texas
CN600616890 / RN 101702439

Dear Applications Review and Processing Team:

Waste Control Specialists LLC (WCS) is submitting the Renewal Application for Texas Pollutant Discharge Elimination System (TPDES) Permit WQ0004857000 to the Texas Commission on Environmental Quality (TCEQ). The permit filing fees for the renewal application of TPDES to TCEQ has been submitted to TCEQ Financial Administrative Division under separate cover.

If you have any questions regarding this submittal, please contact Mr. Jay Cartwright at (432)525-8698 or jcartwright@wcstexas.com.

Sincerely,

Jay B. Cartwright, RSO
ESH Director

Enclosure

CC: Michael Sunderlin, TCEQ
Matthew Udenenwu, TCEQ
Ryan Williams, WCS
Jesse Garcia, WCS
David S. Carlson, WCS

Dallas Office
Waste Control Specialists LLC
17103 Preston Road, Suite 200
Dallas, TX 75248
P. 682-503-0030
F. 214-853-5720

Andrews Facility
Waste Control Specialists LLC
P.O. Box 1129
Andrews, TX 79714
P. 432-525-8500

RENEWAL APPLICATION
TPDES PERMIT NO. WQ0004857000
EPA I.D. No. TX0131644
CN600616890
RN101702439

Submitted: August 14, 2024

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: Waste Control Specialists LLC

PERMIT NUMBER (If new, leave blank): WQ00 0004857000

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 _____

ADMINISTRATIVE REPORT

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

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

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

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

Applicant Name: Waste Control Specialists LLC

Permit No.: WQ0004857000

EPA ID No.: TX0TX0131644

Expiration Date: 02/10/2025

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

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

☒ Active ☐ Inactive

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

☒ TPDES Permit ☐ TLAP ☐ 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: _____

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.: Electronic Payment

Check or money order amt.: $2,015

Named printed on check or money order: Waste Control Specialists LLC

Epay

Voucher number: N/A

Copy of voucher attachment:

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: CN600616890

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: Waste Control Specialists LLC

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

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

Prefix: Mr. Full Name (Last/First Name): Cartwright Jay

Title: RSO / ESH Director Credential:

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): CN

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: Full Name (Last/First Name):
Title: Credential:

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: Attachment A

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: Mrs. Full Name (Last/First Name): Caldwell Jenny

Title: Environmental Manager Credential: PG

Organization Name: Waste Control Specialists LLC

Mailing Address: PO Box 1129 City/State/Zip: Andrews TX 79714

Phone No: 682-503-0030x5105 Email: jcaldwell@wcstexas.com

b. ☐ Administrative Contact ☒ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Cartwright Jay

Title: RSO/ ESH Director Credential:

Organization Name: Waste Control Specialists LLC

Mailing Address: PO Box 1129 City/State/Zip: Andrews TX 79714

Phone No: 432-525-8698 Email: jcartwright@wcstexas.com

Attachment:

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

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

a. Prefix: Mrs. Full Name (Last/First Name): Caldwell Jenny

Title: Environmental Manager Credential:

Organization Name: Waste Control Specialists LLC

Mailing Address: PO Box 1129 City/State/Zip: Andrews TX 79714

Phone No: 682-503-0030x5105 Email: jcaldwell@wcstexas.com

b. Prefix: Mr. Full Name (Last/First Name): Cartwright Jay

Title: RSO / ESH Director Credential:

Organization Name: Waste Control Specialists LLC

Mailing Address: PO Box 1129 City/State/Zip: Andrews TX 79714

Phone No: 432-525-8698 Email: jcartwright@wcstexas.com

Attachment:

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): Cartwright Jay

Title: RSO / ESH Director Credential:

Organization Name: Waste Control Specialists LLC

Mailing Address: PO Box 1129 City/State/Zip: Andrews TX 79714

Phone No: 432-525-8698 Email: jcartwright@wcstexas.com

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

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

Prefix: Mr. Full Name (Last/First Name): Abney Jimmy

Title: Assistant Environmental Manager Credential:

Organization Name: Waste Control Specialists LLC

Mailing Address: PO Box 1129 City/State/Zip: Andrews TX 79714

Phone No: 432-525-8621 Email: jabney@wcstexas.com

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mrs. Full Name (Last/First Name): Caldwell Jenny

Title: Environmental Manager Credential: PG

Organization Name: Waste Control Specialists LLC

Mailing Address: PO Box 1129 City/State/Zip: Andrews TX 79714

Phone No: 682-503-0030x5105 Email: jcaldwell@wcstexas.com

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

☒ E-mail: jcaldwell@wcstexas.com

☐ Fax: _____

☒ Regular Mail (USPS)

Mailing Address: PO Box 1129

City/State/Zip Code: Andrews TX 79714

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Cartwright Jay

Title: RSO / ESH Director Credential: RSO

Organization Name: Waste Control Specialists LLC

Phone No: 432-525-8698 Email: jcarwright@wcstexas.com

d. Public Viewing Location Information

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

Public building name: Andrews County Library Location within the building: Top Shelf Across from West Exit

Physical Address of Building: 109 Northwest First Street

City: Andrews County: Andrews

e. Bilingual Notice Requirements

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

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

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

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

☒ Yes ☐ No

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

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

   ☒ Yes ☐ No

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No ☐ N/A

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

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

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: NA

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

a. TCEQ issued Regulated Entity Number (RN), if available: RN101702439

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): Waste Control Specialists LLC

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: NA Full Name (Last/First Name): NA

or Organization Name: NA

Mailing Address: NA City/State/Zip: NA

Phone No: NA Email: NA

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

f. Owner of land where treatment facility is or will be: NA

Prefix: NA Full Name (Last/First Name): NA

or Organization Name: NA

Mailing Address: NA City/State/Zip: NA

Phone No: NA Email: NA

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: NA

g. Owner of effluent TLAP disposal site (if applicable): NA

Prefix: NA Full Name (Last/First Name): NA

or Organization Name: NA

Mailing Address: NA City/State/Zip: NA

Phone No: NA Email: NA

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

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

Prefix: NA Full Name (Last/First Name): NA

or Organization Name: NA

Mailing Address: NA City/State/Zip: NA

Phone No: NA Email: NA

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

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

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

☐ Yes ☒ No

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

☒ One-mile radius

☒ Applicant's property boundaries

☒ Labeled point(s) of discharge

☐ Effluent disposal site boundaries

☐ Sewage sludge disposal site

☒ Three-miles downstream information

☐ Treatment facility boundaries

☒ Highlighted discharge route(s)

☐ All wastewater ponds

☐ New and future construction

Attachment: Attachment C

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:

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:

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:

f. City nearest the outfall(s): Andrews, TX

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

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: NA

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: NA

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

☐ Yes No or New Permit ☐ NA

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

j. City nearest the disposal site: Andrews, TX

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

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

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

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: _____

b. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account no.: _____

Total amount due: _____

c. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Enforcement order no.: _____

Amount due: _____

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ0004857000

Applicant Name: Waste Control Specialists LLC

Certification: I, Jay Cartwright, 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): Jay B. Cartwright

Signatory title: RSO / ESH Director

Signature: Jay B Cartwright (Use blue ink) Date: 8/8/2024

Subscribed and Sworn to before me by the said Jay Cartwright

on this 8th day of August, 2024.

My commission expires on the 15 day of November, 2025.

Connie L Whitmire
Notary Public

STATE OF NEW MEXICO
NOTARY PUBLIC [SEAL]
CONNIE L WHITMIRE
COMMISSION # 1102649
EXPIRES NOVEMBER 15, 2025

Lea
County, ~~Texas~~ New Mexico

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

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: _____

b. Check the box next to the format of the landowners list:

☐ Readable/Writeable CD ☐ Four sets of labels

Attachment: _____

d. Provide the source of the landowners' names and mailing addresses: _____

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): _____

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: _____

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: Attachment D

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:** WQ0004857000

1. Check or Money Order Number: Electronic Payment
2. Check or Money Order Amount: $2,015.00
3. Date of Check or Money Order: 08/14/2024
4. Name on Check or Money Order: Waste Control Specialists LLC
5. APPLICATION INFORMATION

   Name of Project or Site:Waste Control Specialists LLC

   Physical Address of Project or Site: 9998 W State Hwy 176 Andrews, TX 79714

   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:

Staple Check or Money Order in This Space

Electronic Confirmation in the amount of 2,015.00 was submitted under a separate submittal

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): _____

Full legal name (first, middle, and last): _____

Driver's License or State Identification Number: _____

Date of Birth: _____

Mailing Address: _____

City, State, and Zip Code: _____

Phone No.: _____

Fax No.: _____

E-mail Address: _____

CN: _____

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.)

☒ Plain Language Summary

ATTACHMENT A
CORE DATA FORM

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	**3. Regulated Entity Reference Number** *(if issued)*
CN 600616890		**RN 101702439**

SECTION II: Customer Information

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

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

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

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

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 Partnership: ☐ General ☐ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

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

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

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

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

15. Mailing Address:							
	City		**State**		**ZIP**		**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)*

( ) -		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

23. Street Address of the Regulated Entity: ***(No PO Boxes)***							
	City		**State**		**ZIP**		**ZIP + 4**
24. County							

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

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

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

27. Latitude (N) In Decimal:			**28. Longitude (W) In Decimal:**		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)

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

34. Mailing Address:							
	City		**State**		**ZIP**		**ZIP + 4**
35. E-Mail Address:							

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

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:

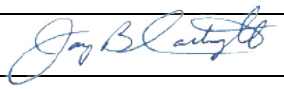
SECTION IV: Preparer Information

40. Name:	Jay Cartwright	**41. Title:**	RSO/ESH Director

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(432 **)** 525-8500		**( ) -**	jcartwright@wcstexas.com

SECTION V: Authorized Signature

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

Company:	Waste Control Specialists LLC	**Job Title:**	RSO/ESH Director
Name *(In Print):*	Jay Cartwright	**Phone:**	**(** 432 **)** 525- **8500**
Signature:		**Date:**	08/14/2024

ATTACHMENT B
PLAIN LANGUAGE SUMMARY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

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

Waste Control Specialists LLC (CN600616890) operates Waste Control Specialists- Byproduct Material Disposal Facility (BMDF) (RN101702439), a facility that receives, pretreats, and disposes of byproduct material, a type of radioactive waste as defined in 30 TAC §336.1105(4) and the Texas Health & Safety Code §401.003(3)(B) (cited as the Texas Radiation Control Act), via landfill operated under the authority of Radioactive Material License No. R05807, (SIC 4953). The facility is located at 9998 State Highway 176 West, in Andrews, Andrews County, Texas 79714. Waste Control Specialists LLC is submitting a renewal application for Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0004857000 (EPA I.D. No TX0131644) previously monitored effluents, non-contact industrial stormwater, and stormwater at a volume not to exceed a daily average dry weather flow at 440,000 gallons per day via Outfall 005; and the discharge of non-contact industrial stormwater and stormwater at an intermittent and flow variable rate via Outfall 004. .

Discharges from the facility are expected to contain stabilized material inside steel canisters from the Fernald Environmental Management Plant. Byproduct material contact water including, but not limited to, landfill leachate and contact storm water, that has come in contact with steel containers containing stabilized Byproduct material from the Fernald Environmental Management Plant is treated by monitoring prior to discharge to assure compliance with discharge limits. Previously monitored effluent is discharged via outfall 103. Treatment of wastewater from the By-product disposal facility is not required. .

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

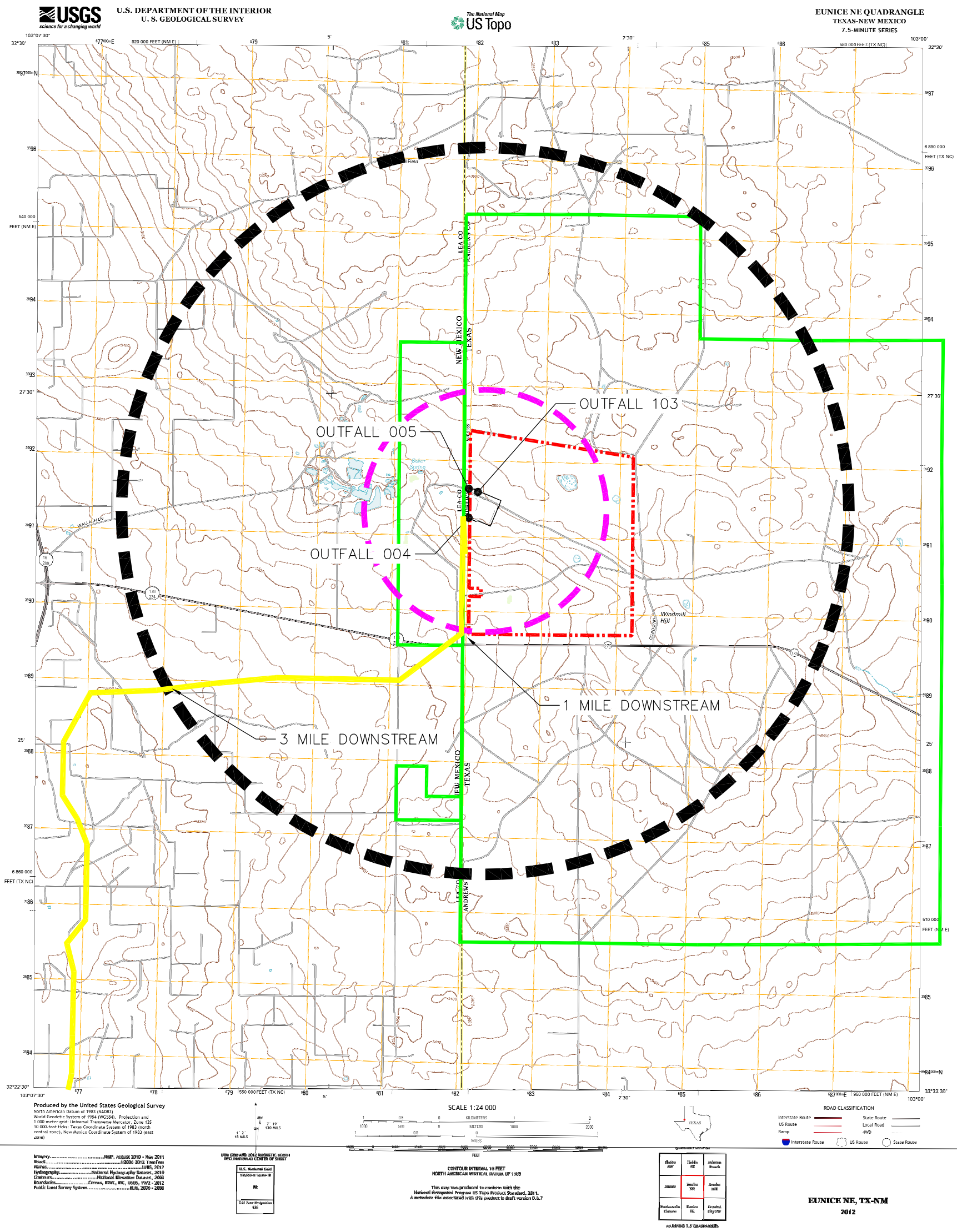
AGUAS RESIDUALES INDUSTRIALES /AGUAS PLUVIALES

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

Waste Control Specialists LLC (CN600616890) opera Waste Control Specialists- Byproduct Material Disposal Facility (BMDF) RN101702439), un instalación que recibe, trata previamente y elimina material subproducto, un tipo de desechos radiactivos según se define en 30 TAC §336.1105(4) y el Código de Salud y Seguridad de Texas §401.003(3)(B) (citado como la Ley de Control de Radiación de Texas), a través de un vertedero operado bajo la autoridad de la Licencia de Material Radiactivo No. R05807, (SIC 4953) . La instalación está ubicada en 9998 State Highway 176 West, en Andrews, Condado de Andrews County, Texas 79714. Waste Control Specialists LLC está presentando una solicitud de renovación para el permiso núm. WQ0004857000 (EPA I.D. No. TX0131644) del Sistema de Eliminación de Descargas Contaminantes de Texas (TPDES) que previamente monitoreó efluentes, aguas pluviales industriales sin contacto y aguas pluviales en un volumen que no exceda un promedio diario seco. flujo climático de 440,000 galones por día a través del emisario 005; y la descarga de aguas pluviales industriales sin contacto y de caudal variable intermitente a través del Emisario 004.

Se espera que las descargas de la instalación contengan El material subproducto está en contacto con el agua, incluidos, entre otros, lixiviados de vertederos y aguas pluviales de contacto, que han entrado en contacto con contenedores de acero que contienen material subproducto estabilizado de la Planta de Manejo Ambiental Fernald. efluentes previamente monitoreados, aguas pluviales industriales sin contacto y aguas pluviales en un volumen que no exceda un flujo promedio diario en clima seco de 440,000 galones por día a través del Emisario 005; y la descarga de aguas pluviales industriales sin contacto y de caudal variable intermitente a través del Emisario 004. está tratado por mediante monitoreo antes de la descarga para asegurar el cumplimiento de los límites de descarga. El efluente previamente monitoreado se descarga a través del emisario 103. No se requiere tratamiento de aguas residuales de la instalación de disposición de subproductos..

ATTACHMENT C
USGS Topographic Map



LEGEND:

- FACILITY BOUNDARY
- ADJACENT WCS TPDES–PERMITTED PROPERTY BOUNDARY
- WCS– OWNED PROPERTY BOUNDARY
- 1 MILE RADIUS
- 3 MILE RADIUS
- DISCHARGE ROUTE

N

SHEET NUMBER:	BP-18-002
DESIGNED BY:	
DRAWN BY:	
CHECKED BY:	
PROJ. ENG. MGR.	
ENG DIRECTOR:	
DOCUMENT CONTROL No.:	
CONTROL COPY No.:	
DWG. SCALE:	

By-Product TPDES Renewal Map

Attachment 9-B

WCS
WASTE CONTROL SPECIALISTS
9998 W. STATE HWY. 176, ANDREWS, TEXAS. 79714
Ph. (432) 525-8500 WWW.WCSTEXAS.COM

DRAWING RECORD

REV.	DESCRIPTION	DATE	DRAWN	CHE

ATTACHMENT D
SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: _____Renewal _____Major Amendment ____Minor Amendment _____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

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

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

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

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

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

The following applies to all applications:

1. Permittee: Waste Control Specialists LLC

   Permit No. WQ00 04857000 EPA ID No. TX 0131644

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

   9998 TX State Highway 176 West; Andrews County, TX; approximately 1.25 miles north of the intersection of Highway 176 West and the Texas / New Mexico state line.

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: Jay B. Cartwright

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

Title: RSO/Director ESH

Mailing Address: P.O. Box 1129

City, State, Zip Code: Andrews TX 79714

Phone No.: 432-525-8698 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: jcartwright@wcstexas.com

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

NA

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 unnamed ditches in the State of Texas; thence to unnamed ditches in the State of New Mexico; thence to Monument Draw in the State of New Mexico; thence to Monument Draw in the State of Texas; and thence to the Upper Pecos River in Segment No. 2311 of the Rio Grande Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

NA – Existing facility with no planned construction

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

Existing disturbances include an excavated landfill, ditches, and berms as well as concrete secondary containment structure for two contact water tanks.

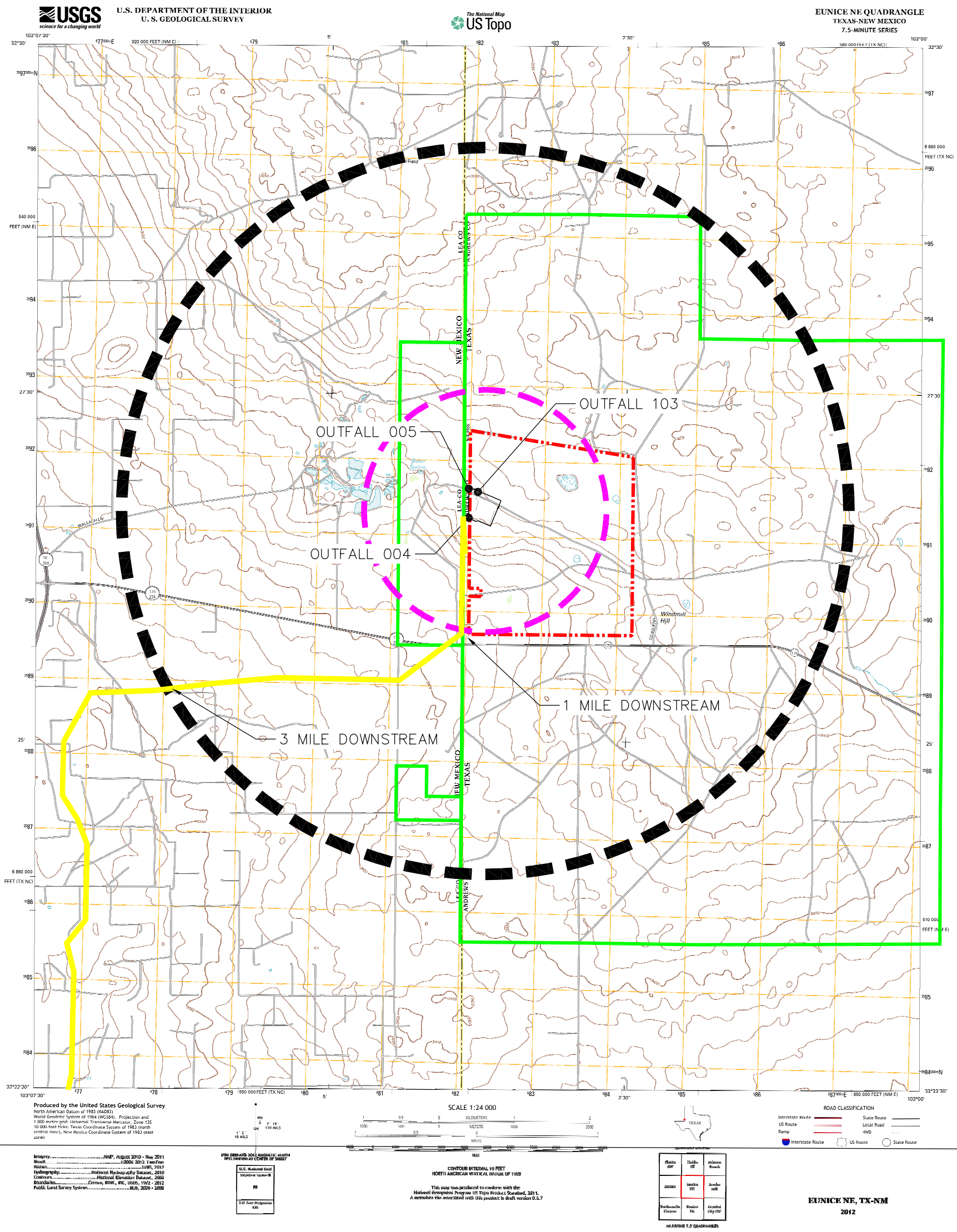
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

NA

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

NA



LEGEND:

- FACILITY BOUNDARY
- ADJACENT WCS TPDES–PERMITTED PROPERTY BOUNDARY
- WCS– OWNED PROPERTY BOUNDARY
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By-Product TPDES Renewal Map

Attachment 9-B

WCS
WASTE CONTROL SPECIALISTS
9998 W. STATE HWY. 176, ANDREWS, TEXAS. 79714
Ph. (432) 525-8500 WWW.WCSTEXAS.COM

DRAWING RECORD

REV.	DESCRIPTION	DATE	DRAWN	CHE

TECHNICAL REPORT

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

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

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

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

The facility receives and disposes of byproduct material as defined in 25 TAC 289.260(c) (4). The only byproduct material disposed of in the landfill is stabilized material inside steel canisters from the Fernald Environmental Management Plant.

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

Byproduct material contact water including, but not limited to, landfill leachate and contact storm water, which has come in contact with steel containers containing stabilized Byproduct material from the Fernald Environmental Management Plant.

[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
		Fernald Byproduct Canisters

Attachment:

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: Attachment E Maps

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

☐ Yes ☒ No

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

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

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: Appendix 2.C, Flood Plain Study, Byproduct Material Disposal Facility License Application, June 2004 and subsequent revisions.

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

Attachment:

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

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.

Treatment of wastewater from the By-product disposal facility is not required. Effluent is monitored prior to discharge to assure compliance with discharge limits. Previously monitored effluent is discharged via outfall 103.

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: See Attachment F (2 b).

Item 3. Impoundments (Instructions, Page 40)

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

☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

Impoundment Information

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

Parameter	Pond #	Pond #	Pond #	Pond #
Storage Capacity (gallons)				
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

Attachment:

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

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

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:

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:

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

Attachment:

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

Attachment:

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

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

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

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

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
004	32 degrees 26 minutes 36.32 sec	103 degrees 03 minutes 150.52 seconds
005	32 degrees 26 minutes 47.53 sec	103 degrees 03 min 50.52 sec
103	32 degrres 26 min 47.53 sec	103 degrees 03 min 43.78 sec

Outfall Location Description

Outfall No.	Location Description
004	Drainage ditch exiting west side of the Byproduct facility near south facility boundary.
005	Drainage ditch exiting west side of Byproduct facility near north facility boundary.
103	End of pipe discharge at the exterior wall of the wastewater tank farm

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

Outfall No.	Description of sampling point
004	Same as Above
005	Same as Above
103	Same as Above

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)
103	Report	Report			
004	Report	Report			
005	Report	Report			

Outfall Discharge – Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
004	N	Y	Calculation based on rainfall
005	N	Y	Calculation based on rainfall
103	Yes	No	Totalizing Meter

Outfall Discharge – Flow Characteristics

Outfall No.	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
004	Y	N	N	Variable	N/A	N/A
005	Y	N	N	Variable	N/A	N/A
103	Y	N	N	Variable	N/A	N/A

Outfall Wastestream Contributions

Outfall No. 004

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Non-contact stormwater	Varies	100

Outfall No. 005

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Non-contact Stormwater	Varies	Variable
Previously monitored effluents from internal Outfall 103	Varies	Variable

Outfall No. 103

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Landfill leachate and contact stormwater	Varies	100

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

Attachment:

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

a. Indicate if the facility currently or proposes to:

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

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

☐ Yes ☒ No Discharge once-through cooling water

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

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

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

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

Attachment:

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: Rainwater falling on active landfill cells containing the Fernald containers is collected within the landfill and managed as contact water. This water is pumped into two 500,000 gal. holding tanks which may be discharged through interior outfall 103 and then to outfall 005. The only industrial activities that are conducted outdoors or that may otherwise be exposed to storm water include, industrial wastewater transfer including truck unloading, and industrial wastewater storage in enclosed tanks.

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

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

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

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

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

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

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

☐ Facility is a POTW. Complete Worksheet 5.0.

☒ Domestic sewage is not generated on-site.

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

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

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.
N/A	N/A

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:

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: 24 & 48 Hour Acute Biomonitoring. 24-Hour is to test the effluent for lethality and the 48-Hour is to test the effluent for toxicity. All tests were sent to TCEQ.

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

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:

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:

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)
Gross Alpha	2.94 pCi/L
Gross Beta	6.33 pCi/L
Radium 226	0.00357 pCi/L
Radium 228	0.172 pCi/L

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

☐ Yes ☒ No

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

Radioactive Materials Present in the Discharge

Radioactive Material Name	Concentration (pCi/L)

Item 12. Cooling Water (Instructions, Page 46)

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

c. Cooling Water Supplier

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

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

CWIS ID				
Owner				
Operator				

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

☐ Yes ☐ No

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

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:

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:

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*:

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:

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:

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

This item is only applicable to existing permitted facilities.

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

   ☐ Yes ☒ No

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

N/A

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

   ☐ Yes ☒ No

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

N/A

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

☐ Yes ☒ No

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

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: Jenny Caldwell

Title: Environmental Manager

Signature: _____

Date: 08/13/2024

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 1.0: EPA CATEGORICAL EFFLUENT GUIDELINES

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

Item 1. Categorical Industries (Instructions, Page 53)

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

☐ Yes ☒ No

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

40 CFR Effluent Guideline

Industry	40 CFR Part
N/A	

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

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

a. Production Data

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

Production Data

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units
N/A			

b. Organic Chemicals, Plastics, and Synthetic Fibers Manufacturing Data (40 CFR Part 414)

Provide each applicable subpart and the percent of total production. Provide data for metal-bearing and cyanide-bearing wastestreams, as required by *40 CFR Part 414, Appendices A and B*.

Percentage of Total Production

Subcategory	Percent of Total Production	Appendix A and B - Metals	Appendix A - Cyanide
N/A			

c. Refineries (40 CFR Part 419)

Provide the applicable subcategory and a brief justification.

N/A

Item 3. Process/Non-Process Wastewater Flows (Instructions, Page 54)

Provide a breakdown of wastewater flow(s) generated by the facility, including both process and non-process wastewater flow(s). Specify which wastewater flows are to be authorized for discharge under this permit and the disposal practices for wastewater flows, excluding domestic, which are not to be authorized for discharge under this permit.

N/A

Item 4. New Source Determination (Instructions, Page 54)

Provide a list of all wastewater-generating processes subject to EPA categorical ELGs, identify the appropriate guideline Part and Subpart, and provide the date the process/construction commenced.

Wastewater Generating Processes Subject to Effluent Guidelines

Process	EPA Guideline Part	EPA Guideline Subpart	Date Process/ Construction Commenced
N/A			

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: POLLUTANT ANALYSIS

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

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

a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): **05/2024; Aluminum 2018; Outfall 103 Rad from 06/2021**

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

c. Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm. **Attachment:** 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:** Only 1 discharge in the last 12 months from Outfall 004; Zero Discharges in the last 12 months from 005

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.: 004 **Samples are (check one): ☐ Composite ☒ Grab**

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand	152			
Total organic carbon				
Dissolved oxygen				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease	U. <1.85			

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
Total residual chlorine				
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Total alkalinity (mg/L as CaCO3)				
Temperature (°F)				
pH (standard units)	7			

Table 2 for Outfall No.: **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					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3
Beryllium, total					0.5
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide, available					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5
Zinc, total					5.0

TABLE 3 (Instructions, Page 58)

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

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

Table 3 for Outfall No.: 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)*
Acrylonitrile					50
Anthracene					10
Benzene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane [Dibromochloromethane]					10
Chloroform					10
Chrysene					5
m-Cresol [3-Methylphenol]					10
o-Cresol [2-Methylphenol]					10
p-Cresol [4-Methylphenol]					10
1,2-Dibromoethane					10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane					10

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

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

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

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

TABLE 4 (Instructions, Pages 58-59)

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

a. **Tributyltin**

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

☐ Yes ☒ No

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

☐ Manufacturers and formulators of tributyltin or related compounds.

☐ Painting of ships, boats and marine structures.

☐ Ship and boat building and repairing.

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

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

☐ Facilities engaged in wood preserving.

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

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

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

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

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

c. E. coli (discharge to freshwater)

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

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

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

Table 4 for Outfall No.: 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
E. coli (cfu or MPN/100 mL)					N/A

TABLE 5 (Instructions, Page 59)

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

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

☒ N/A

Table 5 for Outfall No.: 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
Carbaryl					5
Chlordane					0.2
Chlorpyrifos					0.05
4,4'-DDD					0.1
4,4'-DDE					0.1
4,4'-DDT					0.02
2,4-D					0.7
Danitol [Fenpropathrin]					—
Demeton					0.20
Diazinon					0.5/0.1
Dicofol [Kelthane]					1
Dieldrin					0.02
Diuron					0.090

Pollutant	**Sample 1 (µg/L)***	**Sample 2 (µg/L)***	**Sample 3 (µg/L)***	**Sample 4 (µg/L)***	**MAL (µg/L)***
Endosulfan I (*alpha*)					0.01
Endosulfan II (*beta*)					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Guthion [Azinphos methyl]					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
Hexachlorocyclohexane (*alpha*)					0.05
Hexachlorocyclohexane (*beta*)					0.05
Hexachlorocyclohexane (*gamma*) [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 6 for Outfall No.: 004 and 005 **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)	☐	☒					—
Nitrate-Nitrite (as N)	☐	☒					—
Sulfide (as S)	☐	☒					—
Sulfite (as SO3)	☐	☒					—
Surfactants	☐	☒					—
Boron, total	☒	☐	Naturally occurring in soil				20
Cobalt, total	☒	☐	Naturally occurring in soil				0.3
Iron, total	☒	☐	Naturally occurring in soil				7
Magnesium, total	☒	☐	Naturally occurring in soil				20
Manganese, total	☒	☐	Naturally occurring in soil				0.5
Molybdenum, total	☒	☐	Naturally occurring in soil				1
Tin, total	☐	☒					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 7 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
☐ 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 8 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
Methylene chloride [Dichloromethane]					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethylene [Tetrachloroethene]					10
Toluene					10
1,2-Trans-dichloroethylene [1,2-Trans-dichloroethene]					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethylene [Trichloroethene]					10
Vinyl chloride					10

* Indicate units if different from µg/L.

Table 9 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 10 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
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

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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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 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)
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
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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
PCB 1260					0.2
PCB 1016					0.2
Toxaphene					0.3

* Indicate units if different from µg/L.

Attachment:

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 (Ronnel) CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol (TCP) CASRN 95-95-4
- ☐ hexachlorophene (HCP) CASRN 70-30-4
- ☒ None of the above

Description:

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:

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

Table 12 for Outfall No.: N/A **Samples 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

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
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 13 for Outfall No.: 005 **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
Aluminum, total	7429-90-5	36.1	1190	82.9	301	200.8
Zinc	7440-66-6	Not Analyzed	Not Analyzed	Not Analyzed	Not Analyzed	
Uranium	7440-61-1	Not Analyzed	Not Analyzed	Not Analyzed	Not Analyzed	

Pollutant	CASRN	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	Analytical Method
Iron	7439-89-6	Not Analyzed	Not Analyzed	Not Analyzed	Not Analyzed	
*Note: Constituents are naturally occuring in the soils at the site.						

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND APPLICATION OF EFFLUENT

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

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

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

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

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

Land Application Area Information

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

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

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

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

Attachment:

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

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

☐ The exact boundaries of the land application area

☐ On-site buildings

☐ Waste-disposal or treatment facilities

☐ Effluent storage and tailwater control facilities

☐ Buffer zones

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

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

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

Attachment: _____

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

Well and Map Information Table

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

Attachment: _____

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

☐ Yes ☐ No

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

Attachment: _____

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

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

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

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

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

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

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

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

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

Date (mo/yr)	Daily Avg Flow (gpd)	BOD5 (mg/L)	TSS (mg/L)	Nitrogen (mg/L)	Conductivity (mmhos/cm)	Total acres irrigated	Hydraulic Application rate (acre-feet/month)

Date (mo/yr)	Daily Avg Flow (gpd)	BOD5 (mg/L)	TSS (mg/L)	Nitrogen (mg/L)	Conductivity (mmhos/cm)	Total acres irrigated	Hydraulic Application rate (acre-feet/month)

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

Additional Parameter Effluent Analysis

Date (mo/yr)							

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

Item 7. Pollutant Analysis (Instructions, Page 72)

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

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

c. Complete Tables 15 and 16.

Table 15 for Outfall No.: **Samples are (check one):** ☐ **Composite** ☐ **Grab**

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand				
Total organic carbon				
Dissolved oxygen				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Total alkalinity (mg/L as CaCO3)				
Temperature (˚F)				
pH (standard units)				

Table 16 for Outfall No.: **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					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Beryllium, total					0.5
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide, available					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5
Zinc, total					5.0

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

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

Item 1. Edwards Aquifer (Instructions, Page 73)

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

☐ Yes ☐ No

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

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

☐ 30 TAC Chapter 213, Subchapter A

☐ 30 TAC Chapter 213, Subchapter B

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

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

Attachment: _____

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

a. Provide the following information on the irrigation operations:

Area under irrigation (acres): _____

Design application rate (acre-ft/acre/yr): _____

Design application frequency (hours/day): _____

Design application frequency (days/week): _____

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

Average slope of the application area (percent): _____

Maximum slope of the application area (percent): _____

Irrigation efficiency (percent): _____

Effluent conductivity (mmhos/cm): _____

Soil conductivity (mmhos/cm): _____

Curve number: _____

Describe the application method and equipment: _____

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

Item 3. Evaporation Ponds (Instructions, Page 74)

a. Daily average effluent flow into ponds: _____ gallons per day

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

Item 4. Evapotranspiration Beds (Instructions, Page 74)

a. Provide the following information on the evapotranspiration beds:

Number of beds: _____

Area of bed(s) (acres): _____

Depth of bed(s) (feet): _____

Void ratio of soil in the beds: _____

Storage volume within the beds (include units): _____

Description of any lining to protect groundwater: _____

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

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

Item 5. Overland Flow (Instructions, Page 74)

a. Provide the following information on the overland flow:

Area used for application (acres): _____

Slopes for application area (percent): _____

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

Slope length (feet): _____

Design BOD5 loading rate (lbs BOD5/acre/day): _____

Design application frequency (hours/day): _____

Design application frequency (days/week): _____

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 3.2: SUBSURFACE IRRIGATION (NON-DRIP)

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

☐ Check the box to confirm the Class V Injection Well Inventory/Authorization Form (Worksheet 9.0) has been submitted to the TCEQ UIC Permits Team as directed.

Item 1. Edwards Aquifer (Instructions, Page 75)

a. The subsurface system is/will be located on the Edwards Aquifer Recharge Zone, as mapped by TCEQ?

☐ Yes ☐ No

b. The subsurface system is/will be located on the Edwards Aquifer Transition Zone, as mapped by TCEQ?

☐ Yes ☐ No

If **yes** to Item 1.a **or** 1.b, the subsurface system may be prohibited by *30 TAC § 213.8*. Contact the Water Quality Assessment Section at (512) 239-4671 for a preapplication meeting.

Item 2. Subsurface Application (Instructions, Page 75)

a. Check the box next to the type of subsurface land disposal system requested:

☐ Conventional drainfield, beds, or trenches

☐ Low pressure dosing

☐ Other: _____

b. Provide the following information on the irrigation operations:

Application area (acres): _____

Area of drainfield (square feet): _____

Application rate (gal/square ft/day): _____

Depth to groundwater (feet): _____

Area of trench (square feet): _____

Dosing duration per area (hours): _____

Number of beds: _____

Dosing amount per area (inches/day): _____

Soil infiltration rate (inches/hour): _____

Storage volume (gallons): _____

Area of bed(s) (square feet): _____

Soil classification: _____

c. Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation. **Attachment:** _____

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL SYSTEMS

This worksheet **is required** for all applications for a permit to dispose of wastewater using a subsurface area drip dispersal system (SADDS).

☐ Check the box to confirm the Class V Injection Well Inventory/Authorization Form (Worksheet 9.0) has been submitted to the TCEQ UIC Permits Team as directed.

Item 1. Edwards Aquifer (Instructions, Page 76)

a. The subsurface system is/will be located on the Edwards Aquifer Recharge Zone, as mapped by TCEQ?

☐ Yes ☐ No

b. The subsurface system is/will be located on the Edwards Aquifer Transition Zone, as mapped by TCEQ?

☐ Yes ☐ No

If **yes** to Item 1.a **or** 1.b, the subsurface system may be prohibited by *30 TAC § 213.8*. Contact the Water Quality Assessment Section at (512) 239-4671 for a preapplication meeting.

Item 2. Administrative Information (Instructions, Page 76)

a. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility: _____

b. The owner of the land where the WWTF is/will be located is the same as the owner of the WWTF.

☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the WWTF is/will be located: _____

c. Provide the legal name of the owner of the SADDS: _____

d. The owner of the SADDS is the same as the owner of the WWTF or the site where the WWTF is/will be located.

☐ Yes ☐ No

If **no**, identify the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.c: _____

e. Provide the legal name of the owner of the land where the SADDS is located: _____

f. The owner of the land where the SADDS is/will be located is the same as owner of the WWTF, the site where the WWTF is located, or the owner of the SADDS.

☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.e: _____

Item 3. SADDS (Instructions, Page 77)

a. Check the box next to the type SADDS requested by this application:

☐ Subsurface drip/trickle irrigation

☐ Surface drip irrigation

☐ Other: _____

b. Attach a description of the SADDS proposed/used by the facility (see instructions for guidance). **Attachment:** _____

c. Provide the following information on the SADDS:

Application area (acres): _____

Soil infiltration rate (inches/hour): _____

Average slope of the application area: _____

Maximum slope of the application area: _____

Storage volume (gallons): _____

Major soil series: _____

Depth to groundwater (feet): _____

Effluent conductivity (mmhos/cm): _____

d. The facility is/will be located west of the boundary shown in *30 TAC § 222.83* **and** using a vegetative cover of non-native grasses over seeded with cool-season grasses.

☐ Yes ☐ No

If **yes**, the facility may propose a hydraulic application rate up to, but not to exceed, 0.1 gal/ft^2/day.

e. The facility is/will be located east of the boundary shown in *30 TAC § 222.83* **or** is the facility proposing any crop other than non-native grasses.

☐ Yes ☐ No

If **yes**, the facility must use the formula in *30 TAC § 222.83* to calculate the maximum hydraulic application rate.

f. The facility has or plans to submit an alternative method to calculate the hydraulic application rate for approval by the ED.

☐ Yes ☐ No

If **yes**, provide the following information on the hydraulic application rates:

- Hydraulic application rate (gal/square foot/day): _____
- Nitrogen application rate (gal/square foot/day): _____

g. Provide the following dosing information:

Number of doses per day: _____

Dosing duration per area (hours): _____

Rest period between doses (hours): _____

Dosing amount per area (inches/day): _____

Number of zones: _____

h. The system is/will be a surface drip irrigation system using existing native vegetation as a crop?

☐ Yes ☐ No

If **yes**, attach the following information:

- A vegetation survey by a certified arborist describing the percent canopy cover and relative percentage of major overstory and understory plant species.

  Attachment: _____

- Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation.

  Attachment: _____

Item 4. Required Plans (Instructions, Page 78)

a. Attach a Soil Evaluation with all information required in *30 TAC § 222.73*.

Attachment: _____

b. Attach a Site Preparation Plan with all information required in *30 TAC § 222.75*.

Attachment: _____

c. Attach a Recharge Feature Plan with all information required in *30 TAC § 222.79*.

Attachment: _____

d. Provide soil sampling and testing with all information required in *30 TAC § 222.157*.

Attachment: _____

Item 5. Flood and Run-On Protection (Instructions, Page 79)

a. Is the existing/proposed SADDS located within the 100-year frequency flood level?

☐ Yes ☐ No

Source: _____

If **yes**, describe how the site will be protected from inundation: _____

b. Is the existing/proposed SADDS within a designated floodway?

☐ Yes ☐ No

If **yes**, attach either the FEMA flood map or alternate information used to make this determination. **Attachment:** _____

Item 6. Surface Waters in The State (Instructions, Page 79)

a. Attach a buffer map which shows the appropriate buffers on surface waters in the state, water wells, and springs/seeps. **Attachment:** _____

b. The facility has or plans to request a buffer variance from water wells or waters in the state?

☐ Yes ☐ No

If **yes**, attach the additional information required in *30 TAC § 222.81(c)*. **Attachment:** _____ _____

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

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

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

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: _____ _____

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: _____ _____

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: un-named dry ditch – no receiving waters

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

☐ Lake or Pond

- Surface area (acres): _____
- Average depth of the entire water body (feet): _____
- Average depth of water body within a 500-foot radius of the discharge point (feet): _____

☒ 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: _____

d. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point: There are no perennial streams within three miles downstream of the discharge point.

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

☐ Yes ☒ No

If **yes**, describe how: _____

f. General observations of the water body during normal dry weather conditions: Dry ditch. No water bodies.

Date and time of observation: No water bodies

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

☐ Yes ☒ No

If **yes**, describe how: _____

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

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

☐ oil field activities
☐ agricultural runoff
☒ upstream discharges
☐ urban runoff
☐ septic tanks
☐ other, specify: _____

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

☐ livestock watering
☐ non-contact recreation
☐ domestic water supply
☐ contact recreation
☐ fishing
☐ industrial water supply
☐ irrigation withdrawal
☐ navigation
☐ picnic/park activities
☒ other, specify: There is no receiving water. Discharge is into a drainage ditch.

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 4.1: WATERBODY PHYSICAL CHARACTERISTICS

The following information **is required** for new applications, EPA-designated Major facilities, and major amendment applications requesting to add an outfall if the receiving waters are perennial or intermittent with perennial pools (including impoundments) for a TDPES permit.

Complete the transects downstream of the existing or proposed discharges.

Item 1. Data Collection (Instructions, Page 82)

a. Date of study: N/A Time of study: _____

Waterbody name: _____

General location: _____

b. Type of stream upstream of an existing discharge or downstream of a proposed discharge (check only one):

☐ perennial ☐ intermittent with perennial pools ☐ impoundment

c. No. of defined stream bends:

Well: _____ Moderately: _____ Poorly: _____

d. No. of riffles: _____

e. Evidence of flow fluctuations (check one):

☐ Minor ☐ Moderate ☐ Severe

f. Provide the observed stream uses and where there is evidence of channel obstructions/modifications: _____

g. Complete the following table with information regarding the transect measurements.

Stream Transect Data

Transect Location	Habitat Type*	Water Surface Width (ft)	Stream Depths (ft)**								

* riffle, run, glide, or pool

** channel bed to water surface

Item 2. Summarize Measurements (Instructions, Page 83)

Provide the following information regarding the transect measurements:

Streambed slope of entire reach (from USGS map in ft. /ft.): _____

Approximate drainage area above the most downstream transect from USGS map or county highway map (square miles): _____

Length of stream evaluated (ft): _____

Number of lateral transects made: _____

Average stream width (ft): _____

Average stream depth (ft): _____

Average stream velocity (ft/sec): _____

Instantaneous stream flow (ft^3/sec): _____

Indicate flow measurement method (VERY IMPORTANT – type of meter, floating chip timed over a fixed distance, etc.): _____

Flow fluctuations (i.e., minor, moderate, or severe): _____

Size of pools (i.e., large, small, moderate, or none): _____

Maximum pool depth (ft): _____

Total number of stream bends: _____

Number well defined: _____

Number moderately defined: _____

Number poorly defined: _____

Total number of riffles: _____

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 5.0: SEWAGE SLUDGE MANAGEMENT AND DISPOSAL

The following information **is required** for all TPDES permit applications that meet the conditions as outlined in Technical Report 1.0, Item 7.

Item 1. Sewage Sludge Solids Management Plan (Instructions, Page 84)

a. Is this a new permit application or an amendment permit application?

☐ Yes ☐ No

b. Does or will the facility discharge in the Lake Houston watershed?

☐ Yes ☐ No

If **yes** to either Item 1.a **or** 1.b, attach a solids management plan. **Attachment:** _____

Item 2. Sewage Sludge Management and Disposal (Instructions, Page 84)

a. Check the box next to the sludge disposal method(s) authorized under the facility's existing permit (check all that apply).

☐ Permitted landfill

☐ Marketing and distribution by the permittee, attach Form TCEQ-00551

☐ Registered land application site, attach Form TCEQ-00565

☐ Processed by the permittee, attach Form TCEQ-00744

☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744

☐ Transported to another WWTP

☐ Beneficial land application, attach Form TCEQ-10451

☐ Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach the required TCEQ forms as directed. Failure to submit the required TCEQ form will result in delays in processing the application

Attachment: _____

b. Provide the following information for each disposal site:

Disposal site name: _____

TCEQ Permit/Registration Number: _____

County where disposal site is located: _____

c. Method of sewage sludge transportation:

☐ truck ☐ train ☐ pipe ☐ other: _____

TCEQ Hauler Registration Number: _____

d. Sludge is transported as a:

☐ liquid ☐ semi-liquid ☐ semi-solid ☐ solid

e. Purpose of land application: ☐ reclamation ☐ soil conditioning ☐ N/A

f. If sewage sludge is transported to another WWTP for treatment, attach a written statement or copy of contractual agreements confirming that the WWTP identified above will accept and be responsible for the sludge from this facility for the life of the permit (at least 5 years).

Attachment: _____

Item 3. Authorization for Sewage Sludge Disposal (Instructions, Page 85)

If this is a new or major amendment application which requests authorization of a new sewage sludge disposal method, check the new sewage disposal method(s) requested for authorization (check all that apply):

☐ Marketing and distribution by the permittee, attach Form TCEQ-00551

☐ Processed by the permittee, attach Form TCEQ-00744

☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744

☐ Beneficial land application, attach Form TCEQ-10451

☐ Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach any required TCEQ forms, as directed. Failure to submit the required TCEQ form will result in delays in processing the application.

Attachment: _____

NOTE: New authorization for beneficial land application, incineration, processing, or disposal in the TPDES permit or TLAP **requires a major amendment to the permit**. New authorization for composting may require a major amendment to the permit. See the instructions to determine if a major amendment is required or if authorization for composting can be added through the renewal process.

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following information **is required** for all applications for publicly-owned treatment works (POTWs).

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

Item 1. All POTWs (Instructions, Page 86)

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

Industrial User Information

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

If **no**, skip Item 2 and answer all questions in Item 3 for each SIU and CIU.

Item 2. POTWs With Approved Pretreatment Programs or Those Required To Develop A Pretreatment Program (Instructions, Page 86)

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

☐ Yes ☐ No

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

Attachment:

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

☐ Yes ☐ No

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

Attachment:

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

Effluent Parameters Measured Above the MAL

Pollutant	Concentration	MAL	Units	Date

Attachment:

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

☐ Yes ☐ No

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

Item 3. Significant Industrial User and Categorical Industrial User Information (Instructions, Pages 88-87)

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

a. Mr. or Ms.: First/Last Name:

Organization Name: SIC Code:

Phone number: Email address:

Physical Address: City/State/ZIP Code:

Attachment:

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

c. Provide a description of the principal products(s) or service(s) performed: _____

d. Flow rate information

Flow Rate Information

Effluent Type	Discharge Day (gallons per day)	Discharge Frequency (Continuous, batch, or intermittent)
Process Wastewater		
Non-process Wastewater		

e. Pretreatment Standards

1. Is the SIU or CIU subject to technology-based local limits as defined in the application instructions?

   ☐ Yes ☐ No

2. Is the SIU subject to categorical pretreatment standards?

   ☐ Yes ☐ No

   If **yes**, provide the category and subcategory or subcategories in the SIUs Subject To Categorical Pretreatment Standards table.

SIUs Subject to Categorical Pretreatment Standards

Category in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR

f. Has the SIU or CIU caused or contributed to any problem(s) (e.g., interferences, pass through, odors, corrosion, blockages) at the POTW in the past three years?

   ☐ Yes ☐ No

   If **yes**, provide a description of each episode, including dates, duration, description of problems, and probable pollutants, and include the name(s) of the SIU(s)/CIU(s) that may have caused or contributed to the problem(s): _____

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
004	☐	☒
005	☐	☒
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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: See Attachment Worksheet 7.0.3

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)
103	2- 500,000 gallon tanks	2- 500,000 gallon tanks
004	0	14.52 acres
005	0	29.95 acres

b. Provide the following local area rainfall information and the source of the information.

Wettest month: September

Average rainfall for wettest month (total inches): 2.75

25-year, 24-hour rainfall (inches): 4.7

Source: Texas Tech University of West Texas Mesonet and US Department of Commerce Weather Bureau

c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:** Industrial wastewater transfer including truck unloading. Stormwater which has come in contact with the Fernald Facility Steel Containers. Separate Attachment?

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:** Attachment G

e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility: Rock berms and gabions have been installed to reduce silt load after the discharge has exited the facility then stormwater is routed through a heavily vegetated area to encourage abstraction and evapotranspiration and silt removal.

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): No Storm Events

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.: There were no discharges of stormwater during the renewal period

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)	(max)	—	(min)	—		—
Total suspended solids						—
Chemical oxygen demand						—
Total organic carbon						—
Oil and grease						—
Arsenic, total						0.0005
Barium, total						0.003
Cadmium, total						0.001
Chromium, total						0.003

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)
Chromium, trivalent						—
Chromium, hexavalent						0.003
Copper, total						0.002
Lead, total						0.0005
Mercury, total						0.000005
Nickel, total						0.002
Selenium, total						0.005
Silver, total						0.0005
Zinc, total						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.: <u>There were no discharges of stormwater during the renewal period</u>

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:

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:

Duration of storm event (minutes):

Total rainfall during storm event (inches):

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

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

Total stormwater flow from rain event (gallons):

Provide a description of the method of flow measurement or estimate:

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 8.0: AQUACULTURE

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges of aquaculture wastewater.

Item 1. Facility/Site Information (Instructions, Page 94)

a. Complete the following table with information regarding production ponds, raceways, and fabricated tanks at the facility.

Production Pond Descriptions

Number of Ponds	Dimensions (include units)	Area of Each Pond (include units)	Number of Ponds x Area of Ponds (include Units)

Total surface area of all ponds: _____

Raceway Descriptions

Number of Raceways	Dimensions (include units)

Fabricated Tank Descriptions

Number of Tanks	Dimensions (include units)

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

☐ Yes ☐ No

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

Attachment:

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

☐ Yes ☐ No

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

Attachment:

d. Provide the number of aquaculture facilities located within 25-miles of this facility:

Item 2. Species Identification (Instructions, Page 95)

Complete the following table regarding each species raised, source, origin, and disease status of the stock. Identify and attach copies of any current relevant authorizations or permits that authorize the species.

Stock Species Information

Species	Source of Stock	Origin of Stock	Disease Status	Authorizations

Attachment:

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

Attach a detailed stock management plan:

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

Attach a detailed description of the discharge practices and water treatment process(es):

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

Attach a description of the solid waste-disposal practices:

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

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

WORKSHEET 9.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:
TCEQ
IUC Permits Team
Radioactive Materials Division
MC-233
PO Box 13087
Austin, Texas 78711-3087
512-239-6466

For TCEQ Use Only
Reg. No._____
Date Received_____
Date Authorized_____

Item 1. General Information (Instructions Page 99)

1. **TCEQ Program Area**

   Program Area (PST, VCP, IHW, etc.): _____

   Program ID: _____

   Contact Name: _____

   Phone Number: _____

2. **Agent/Consultant Contact Information**

   Contact Name: _____

   Address: _____

   City, State, and Zip Code: _____

   Phone Number: _____

3. **Owner/Operator Contact Information**

   ☐ Owner ☐ Operator

   Owner/Operator Name: _____

   Contact Name: _____

   Address: _____

   City, State, and Zip Code: _____

   Phone Number: _____

4. **Facility Contact Information**

   Facility Name: _____

   Address: _____

   City, State, and Zip Code: _____

   Location description (if no address is available): _____

   Facility Contact Person: _____

   Phone Number: _____

5. **Latitude and Longitude, in degrees-minutes-seconds**

   Latitude: _____

   Longitude: _____

   Method of determination (GPS, TOPO, etc.): _____

   Attach topographic quadrangle map as attachment A.

6. **Well Information**

   Type of Well Construction, select one:

   - ☐ Vertical Injection
   - ☐ Subsurface Fluid Distribution System
   - ☐ Infiltration Gallery
   - ☐ Temporary Injection Points
   - ☐ Other, Specify: _____

   Number of Injection Wells: _____

7. **Purpose**

   Detailed Description regarding purpose of Injection System:

   Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

8. **Water Well Driller/Installer**

   Water Well Driller/Installer Name: _____

   City, State, and Zip Code: _____

   Phone Number: _____

   License Number: _____

Item 2. Proposed Down Hole Design

Attach a diagram signed and sealed by a licensed engineer as Attachment C.

Down Hole Design Table

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Center	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing					
Screen					

Item 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

Attach a diagram signed and sealed by a licensed engineer as Attachment D.

System(s) Dimensions: _____

System(s) Construction: _____

Item 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: _____
2. Receiving Formation Name of Injection Zone: _____
3. Well/Trench Total Depth: _____
4. Surface Elevation: _____
5. Depth to Ground Water: _____
6. Injection Zone Depth: _____
7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No

   Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:

   Name: _____

   Thickness: _____
8. Attach a list of contaminants and the levels (ppm) in contaminated aquifer as Attachment E.
9. Attach the Horizontal and Vertical extent of contamination and injection plume as Attachment F.
10. Attach Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc., as Attachment G.
11. Injection Fluid Chemistry in PPM at point of injection. Attach as Attachment H.
12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: _____
13. Maximum injection Rate/Volume/Pressure: _____
14. Water wells within 1/4 mile radius (attach map as Attachment I): _____
15. Injection wells within 1/4 mile radius (attach map as Attachment J): _____
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): _____
17. Sampling frequency: _____
18. Known hazardous components in injection fluid: _____

Item 5. Site History

1. Type of Facility: _____
2. Contamination Dates: _____
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations. Attach as Attachment L.
4. Previous Remediation. Attach results of any previous remediation as Attachment M.

NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.

Item 6. CLASS V INJECTION WELL DESIGNATIONS

5A07 Heat Pump/AC return (IW used for groundwater to heat or cool buildings)

5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)

5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)

5D02 Stormwater Drainage (IW designed for the disposal of rain water)

5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)

5F01 Agricultural Drainage (IW that receive agricultural runoff)

5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)

5S23 Subsidence Control Wells (IW used to control land subsidence caused by groundwater withdrawal)

5W09 Untreated Sewage

5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)

5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)

5W12 WTTP disposal

5W20 Industrial Process Waste-disposal Wells

5W31 Septic System (Well Disposal method)

5W32 Septic System Drainfield Disposal

5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, or fill sections of a mine)

5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)

5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)

5X27 Other Wells

5X28 Motor Vehicle Waste-disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)

5X29 Abandoned Drinking Water Wells (waste disposal)

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 10.0: QUARRIES IN THE JOHN GRAVES SCENIC RIVERWAY

This worksheet **is required** for all applications for individual permits for a municipal solid waste facility or mining facility located within a Water Quality Protection Area in the John Graves Scenic Riverway. **Note: Review 30 TAC §§ 311.71-311.82 thoroughly prior to completing any portion of this worksheet.**

Item 1. Exclusions (Instructions, Page 100)

a. Is this a municipal solid waste facility?

☐ Yes ☐ No

b. Has this quarry been in operation since January 1, 1994 without cessation of operation for more than 30 consecutive days and under the same ownership?

☐ Yes ☐ No

c. Is this a coal mine?

☐ Yes ☐ No

d. Is this facility mining clay and/or shale for use in manufacturing structural clay products?

☐ Yes ☐ No

If **yes** to **any** above question, **stop here**. The facility is required to maintain documentation, as outlined in *30 TAC § 311.72(c)*, at the facility to demonstrate the exclusion(s).

Item 2. Location of the Quarry (Instructions, Page 101)

Check the box next to the distance between the quarry and the nearest navigable water body:

☐ < 200 feet ☐ 200 feet – 1,500 feet ☐ 1,500 feet – 1 mile ☐ > 1 mile

NOTE: The construction or operation of any new quarry or expansion of any existing quarry **is prohibited** within 200 feet of any water body located within a Water Quality Protection Area in the John Graves Scenic Riverway.

Item 3. Additional Requirements (Instructions, Page 101)

Use the table in the Instructions to determine if additional application requirements apply to the facility based on distance between the quarry and the nearest waterway. Attach as appropriate or enter N/A.

a. Attach a Restoration Plan: _____

b. Amount of Financial Assurance for Restoration: $_____

Mechanism: _____

c. Attach a Technical Demonstration: _____

d. Attach a Reclamation Plan: _____

e. Amount of Financial Assurance for Reclamation: $_____

Mechanism: _____

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 11.0: COOLING WATER SYSTEM INFORMATION

This worksheet **is required** for all TPDES permit applications **that meet the conditions outlined in Technical Report 1.0, Item 12.**

Item 1. Cooling Water System Data (Instructions, Page 104)

a. Complete the following table with information regarding the cooling water system.

Cooling Water System Data

Parameter	Volume (include units)
Total DIF	
Total AIF	
Intake Flow Use(s) (%)	
Contact cooling	
Non-contact cooling	
Process Wastewater	
Other	

b. Attach the following information:

1. A narrative description of the design and annual operation of the facility's cooling water system and its relationship to the CWIS(s).

2. A scaled map depicting the location of each CWIS, impoundment, intake pipe, and canals, pipes, or waterways used to convey cooling water to, or within, the cooling water system. Provide the latitude and longitude for each CWIS and any intake pipe(s) on the map. Indicate the position of the intake pipe within the water column.

3. A description of water reuse activities, if applicable, reductions in total water withdrawals, if applicable, and the proportion of the source waterbody withdrawn (on a monthly basis).

4. Design and engineering calculations prepared by a qualified professional and data to support the information provided in above item a.

5. Previous year (a minimum of 12 months) of AIF data.

6. A narrative description of existing or proposed impingement and entrainment technologies or operation measures and a summary of their performance, including, but not limited to, reductions in impingement mortality and entrainment due to intake location and reductions in total water withdrawals and usage.

Attachment: _____

Item 2. Cooling Water Intake Structure(s) Data (Instructions, Page 105)

a. Complete the following table with information regarding each cooling water intake structure (this includes primary and make-up CWIS(s)).

Cooling Water Intake Structure(s) Data

CWIS ID				
DIF (include units)				
AIF (include units)				
Intake Flow Use(s) (%)				
Contact cooling				
Non-contact cooling				
Process Wastewater				
Other				
Latitude (decimal degrees)				
Longitude (decimal degrees)				

b. Attach the following information regarding the CWIS(s):

1. A narrative description of the configuration of each CWIS, annual and daily operation, including any seasonal changes, and where it is located in the water body and in the water column.

2. Engineering calculations for each CWIS.

Attachment: _____

Item 3. Source Water Physical Data (Instructions, Page 105)

a. Complete the following table with information regarding the CWIS(s) source waterbody (this includes primary and make-up CWIS(s)).

Source Waterbody Data

CWIS ID				
Source Waterbody				
Mean Annual Flow				
Source				

b. Attach the following information regarding the source waterbody.

1. A narrative description of the source water for each CWIS, including areal dimensions, depths, salinity and temperature regimes, and other documentation that supports this determination of the water body type where each cooling water intake structure is located.

2. A narrative description of the source waterbody's hydrological and geomorphological features.

3. Scaled drawings showing the physical configuration of all source water bodies used by the facility, including the source waterbody's hydrological and geomorphological features. **NOTE:** The source waterbody's hydrological and geomorphological features may be included on the map submitted for item 1.b.ii of this worksheet.

4. A description of the methods used to conduct any physical studies to determine the intake's area of influence within the waterbody and the results of such studies.

Attachment: _____

Item 4. Operational Status (Instructions, Page 106)

a. Is this application for a power production or steam generation facility?

☐ Yes ☐ No

If **no**, proceed to Item 4.b. If **yes**, provide the following information as an attachment:

1. Describe the operating status of each individual unit, including age, capacity utilization rate (or equivalent) for the previous five years (a minimum of 60 months), and any seasonal changes in operation.

2. Describe any extended or unusual outages or other factors which significantly affect current data for flow, impingement, entrainment.

3. Identify any operating unit with a capacity utilization rate of less than 8 percent averaged over a contiguous period of two years (a minimum of 24 months).

4. Describe any major upgrades completed within the last 15 years, including but not limited to boiler replacement, condenser replacement, turbine replacement, or changes of fuel type.

Attachment: _____

b. Process Units

1. Is this application for a facility which has process units that use cooling water (other than for power production or steam generation)?

☐ Yes ☐ No

If **no**, proceed to Item 4.c. If **yes**, continue.

2. Does the facility use or intend to use reductions in flow or changes in operations to meet the requirements of *40 CFR § 125.94(c)*?

☐ Yes ☐ No

If **no**, proceed to Item 4.c. If **yes**, attach descriptions of the following information:

- Individual production processes and product lines
- The operating status, including age of each line and seasonal operation
- Any extended or unusual outages that significantly affect current data for flow, impingement, entrainment, or other factors

- Any major upgrades completed within the last 15 years and plans or schedules for decommissioning or replacement of process units or production processes and product lines.

Attachment: _____

c. Is this an application for a nuclear power production facility?

☐ Yes ☐ No

If **no**, proceed to Item 4.d. If **yes**, attach a description of completed, approved, or scheduled upgrades and the Nuclear Regulatory Commission relicensing status for each unit at the facility.

Attachment: _____

d. Is this an application for a manufacturing facility?

☐ Yes ☐ No

If **no**, proceed to Worksheet 11.1. If **yes**, attach descriptions of current and future production schedules and any plans or schedules for any new units planned within the next five years (a minimum of 60 mos)

Attachment: _____

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 11.1: IMPINGEMENT MORTALITY

This worksheet **is required** for all TPDES permit applications **that meet the conditions outlined in Technical Report 1.0, Item 12.** Complete one copy of this worksheet for **each** individual CWIS the facility uses or proposes to use.

CWIS ID: _____

Item 1. Impingement Compliance Technology Selection (Instructions, Page 107)

Check the box next to the method of compliance for the Impingement Mortality Standard selected by the facility.

☐ Closed-cycle recirculating system(CCRS) [*40 CFR § 125.94(c)(1)*]
☐ 0.5 ft/s Through-Screen Design Velocity [*40 CFR § 125.94(c)(2)*] – Proceed to Worksheet 11.2
☐ 0.5 ft/s Through Screen Actual Velocity [*40 CFR § 125.94(c)(3)*]
☐ Existing offshore velocity cap [*40 CFR § 125.94(c)(4)*] – Proceed to Worksheet 11.2
☐ Modified traveling screens [*40 CFR § 125.94(c)(5)*]
☐ System of technologies [*40 CFR § 125.94(c)(6)*]
☐ Impingement mortality performance standard [*40 CFR § 125.94(c)(7)*]
☐ De minimis rate of impingement [*40 CFR § 125.94(c)(11)*]
☐ Low capacity utilization power-generation facilities [*40 CFR § 125.94(c)(12)*]

If 0.5 ft/s Through-Screen Design Velocity [*40 CFR § 125.94(c)(2)*] or existing offshore velocity cap [*40 CFR § 125.94(c)(4)*] was selected, proceed to Worksheet 11.2. Otherwise, continue to Item 2.

Item 2. Impingement Compliance Technology Information (Instructions, Page 107)

Complete the following sections based on the selection made for item 1 above.

a. CCRS [*40 CFR § 125.94(c)(1)*]

☐ Check this box to confirm the CWS meets the definition of CCRS located at *40 CFR § 125.91(c)* and provide a response to the following questions.

1. Does the facility use or propose to use a CWIS to replenish water losses to the CWS?

   ☐ Yes ☐ No

   If **no**, proceed to item a.2. If **yes**, provide the following information as an attachment and continue.

   - CWIS ID
   - 12 months of intake flow data for any CWIS used for make-up intake flows to replenish cooling water losses, excluding intakes for losses due to blowdown, drift, or evaporation.

- A narrative description of any physical or operational measures taken to minimize make-up withdraws.

Attachment:

NOTE: Do not complete a separate Worksheet 11.1 for a make-up CWIS.

2. Does the facility use or propose to use cooling towers?

☐ Yes ☐ No

If **no**, proceed to Worksheet 11.2. If **yes**, provide the following information and proceed to Worksheet 11.2.

- Average number of cycles of concentration (COCs) prior to blowdown:

Average COCs Prior to Blowdown

Cooling Tower ID				
COCs				

- Attach COC monitoring data for each cooling tower from the previous year (a minimum of 12 months):
- Maximum number of COCs each cooling tower can accomplish based on design of the system.

Calculated COCs Prior to Blowdown

Cooling Tower ID				
COCs				

- Describe conditions that may limit the number of COCs prior to blowdown, if any, including but not limited to permit conditions:

b. 0.5 ft/s Through Screen Actual Velocity [*40 CFR § 125.94(c)(3)*]

Provide daily intake flow measurement monitoring data from the previous year (a minimum of 12 months) as an attachment and proceed to Worksheet 11.2.

Attachment:

c. Modified traveling screens [*40 CFR § 125.94(c)(5)*]

Provide the following information as an attachment and proceed to Worksheet 11.2.

1. A description of the modified traveling screens and associated equipment.

2. A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods

3. Biological sampling data from the previous two years (a minimum of 24 months).

Attachment:

d. System of technologies [*40 CFR § 125.94(c)(6)*] or impingement mortality performance standard [*40 CFR § 125.94(c)(7)]*

Provide the following information as an attachment and proceed to Worksheet 11.2.

1. A description of the system of technologies used or proposed for use by the facility to

achieve compliance with the impingement mortality standard.

2. A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods.

3. Biological sampling data from the previous two years (a minimum of 24 months).

Attachment: _____

e. De minimis rate of impingement [*40 CFR § 125.94(c)(11)*]

Provide the following information and proceed to Worksheet 11.2.

1. Attach monitoring data from the previous year (a minimum of 12 months) of intake flow measured at a frequency of 1/day on days of operation.

   Attachment: _____

2. If the rate of impingement caused by the CWIS is extremely low (at an organism or age-one equivalent count), attach supplemental information to Worksheet 11.0, item 1.b.6. to support this determination.

   Attachment: _____

f. Low capacity utilization power-generation facilities [*40 CFR § 125.94(c)(12)*]

Attach monthly utilization data from the previous 2 years (a minimum of 24 months) for each operating unit and proceed to Worksheet 11.2.

Attachment: _____

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 11.2: SOURCE WATER BIOLOGICAL DATA

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** source waterbody of a CWIS for which a facility has selected an Impingement Mortality Technology Option described at *40 CFR §§ 125.94(c)(1)-(7)*.

Name of source waterbody: _____

Item 1. Species Management (Instructions, Page 109)

a. The facility has obtained an incidental take permit for its cooling water intake structure(s) from the USFWS or the NMFS.

☐ Yes ☐ No

If yes, attach any information submitted in order to obtain that permit, which may be used to supplement the permit application information requirements of paragraph *40 CFR § 125.95(f)*.

Attachment: _____

b. Is the facility requesting a waiver from application requirements at *40 CFR § 122.21(r)(4)* in accordance with *40 CFR § 125.95* for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent?

☐ Yes ☐ No

If **yes**, attach a copy of the most recent managed fisheries report to TPWD, or equivalent.

Attachment: _____

c. There are no federally listed threatened or endangered species or critical habitat designations within the source water body.

☐ True ☐ False

Item 2. Source Water Biological Data (Instructions, Page 109)

New Facilities (Phase I, Track I and II)

- Provide responses to all items in this section and stop.

Existing Facilities (Phase II)

- If the answer to **1.b.** above was **no**, provide responses to all items in this section and proceed to Worksheet 11.3.
- If the answer to **1.b.** was **yes** and **1.c.** was **true**, do not complete any items in this section and proceed to Worksheet 11.3.
- If the answer to **1.b.** was **yes** and **1.c.** was **false**, attach a response for any item in this section that is not contained within the most recent TPWD, or equivalent and proceed to Worksheet 11.3.

Attachment: _____

a. A list of the data requested at *40 CFR § 122.21(r)(4)(ii)* through *(vi)* that are not available, and efforts made to identify sources of the data.

b. Provide a list of species (or relevant taxa) in the vicinity of the CWIS and identify the following information regarding each species listed.
   - all life stages and their relative abundance,
   - identification of all species and life stages that would be most susceptible to impingement and entrainment,
   - forage base,
   - significance to commercial fisheries,
   - significance to recreational fisheries,
   - primary period of reproduction,
   - larval recruitment, and
   - period of peak abundance for relevant taxa.

c. Data representative of the seasonal and daily activities (e.g., feeding and water column migration) of biological organisms in the vicinity of the CWIS(s).

d. Identify all threatened, endangered, and other protected species that might be susceptible to impingement and entrainment at the CWIS(s).

e. Documentation of any public participation or consultation with federal or state agencies undertaken.

The following is required for existing facilities only. Include the following information with the above listed attachment.

f. Identify any protective measures and stabilization activities that have been implemented and provide a description of how these measures and activities affected the baseline water condition in the vicinity of the intake.

g. A list of fragile species, as defined at *40 CFR § 125.92(m)*, at the facility. The applicant need only identify those species not already identified as fragile at *40 CFR § 125.92(m)*.

NOTE: New units at an existing facility are not required to resubmit this information if the cooling water withdrawals for the operation of the new unit are from an existing intake.

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 11.3: ENTRAINMENT

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** individual CWIS the facility uses or proposes to use.

CWIS ID: _____

Item 1. Applicability (Instructions, Page 111)

Is the AIF of the CWIS identified above greater than, or equal to, 125 MGD?

☐ Yes ☐ No

- If **no** or the facility has selected **CCRS** [*40 CFR § 125.94(c)(1)*] for the impingement mortality compliance method, complete Item 2 and stop here.
- If **yes** and the facility is **seeking a waiver** from application requirements in accordance with *40 CFR § 125.95* for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent, complete item 2 and stop.
- If **yes** and the facility is **not seeking a waiver** from application requirements in accordance *with 40 CFR § 125.95*, complete item 2 and provide any required and completed studies listed in item 3. For any required studies in item 3 that are not complete, provide a detailed explanation for the delay and an anticipated schedule for completion and submittal.

Item 2. Existing Entrainment Performance Studies (Instructions, Page 111)

Attach any previously conducted studies or studies obtained from other facilities addressing technology efficacy, through-facility entrainment survival, and other entrainment studies.

Attachment: _____

Item 3. Facility Entrainment Performance Studies (Instructions, Page 111)

a. Attach an entrainment characterization study, as described at *40 CFR § 122.21(r)(9)*: _____

b. Attach a comprehensive feasibility study, as described as *40 CFR § 122.21(r)(10)*: _____

c. Attach a benefits valuation study, as described as *40 CFR § 122.21(r)(11)*: _____

d. Attach a non-water quality environmental and other impacts study, as described as *40 CFR § 122.21(r)(12)*: _____

e. Attach a peer review analysis, as described as *40 CFR § 122.21(r)(13)*: _____

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 12.0: OIL AND GAS EXPLORATION, DEVELOPMENT, AND PRODUCTION WASTEWATER DISCHARGES

This worksheet **is required** for all TPDES permit applications that are subject to Effluent Limitation Guidelines in 40 CFR Part 435.

Item 1. Operational Information (Instructions, Page 112)

a. Is the wastewater from an oil and gas exploration, development, or production facility located west of the 98th meridian?

☐ Yes ☐ No

If yes, continue to the next question. If no, skip to Item 2 relating to Production/Process Data.

b. Provide justification for how the wastewater is/will be used for agriculture or wildlife propagation.

Item 2. Production/Process Data (Instructions, Page 112)

a. Provide the applicable 40 CFR Part 435 Subpart(s).

b. Describe if the permit being sought is for discharges from exploration, development, production, or for a combination of more than one of those activities.

c. Provide information on all waste-streams generated and specify which waste-streams you are requesting to be authorized for discharge.

Wastestreams Generated

Wastestream	Requesting authorization to discharge? (Yes/No)	Volume (MGD)	% of Total Flow

d. Describe how the facility will manage wastestreams for which discharge authorization is not being sought.

Attachment:

e. Provide information on miscellaneous discharges.

Attachment:

f. List of chemicals that are in use, or will be used, downhole. Provide the category, concentration used/to be used, and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

Chemicals List

Category	Chemical Name	Concentration (include units)	Purpose

Attachment:

g. **List of chemicals that are in use, or will be used, to treat the wastewater to be discharged under this authorization. Provide the concentration used/to be used and purpose of using the chemical. Attach a safety data sheet for each chemical listed.**

Water Treatment Chemicals List

Category	Chemical Name	Concentration (include units)	Purpose

Attachment:

Item 3. Pollutant Analysis (Instructions, Page 113)

Tables 1, 2, 6, and 7 located in Worksheet 2.0 are required. In addition, Table 19 below is required and must be completed for each outfall and submitted with this application. The remaining tables in Worksheet 2.0, are required as applicable.

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

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

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

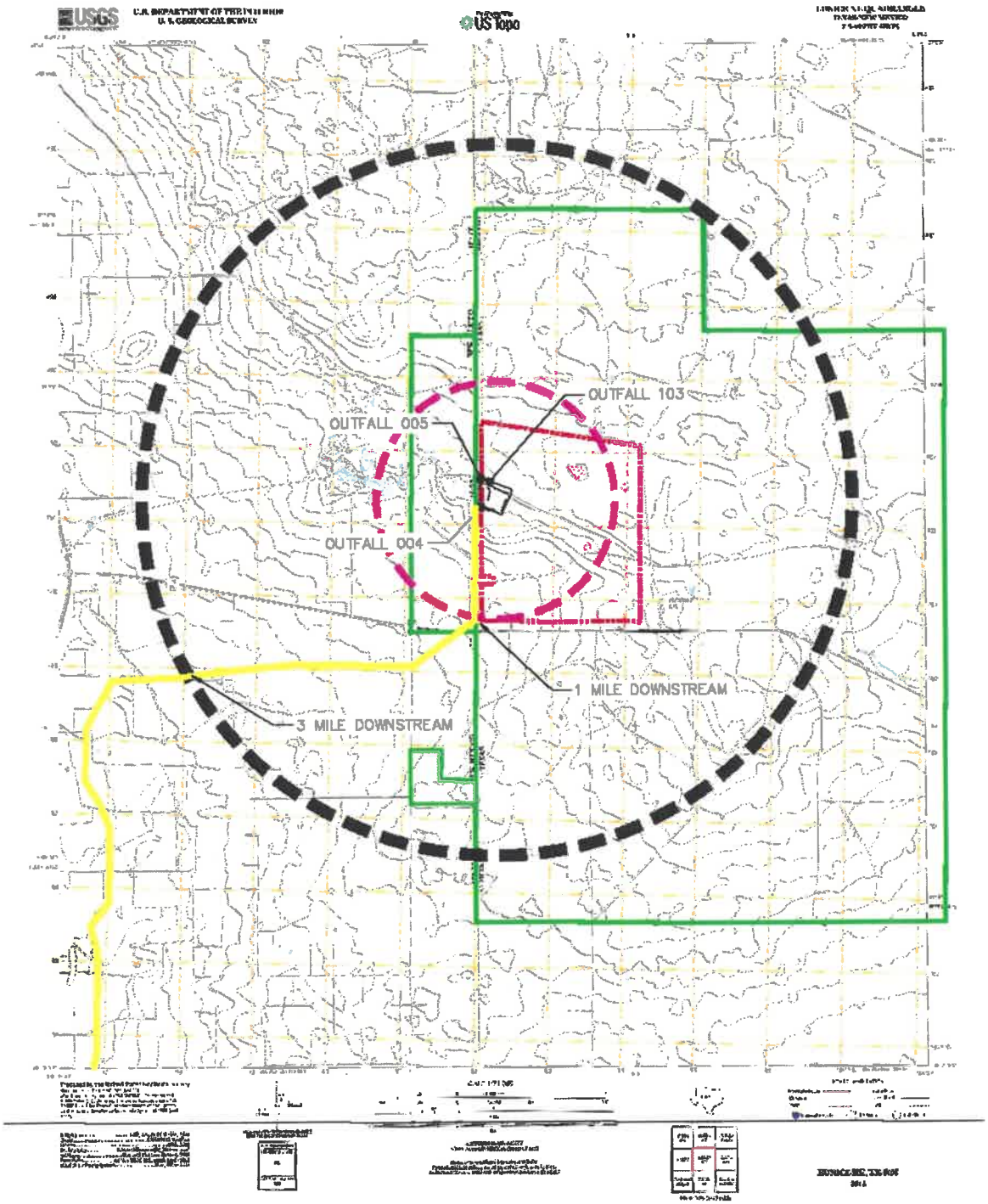
d. Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment:**

Table 19 for Outfall No.: **Samples are (check one):** ☐ **Composite** ☐ **Grab**

Pollutant	**Sample 1 (mg/L)***	**Sample 2 (mg/L)***	**Sample 3 (mg/L)***	**Sample 4 (mg/L)***
Calcium				
Potassium				
Sodium				

*Indicate units if different from mg/L.

ATTACHMENT E
MAPS



LEGEND:

- FACILITY BOUNDARY
- ADJACENT WCS TPDES-PERMITTED PROPERTY BOUNDARY
- WCS- OWNED PROPERTY BOUNDARY
- 1 MILE RADIUS
- 3 MILE RADIUS
- DISCHARGE ROUTE

N

BP-18-002

By-Product TPDES Renewal Map

Attachment 9-B

WCS WASTE CONTROL SPECIALISTS

DRAWING RECORD

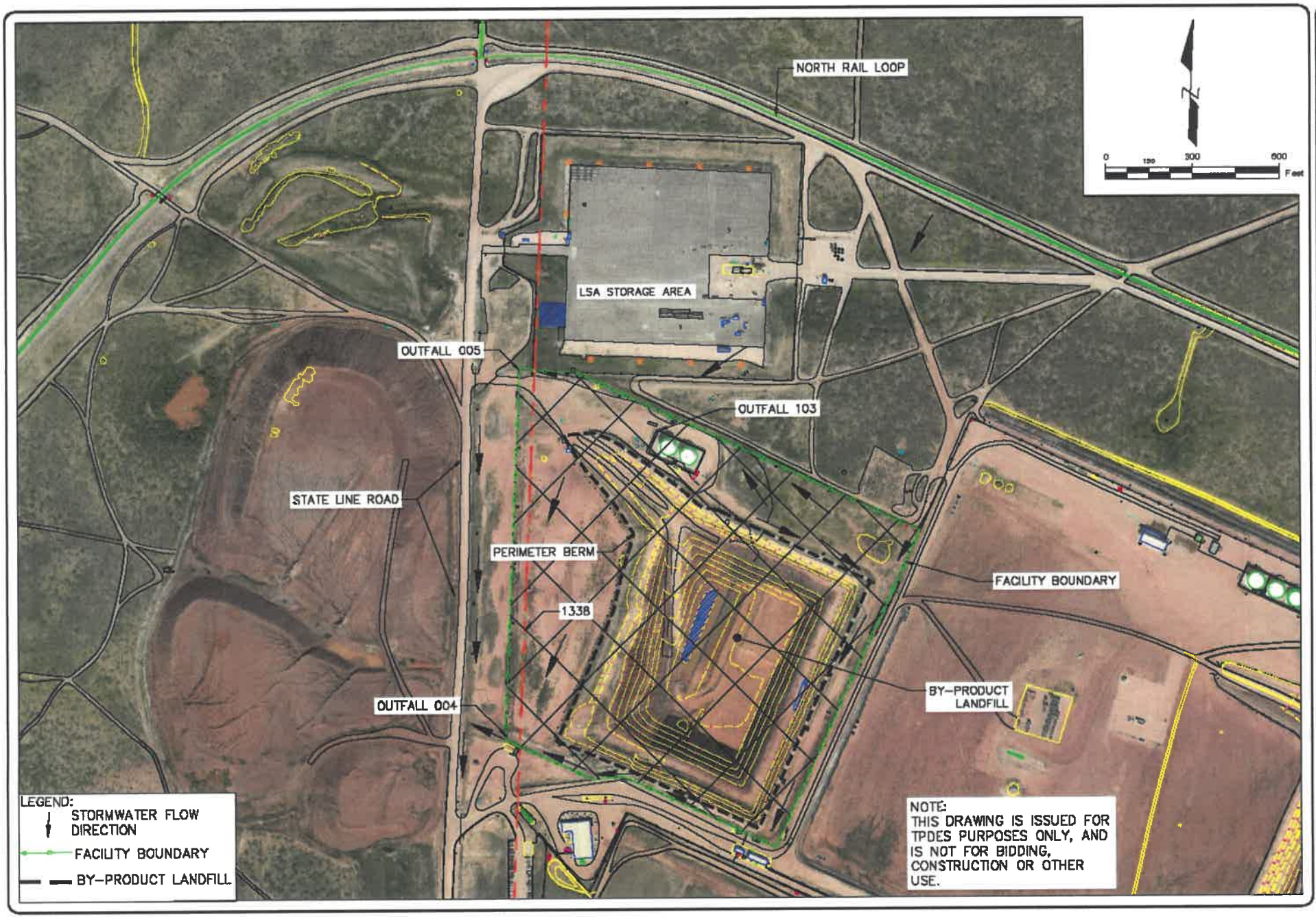
Fig. 2

By-Product Monitoring Wells

Attachment 9-B.1

WCS
WASTE CONTROL SPECIALISTS

DRAWING RECORD



DRAWING RECORD

WCS

WASTE CONTROL SPECIALISTS

BP TPDES PERMIT RENEWAL

WCS

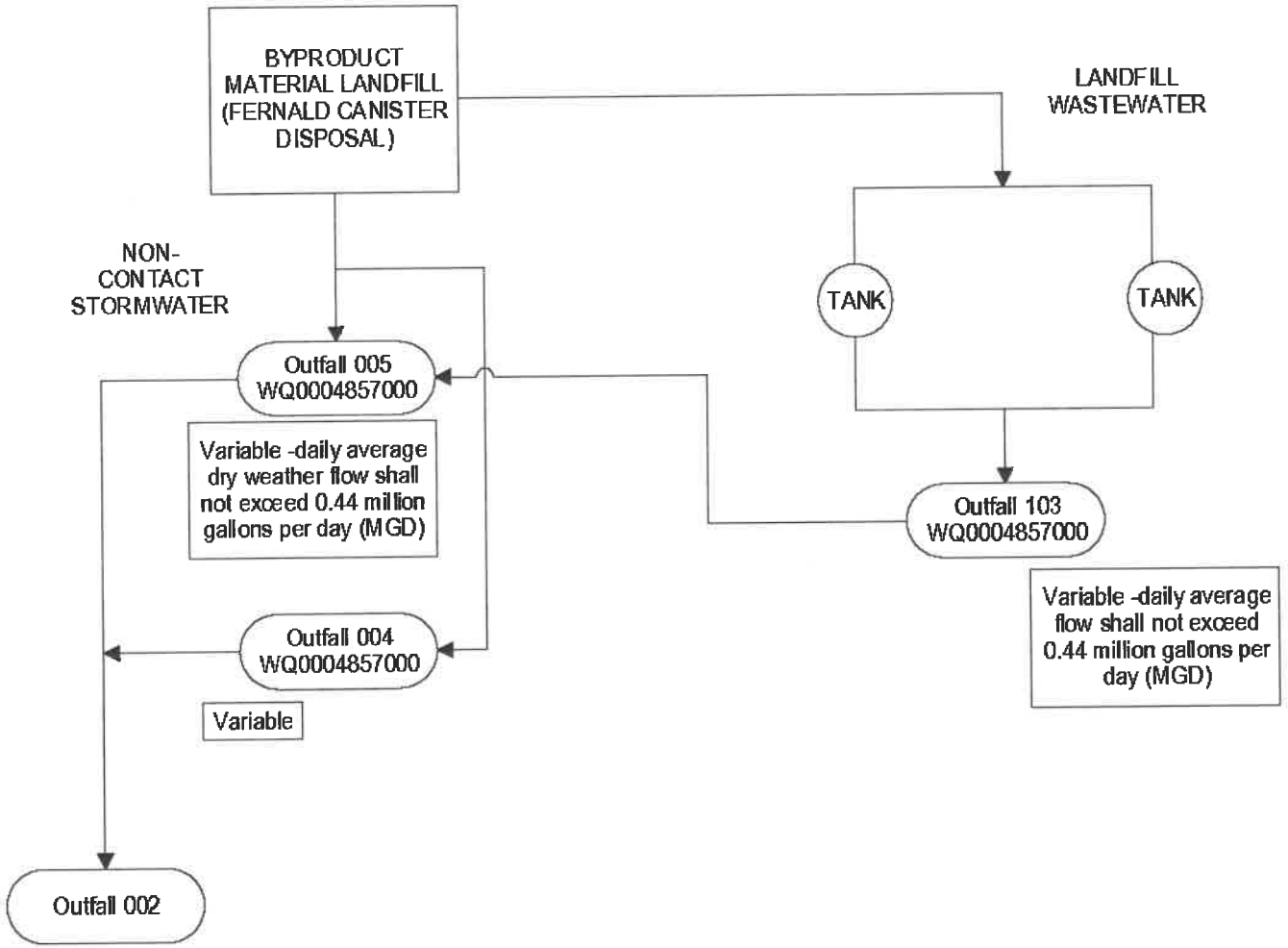
WASTE CONTROL SPECIALISTS

TPDES RENEWAL

BP-1815-001

ATTACHMENT F (2 b)
FLOW DIAGRAM

WASTEWATER AND STORMWATER PROCESS FLOW DIAGRAM



Attachment 2 b

ATTACHMENT G
FACILITY INFORMATION

Item 4. d

Stormwater which has come into contact with the Fernauld Facility Steel canisters is taken by truck to the two 500,000 gallon storage tanks for sampling and analysis prior to discharge.

Item 4. E

Rock berms and gabions have been installed to reduce silt load after the discharge has exited the facility. Stormwater is routed through a heavily vegetated area to encourage abstraction and evapotranspiration and silt removal.

ATTACHMENT H
ANALYTICAL

eurofins | Environment Testing

ANALYTICAL REPORT

PREPARED FOR

Attn: Jenny Caldwell
Waste Control Specialists LLC
The Summit at Preston Trails
17101 Preston Rd
Suite 115
Dallas, Texas 75248

Generated 5/31/2024 5:45:50 PM

JOB DESCRIPTION

Outfall 004

JOB NUMBER

880-43044-1

Eurofins Midland
1211 W. Florida Ave
Midland TX 79701

See page two for job notes and contact information.

Eurofins Midland

Job Notes

This report may not be reproduced except in full, and with written approval from the laboratory. The results relate only to the samples tested. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

Analytical test results meet all requirements of the associated regulatory program (i.e., NELAC (TNI), DoD, and ISO 17025) unless otherwise noted under the individual analysis.

Authorization

Chad A. Bechtold

Generated
5/31/2024 5:45:50 PM

Authorized for release by
Chad Bechtold, Project Manager
Chad.Bechtold@et.eurofinsus.com
(813)690-3563

Table of Contents

Definitions/Glossary

Client: Waste Control Specialists LLC
Project/Site: Outfall 004

Job ID: 880-43044-1

Qualifiers

General Chemistry

Qualifier	Qualifier Description
U	Analyte was not detected at or above the SDL.

Glossary

Abbreviation	These commonly used abbreviations may or may not be present in this report.
¤	Listed under the "D" column to designate that the result is reported on a dry weight basis
%R	Percent Recovery
CFL	Contains Free Liquid
CFU	Colony Forming Unit
CNF	Contains No Free Liquid
DER	Duplicate Error Ratio (normalized absolute difference)
Dil Fac	Dilution Factor
DL	Detection Limit (DoD/DOE)
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample
DLC	Decision Level Concentration (Radiochemistry)
EDL	Estimated Detection Limit (Dioxin)
LOD	Limit of Detection (DoD/DOE)
LOQ	Limit of Quantitation (DoD/DOE)
MCL	EPA recommended "Maximum Contaminant Level"
MDA	Minimum Detectable Activity (Radiochemistry)
MDC	Minimum Detectable Concentration (Radiochemistry)
MDL	Method Detection Limit
ML	Minimum Level (Dioxin)
MPN	Most Probable Number
MQL	Method Quantitation Limit
NC	Not Calculated
ND	Not Detected at the reporting limit (or MDL or EDL if shown)
NEG	Negative / Absent
POS	Positive / Present
PQL	Practical Quantitation Limit
PRES	Presumptive
QC	Quality Control
RER	Relative Error Ratio (Radiochemistry)
RL	Reporting Limit or Requested Limit (Radiochemistry)
RPD	Relative Percent Difference, a measure of the relative difference between two points
TEF	Toxicity Equivalent Factor (Dioxin)
TEQ	Toxicity Equivalent Quotient (Dioxin)
TNTC	Too Numerous To Count

Job Narrative
880-43044-1

Receipt
The sample was received on 5/3/2024 1:05 PM. Unless otherwise noted below, the sample arrived in good condition, and, where required, properly preserved and on ice. The temperature of the cooler at receipt time was 4.7°C.

General Chemistry
No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

Client Sample ID: 24-WS-05-097
Date Collected: 05/03/24 11:21
Date Received: 05/03/24 13:05

Lab Sample ID: 880-43044-1
Matrix: Water

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Oil & Grease (HEM) (1664B)	<1.85	U	5.88	1.85	mg/L			05/25/24 11:43	1
Chemical Oxygen Demand (Hach 8000)	**152**		40.0	6.72	mg/L			05/24/24 19:58	2

QC Sample Results

Client: Waste Control Specialists LLC
Project/Site: Outfall 004

Job ID: 880-43044-1

Method: 1664B - HEM and SGT-HEM

Lab Sample ID: MB 860-162399/1
Matrix: Water
Analysis Batch: 162399

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Oil & Grease (HEM)	<1.57	U	5.00	1.57	mg/L			05/25/24 11:43	1

Lab Sample ID: LCS 860-162399/2
Matrix: Water
Analysis Batch: 162399

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Oil & Grease (HEM)	40.0	37.60		mg/L		94	78 - 114

Lab Sample ID: LCSD 860-162399/3
Matrix: Water
Analysis Batch: 162399

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Oil & Grease (HEM)	40.0	41.10		mg/L		103	78 - 114	9	18

Method: 8000 - COD

Lab Sample ID: MB 860-162437/3
Matrix: Water
Analysis Batch: 162437

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chemical Oxygen Demand	<3.36	U	20.0	3.36	mg/L			05/24/24 19:26	1

Lab Sample ID: LCS 860-162437/4
Matrix: Water
Analysis Batch: 162437

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Chemical Oxygen Demand	100	102.0		mg/L		102	90 - 110

QC Association Summary

Client: Waste Control Specialists LLC
Project/Site: Outfall 004

Job ID: 880-43044-1

General Chemistry

Analysis Batch: 162399

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-43044-1	24-WS-05-097	Total/NA	Water	1664B	
MB 860-162399/1	Method Blank	Total/NA	Water	1664B	
LCS 860-162399/2	Lab Control Sample	Total/NA	Water	1664B	
LCSD 860-162399/3	Lab Control Sample Dup	Total/NA	Water	1664B	

Analysis Batch: 162437

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-43044-1	24-WS-05-097	Total/NA	Water	8000	
MB 860-162437/3	Method Blank	Total/NA	Water	8000	
LCS 860-162437/4	Lab Control Sample	Total/NA	Water	8000	

Lab Chronicle

Client: Waste Control Specialists LLC
Project/Site: Outfall 004

Job ID: 880-43044-1

Client Sample ID: 24-WS-05-097
Date Collected: 05/03/24 11:21
Date Received: 05/03/24 13:05

Lab Sample ID: 880-43044-1
Matrix: Water

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Analysis	1664B		1	850 mL	1000 mL	162399	05/25/24 11:43	TB	EET HOU
Total/NA	Analysis	8000		2	2 mL	2 mL	162437	05/24/24 19:58	HN	EET HOU

Laboratory References:
EET HOU = Eurofins Houston, 4145 Greenbriar Dr, Stafford, TX 77477, TEL (281)240-4200

Accreditation/Certification Summary

Client: Waste Control Specialists LLC
Project/Site: Outfall 004

Job ID: 880-43044-1

Laboratory: Eurofins Houston

The accreditations/certifications listed below are applicable to this report.

Authority	Program	Identification Number	Expiration Date
Texas	NELAP	T104704215	06-30-24

Method Summary

Client: Waste Control Specialists LLC
Project/Site: Outfall 004

Job ID: 880-43044-1

Method	Method Description	Protocol	Laboratory
1664B	HEM and SGT-HEM	1664B	EET HOU
8000	COD	Hach	EET HOU

Protocol References:

1664B = EPA-821-98-002

Hach = Hach Company

Laboratory References:

EET HOU = Eurofins Houston, 4145 Greenbriar Dr, Stafford, TX 77477, TEL (281)240-4200

Sample Summary

Client: Waste Control Specialists LLC
Project/Site: Outfall 004

Job ID: 880-43044-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received
880-43044-1	24-WS-05-097	Water	05/03/24 11:21	05/03/24 13:05

Eurofins Midland
1211 W Florida Ave
Midland TX 79701
Phone 432-704-5440

Chain of Custody Record

eurofins

880-43044 Chain of Custody

Client Information	Sampler: Rosendo Caballero	Lab PM: Bechtold Chad	COC No: 880-4392-507 1
Client Contact: Jenny Caldwell	Phone: 432-525-8500	E-Mail: Chad.Bechtold@et.eurofinsus.com	State of Origin:	Page: Page 1 of 1
Company: Waste Control Specialists LLC	PWSID:		Job #:
Address: The Summit at Preston Trails 17101 Preston Rd Suite 115	Due Date Requested:		
City: Dallas	TAT Requested (days):		
State, Zip: TX, 75248	Compliance Project: Δ Yes Δ No		
Phone: 432-525-8500	PO #: BP004136		
Email: jcaldwell@wcstexas.com	WO #:		
Project Name: Outfall 004	Project #: 88000724		
Site:	SSOW#:		

Analysis Requested

Preservation Codes:
A - HCL, B - NaOH, C - Zn Acetate, D - Nitric Acid, E - NaHSO4, F - MeOH, G - Amchlor, H - Ascorbic Acid, I - Ice, J - DI Water, K - EDTA, L - EDA, M - Hexane, N - None, O - AsNaO2, P - Na2O4S, Q - Na2SO3, R - Na2S2O3, S - H2SO4, T - TSP Dodecahydrate, U - Acetone, V - MCAA, W - pH 4-5, Y - Trizma, Z - other (specify), Other:

C 2405 009

Special Instructions/Note:

Sample Identification	Sample Date	Sample Time	Sample Type (C=comp, G=grab)	Matrix (Wastewater, Sediment, Solid, Oil, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	15648 NP - Oil & Grease (HEM)	Total Number of containers	Special Instructions/Note:
			Preservation Code:			D D D S D N N S N		
24-WLS-05-097	5/3/24	1121	G	W		X	X	OUTFALL 004
								BRANCH DISCHARGE

Possible Hazard Identification
☐ Non-Hazard ☐ Flammable ☐ Skin Irritant ☐ Poison B ☐ Unknown ☐ Radiological

Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)
☐ Return To Client ☐ Disposal By Lab ☐ Archive For _____ Months

Deliverable Requested I II III IV Other (specify)

Special Instructions/QC Requirements

Empty Kit Relinquished by:	Date	Time	Method of Shipment:

Relinquished by	Date/Time	Company	Received by	Date/Time	Company
	5/3/24 1304	WCS		5/3/24 1305	
Relinquished by	Date/Time	Company	Received by	Date/Time	Company
Relinquished by	Date/Time	Company	Received by	Date/Time	Company

Custody Seals Intact: Δ Yes Δ No | Custody Seal No:

Cooler Temperature(s) °C and Other Remarks: 4.8 | 4.7 - 1 IR8

Ver: 06/08/2021

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Outfall Number 004

1. During the period beginning upon the date of permit issuance and lasting through the date of permit expiration, the permittee is authorized to discharge non-contact industrial stormwater [1], and stormwater associated with construction activities [2] at the BMDF subject to the following effluent limitations:

Volume: Intermittent and flow-variable.

Effluent Characteristics	Discharge Limitations			Minimum Self-Monitoring Requirements	
	Daily Average	Daily Maximum	Single Grab	Report Daily Average and Daily Maximum	
	mg/L	mg/L	mg/L	Measurement Frequency	Sample Type
Flow, MGD	Report	Report	N/A	1/day [3]	Estimate
Oil and Grease	N/A	15	15	1/week [3]	Grab
Chemical Oxygen Demand (COD)	N/A	200	200	1/week [3]	Grab

[1] See Other Requirement No. 6.
[2] See Other Requirement No. 7 and Stormwater Associated With Construction Activities section on page no. 23.
[3] When discharge occurs during normal business hours. Normal business hours are between the hours of 7:30 a.m. and 5:00 p.m., excluding holidays.

2. The pH must not be less than 6.0 standard units nor greater than 9.0 standard units and shall be monitored 1/day [3] by grab sample.

3. There shall be no discharge of floating solids or visible foam in other than trace amounts and no discharge of visible oil.

4. Effluent monitoring samples shall be taken at the following location: At Outfall 004, at the drainage ditch exiting the west side of the facility near the south facility boundary.

Login Sample Receipt Checklist

Client: Waste Control Specialists LLC

Job Number: 880-43044-1

Login Number: 43044
List Number: 1
Creator: Vasquez, Julisa

List Source: Eurofins Midland

Question	Answer	Comment
The cooler's custody seal, if present, is intact.	N/A	
Sample custody seals, if present, are intact.	N/A	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <6mm (1/4").	N/A	

Login Sample Receipt Checklist

Client: Waste Control Specialists LLC

Job Number: 880-43044-1

Login Number: 43044
List Number: 2
Creator: Baker, Jeremiah

List Source: Eurofins Houston
List Creation: 05/04/24 11:26 AM

Question	Answer	Comment
The cooler's custody seal, if present, is intact.	True	
Sample custody seals, if present, are intact.	True	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <6mm (1/4").	True	

Appendix A

Laboratory Data Package Cover Page - Page 1 of 4

This data package is for Job No. 880-43044-1 and consists of:

This signature page, the laboratory review checklist, and the following reportable data:

- ☑ R1- Field chain-of-custody documentation;
- ☑ R2 - Sample identification cross-reference;
- ☑ R3 - Test reports (analytical data sheets) for each environmental sample that includes:
  - a. Items consistent with NELAC Chapter 5,
  - b. dilution factors,
  - c. preparation methods,
  - d. cleanup methods, and
  - e. if required for the project, tentatively identified coumpounds (TICs).
- ☐ R4 - Surrogate recovery data including:
  - a. Calculated recovery (%R), and
  - b. The laboratory's surrogate QC limits.
- ☑ R5 - Test reports/summary forms for blank samples;
- ☑ R6 - Test reports/summary forms for laboratory control samples (LCSs) including:
  - a. LCS spiking amounts,
  - b. Calculated %R for each analyte, and
  - c. The laboratory's LCS QC limits.
- ☑ R7 - Test reports for project matrix spike/matrix spike duplicates (MS/MSDs) including:
  - a. Samples associated with the MS/MSD clearly identified,
  - b. MS/MSD spiking amounts,
  - c. Concentration of each MS/MSD analyte measured in the parent and spiked samples,
  - d. Calculated %Rs and relative percent differences (RPDs), and
  - e. The laboratory's MS/MSD QC limits
- ☐ R8 - Laboratory analytical duplicate (if applicable) recovery and precision:
  - a. The amount of analyte measured in the duplicate,
  - b. The calculated RPD, and
  - c. The laboratory's QC limits for analytical duplicates.
- ☑ R9 - List of method quantitation limits (MQLs) and detectability check sample results for each analyte for each method and matrix;
- ☑ R10 - Other problems or anomalies.
- ☐ Exception Report for every "No" or "Not Reviewed (NR)" item in Laboratory Review Checklist and for each analyte, matrix, and method for which the laboratory does not hold NELAC accreditation under the Texas Laboratory Accreditation Program.

Release Statement: I am responsible for the release of this laboratory data package. This laboratory is NELAC accredited under the Texas Laboratory Accreditation Program for all the methods, analytes, and matrices reported in this data package except as noted in the Exception Reports. The data have been reviewed and are technically compliant with the requirements of the methods used, except where noted by the laboratory in the Exception Reports. By my signature below, I affirm to the best of my knowledge all problems/anomalies observed by the laboratory have been identified in the Laboratory Review Checklist, and no information affecting the quality of the data has been knowingly withheld.

Check, if applicable: ☐ This laboratory meets an exception under 30 TAC §25.6 and was last inspected by ☐ TCEQ or ☐ _____ on __/__/__. Any findings affecting the data in this laboratory data package are noted in the Exception Reports herein. The official signing the cover page of the report in which these data are used is responsible for releasing this data package and is by signature affirming the above release statement is true.

Name (Printed)	Signature	Official Title (Printed)	Date
Chad Bechtold	Chad A Bechtold	Project Manager	05/31/2024

Laboratory Data Package Cover Page - Page 2 of 4

Laboratory Name: Eurofins Midland	LRC Date: 05/31/2024
Project Name: Outfall 004	Laboratory Job Number: 880-43044-1
Reviewer Name Chad Bechtold	

#[1]	A[2]	Description	Yes	No	NA[3]	NR[4]	ER#[5]
R1	OI	**Chain-of-custody (C-O-C)**					
		Did samples meet the laboratory's standard conditions of sample acceptability upon receipt?	✓				
		Were all departures from standard conditions described in an exception report?	✓				
R2	OI	**Sample and quality control (QC) identification**					
		Are all field sample ID numbers cross-referenced to the laboratory ID numbers?	✓				
		Are all laboratory ID numbers cross-referenced to the corresponding QC data?	✓				
R3	OI	**Test reports**					
		Were all samples prepared and analyzed within holding times?	✓				
		Other than those results < MQL, were all other raw values bracketed by calibration standards?	✓				
		Were calculations checked by a peer or supervisor?	✓				
		Were all analyte identifications checked by a peer or supervisor?	✓				
		Were sample detection limits reported for all analytes not detected?	✓				
		Were all results for soil and sediment samples reported on a dry weight basis?			✓		
		Were % moisture (or solids) reported for all soil and sediment samples?			✓		
		Were bulk soils/solids samples for volatile analysis extracted with methanol per SW846 Method 5035?			✓		
		If required for the project, are TICs reported?			✓		
R4	O	**Surrogate recovery data**					
		Were surrogates added prior to extraction?			✓		
		Were surrogate percent recoveries in all samples within the laboratory QC limits?			✓		
R5	OI	**Test reports/summary forms for blank samples**					
		Were appropriate type(s) of blanks analyzed?	✓				
		Were blanks analyzed at the appropriate frequency?	✓				
		Were method blanks taken through the entire analytical process, including preparation and, if applicable, cleanup procedures?	✓				
		Were blank concentrations < MQL?	✓				
R6	OI	**Laboratory control samples (LCS):**					
		Were all COCs included in the LCS?	✓				
		Was each LCS taken through the entire analytical procedure, including prep and cleanup steps?	✓				
		Were LCSs analyzed at the required frequency?	✓				
		Were LCS (and LCSD, if applicable) %Rs within the laboratory QC limits?	✓				
		Does the detectability check sample data document the laboratory's capability to detect the COCs at the MDL used to calculate the SDLs?	✓				
		Was the LCSD RPD within QC limits?	✓				
R7	OI	**Matrix spike (MS) and matrix spike duplicate (MSD) data**					
		Were the project/method specified analytes included in the MS and MSD?	✓				
		Were MS/MSD analyzed at the appropriate frequency?	✓				
		Were MS (and MSD, if applicable) %Rs within the laboratory QC limits?	✓				
		Were MS/MSD RPDs within laboratory QC limits?	✓				
R8	OI	**Analytical duplicate data**					
		Were appropriate analytical duplicates analyzed for each matrix?			✓		
		Were analytical duplicates analyzed at the appropriate frequency?			✓		
		Were RPDs or relative standard deviations within the laboratory QC limits?			✓		
R9	OI	**Method quantitation limits (MQLs):**					
		Are the MQLs for each method analyte included in the laboratory data package?	✓				
		Do the MQLs correspond to the concentration of the lowest non-zero calibration standard?	✓				
		Are unadjusted MQLs and DCSs included in the laboratory data package?	✓				
R10	OI	**Other problems/anomalies**					
		Are all known problems/anomalies/special conditions noted in this LRC and ER?	✓				
		Was applicable and available technology used to lower the SDL to minimize the matrix interference effects on the sample results?	✓				
		Is the laboratory NELAC-accredited under the Texas Laboratory Accreditation Program for the analytes, matrices and methods associated with this laboratory data package?	✓				

Laboratory Data Package Cover Page - Page 3 of 4

Laboratory Name: Eurofins Midland	LRC Date: 05/31/2024
Project Name: Outfall 004	Laboratory Job Number: 880-43044-1
Reviewer Name Chad Bechtold	

#[1]	A[2]	Description	Yes	No	NA[3]	NR[4]	ER#[5]
S1	OI	**Initial calibration (ICAL)**					
		Were response factors and/or relative response factors for each analyte within QC limits?	✓				
		Were percent RSDs or correlation coefficient criteria met?	✓				
		Was the number of standards recommended in the method used for all analytes?	✓				
		Were all points generated between the lowest and highest standard used to calculate the curve?	✓				
		Are ICAL data available for all instruments used?	✓				
		Has the initial calibration curve been verified using an appropriate second source standard?	✓				
S2	OI	**Initial and continuing calibration verification (ICCV and CCV) and continuing calibration blank (CCB):**					
		Was the CCV analyzed at the method-required frequency?	✓				
		Were percent differences for each analyte within the method-required QC limits?	✓				
		Was the ICAL curve verified for each analyte?	✓				
		Was the absolute value of the analyte concentration in the inorganic CCB < MDL?	✓				
S3	O	**Mass spectral tuning**					
		Was the appropriate compound for the method used for tuning?			✓		
		Were ion abundance data within the method-required QC limits?			✓		
S4	O	**Internal standards (IS)**					
		Were IS area counts and retention times within the method-required QC limits?			✓		
S5	OI	**Raw data (NELAC Section 5.5.10)**					
		Were the raw data (for example, chromatograms, spectral data) reviewed by an analyst?	✓				
		Were data associated with manual integrations flagged on the raw data?	✓				
S6	O	**Dual column confirmation**					
		Did dual column confirmation results meet the method-required QC?			✓		
S7	O	**Tentatively identified compounds (TICs)**					
		If TICs were requested, were the mass spectra and TIC data subject to appropriate checks?			✓		
S8	I	**Interference Check Sample (ICS) results**					
		Were percent recoveries within method QC limits?			✓		
S9	I	**Serial dilutions, post digestion spikes, and method of standard additions**					
		Were percent differences, recoveries, and the linearity within the QC limits specified in the method?			✓		
S10	OI	**Method detection limit (MDL) studies**					
		Was a MDL study performed for each reported analyte?	✓				
		Is the MDL either adjusted or supported by the analysis of DCSs?	✓				
S11	OI	**Proficiency test reports**					
		Was the laboratory's performance acceptable on the applicable proficiency tests or evaluation studies?	✓				
S12	OI	**Standards documentation**					
		Are all standards used in the analyses NIST-traceable or obtained from other appropriate sources?	✓				
S13	OI	**Compound/analyte identification procedures**					
		Are the procedures for compound/analyte identification documented?	✓				
S14	OI	**Demonstration of analyst competency (DOC)**					
		Was DOC conducted consistent with NELAC Chapter 5?	✓				
		Is documentation of the analyst's competency up-to-date and on file?	✓				
S15	OI	**Verification/validation documentation for methods (NELAC Chapter 5)**					
		Are all the methods used to generate the data documented, verified, and validated, where applicable?	✓				
S16	OI	**Laboratory standard operating procedures (SOPs)**					
		Are laboratory SOPs current and on file for each method performed?	✓				

1. Items identified by the letter "R" must be included in the laboratory data package submitted in the TRRP-required report(s). Items identified by the letter "S" should be retained and made available upon request for the appropriate retention period;
2. O = organic analyses; I = inorganic analyses (and general chemistry, when applicable);
3. NA = Not applicable;
4. NR = Not reviewed;
5. ER# = Exception Report identification number (an Exception Report should be completed for an item if "NR" or "No" is checked).

Laboratory Data Package Cover Page - Page 4 of 4

Laboratory Name: Eurofins Midland	LRC Date: 05/31/2024
Project Name: Outfall 004	Laboratory Job Number: 880-43044-1
Reviewer Name Chad Bechtold	

ER#[1]	Description
	No Exceptions

1. ER# = Exception Report identification number (an Exception Report should be completed for an item if "NR" or "No" is checked).

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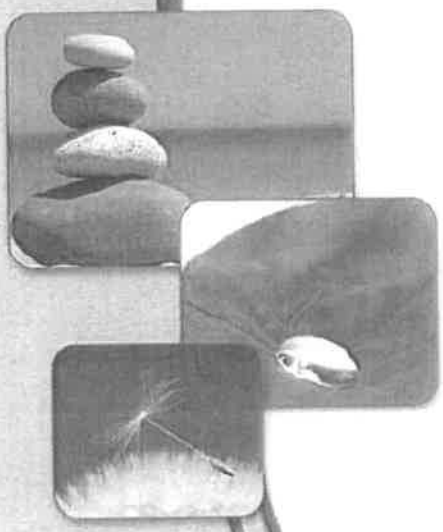

ANALYTICAL REPORT

Eurofins Xenco, Midland
1211 W. Florida Ave
Midland, TX 79701
Tel: (432)704-5440

Laboratory Job ID: 880-3588-1
Client Project/Site: Outfall 103 Discharge

For:
Waste Control Specialists LLC
The Summit at Preston Trails
17101 Preston Rd
Suite 115
Dallas, Texas 75248

RECEIVED 7.26.21
WS
OUTFALL 103
June 21

Attn: Jenny Caldwell

Chad A. Bechtold

Authorized for release by:
7/22/2021 5:43:20 PM

Chad Bechtold, Project Manager
(813)690-3563
chad.bechtold@eurofinset.com

LINKS

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Table of Contents

Definitions/Glossary

Client: Waste Control Specialists LLC
Project/Site: Outfall 103 Discharge

Job ID: 880-3588-1

Qualifiers

GC/MS Semi VOA

Qualifier	Qualifier Description
*	LCS or LCSD is outside acceptance limits.
*	RPD of the LCS and LCSD exceeds the control limits
J	Result is less than the MQL but greater than or equal to the SDL and the concentration is an estimated value.
U	Analyte was not detected at or above the SDL.
X	Surrogate recovery exceeds control limits

Metals

Qualifier	Qualifier Description
J	Result is less than the MQL but greater than or equal to the SDL and the concentration is an estimated value.
U	Analyte was not detected at or above the SDL.

General Chemistry

Qualifier	Qualifier Description
HF	Field parameter with a holding time of 15 minutes. Test performed by laboratory at client's request.
U	Analyte was not detected at or above the SDL.

Rad

Qualifier	Qualifier Description
G	The Sample MDC is greater than the requested RL.
U	Result is less than the sample detection limit.

Glossary

Abbreviation	These commonly used abbreviations may or may not be present in this report.
¤	Listed under the "D" column to designate that the result is reported on a dry weight basis
%R	Percent Recovery
CFL	Contains Free Liquid
CFU	Colony Forming Unit
CNF	Contains No Free Liquid
DER	Duplicate Error Ratio (normalized absolute difference)
Dil Fac	Dilution Factor
DL	Detection Limit (DoD/DOE)
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample
DLC	Decision Level Concentration (Radiochemistry)
EDL	Estimated Detection Limit (Dioxin)
LOD	Limit of Detection (DoD/DOE)
LOQ	Limit of Quantitation (DoD/DOE)
MCL	EPA recommended "Maximum Contaminant Level"
MDA	Minimum Detectable Activity (Radiochemistry)
MDC	Minimum Detectable Concentration (Radiochemistry)
MDL	Method Detection Limit
ML	Minimum Level (Dioxin)
MPN	Most Probable Number
MQL	Method Quantitation Limit
NC	Not Calculated
ND	Not Detected at the reporting limit (or MDL or EDL if shown)
NEG	Negative / Absent
POS	Positive / Present
PQL	Practical Quantitation Limit
PRES	Presumptive
QC	Quality Control
RER	Relative Error Ratio (Radiochemistry)
RL	Reporting Limit or Requested Limit (Radiochemistry)
RPD	Relative Percent Difference, a measure of the relative difference between two points
TEF	Toxicity Equivalent Factor (Dioxin)

Glossary (Continued)

Abbreviation	These commonly used abbreviations may or may not be present in this report.
TEQ	Toxicity Equivalent Quotient (Dioxin)
TNTC	Too Numerous To Count

Job ID: 880-3588-1

Laboratory: Eurofins Xenco, Midland

4

Narrative

Job Narrative
880-3588-1

Receipt
The sample was received on 6/30/2021 12:30 PM. Unless otherwise noted below, the sample arrived in good condition, and, where required, properly preserved and on ice. The temperature of the cooler at receipt time was 2.3°C

GC/MS Semi VOA
Method 8270D: The laboratory control sample and the laboratory control sample duplicate (LCS/LCSD) for preparation batch 860-14010 and 860-14010 and analytical batch 860-14705 recovered outside control limits for the following analyte: Pyridine. Pyridine has been identified as a poor performing analyte when analyzed using this method; therefore, re-extraction/re-analysis was not performed. Batch precision also exceeded control limits for these analyte. These results have been reported and qualified.

Method 8270D: The RPD of the laboratory control sample (LCS) and laboratory control sample duplicate (LCSD) for preparation batch 860-14010 and analytical batch 860-14705 recovered outside control limits for the following analyte: Aniline (Phenylamine, Aminobenzene).

Method 8270D: The laboratory control sample (LCS) for preparation batch 860-14010 and analytical batch 860-14705 recovered outside control limits for the following analyte: Aniline (Phenylamine, Aminobenzene). Aniline (Phenylamine, Aminobenzene) has been identified as a poor performing analyte when analyzed using this method; therefore, re-extraction/re-analysis was not performed. These results have been reported and qualified.

Method 8270D: Six surrogates are used for this analysis. The laboratory's SOP allows one acid and one base of these surrogates to be outside acceptance criteria without performing re-extraction/re-analysis. The following sample contained an allowable number of surrogate compounds outside limits: Outfall 103 (880-3588-1). These results have been reported and qualified.

No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

Metals
No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

General Chemistry
Method SM5210B_Calc: The method blank result associated with batch 860-14111 was higher than the method-required limit of 0.2 mg/L.

No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

Gas Flow Proportional Counter
Method 903.0_TAR: TAR prep batch 160-516935:Insufficient sample volume was available to perform a sample duplicate (DUP) for the following samples: Outfall 103 (880-3588-1). A laboratory control sample/ laboratory control sample duplicate (LCS/LCSD) were prepared instead to demonstrate batch precision.

Method 903.0_TAR: Total Alpha Radium prep batch 160-516935:Any minimum detectable concentration (MDC), critical value (DLC), or Safe Drinking Water Act detection limit (SDWA DL) is sample-specific unless otherwise stated elsewhere in this narrative. Radiochemistry sample results are reported with the count date/time applied as the Activity Reference Date. Outfall 103 (880-3588-1), (LCS 160-516935/1-A), (LCSD 160-516935/2-A) and (MB 160-516935/8-A)

Method 904.0: Radium-228 Batch 516941Any minimum detectable concentration (MDC), critical value (DLC), or Safe Drinking Water Act detection limit (SDWA DL) is sample-specific unless otherwise stated elsewhere in this narrative. Radiochemistry sample results are reported with the count date/time applied as the Activity Reference Date. Outfall 103 (880-3588-1), (LCS 160-516941/1-A), (MB 160-516941/10-A), (160-42614-D-1-A) and (160-42614-C-1-A DU)

Method 900.0: Gross Alpha/Beta Batch 517429
The Gross Alpha/Beta detection goal was not met for the following samples due to a reduction of the sample size attributed to hi

Job ID: 880-3588-1 (Continued)

Laboratory: Eurofins Xenco, Midland (Continued)

residual mass. Analytical results are reported with the MDC achieved. (680-200750-M-1-B MS), (680-200750-M-1-D MSBT), (680-200750-M-1-E MSBTD) and (680-200750-M-1-C MSD)

Method 900.0: Gross Alpha/Beta Batch 517429
Any minimum detectable concentration (MDC), critical value (DLC), or Safe Drinking Water Act detection limit (SDWA DL) is sample-specific unless otherwise stated elsewhere in this narrative. Radiochemistry sample results are reported with the count date/time applied as the Activity Reference Date. Outfall 103 (880-3588-1), (LCS 160-517429/2-A), (LCSB 160-517429/3-A), (M 160-517429/1-A), (680-200750-M-1-A), (680-200750-M-1-B MS), (680-200750-M-1-D MSBT), (680-200750-M-1-E MSBTD) anc (680-200750-M-1-C MSD)

Method 900.0: Gross Alpha Beta prep batch 160-517429:
The gross alpha MDC is above the RL for the following sample: Outfall 103 (880-3588-1). The sample was prepped at the stanc aliquot of 200 mL and was counted for the standard count time. The sample activity is below both the MDC and RL.

No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

Organic Prep
No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.

Client Sample Results

Client: Waste Control Specialists LLC
Project/Site: Outfall 103 Discharge

Job ID: 880-3588-1

Client Sample ID: Outfall 103
Date Collected: 06/30/21 10:05
Date Received: 06/30/21 12:30

Lab Sample ID: 880-3588-1
Matrix: Water

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Method: 8270D - Semivolatile Organic Compounds (GC/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
3 & 4 Methylphenol	<0.00104	U	0.00500	0.00104	mg/L		07/07/21 20:05	07/12/21 22:04	1
Aniline (Phenylamine, Aminobenzene)	<0.000522	U *	0.0100	0.000522	mg/L		07/07/21 20:05	07/12/21 22:04	1
Benzoic acid	<0.00215	U	0.0300	0.00215	mg/L		07/07/21 20:05	07/12/21 22:04	1
Alpha-Terpineol	<0.00250	U	0.0100	0.00250	mg/L		07/07/21 20:05	07/12/21 22:04	1
Naphthalene	<0.000751	U	0.00500	0.000751	mg/L		07/07/21 20:05	07/12/21 22:04	1
Phenol	<0.00116	U	0.0100	0.00116	mg/L		07/07/21 20:05	07/12/21 22:04	1
Pyridine	<0.000487	U *	0.0100	0.000487	mg/L		07/07/21 20:05	07/12/21 22:04	1

Surrogate	*%Recovery*	*Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
2,4,6-Tribromophenol (Surr)	65		31 - 132	07/07/21 20:05	07/12/21 22:04	1
2-Fluorobiphenyl (Surr)	62		29 - 112	07/07/21 20:05	07/12/21 22:04	1
2-Fluorophenol (Surr)	23		21 - 114	07/07/21 20:05	07/12/21 22:04	1
Nitrobenzene-d5 (Surr)	46		26 - 110	07/07/21 20:05	07/12/21 22:04	1
p-Terphenyl-d14 (Surr)	69		20 - 141	07/07/21 20:05	07/12/21 22:04	1
Phenol-d5 (Surr)	13	X	16 - 117	07/07/21 20:05	07/12/21 22:04	1

Method: 200.8 - Metals (ICP/MS) - Total Recoverable

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Aluminum	<0.00191	U	0.0200	0.00191	mg/L		07/13/21 11:30	07/13/21 20:59	1
Arsenic	0.00107	J	0.00400	0.000395	mg/L		07/13/21 11:30	07/13/21 20:59	1
Chromium	<0.000283	U	0.00400	0.000283	mg/L		07/13/21 11:30	07/13/21 20:59	1
Uranium	0.786	J	1.00	0.0764	ug/L		07/13/21 11:30	07/13/21 20:59	1
Zinc	0.00752		0.00400	0.000341	mg/L		07/13/21 11:30	07/13/21 20:59	1

General Chemistry

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Oil & Grease (HEM)	5.60		5.00	1.57	mg/L			07/16/21 10:13	1
Ammonia	<0.0345	U	0.100	0.0345	mg/L			07/15/21 16:17	1
Oxygen, Dissolved	10.4	HF	1.00	1.00	mg/L			07/10/21 12:04	1
Total Suspended Solids	<4.00	U	4.00	4.00	mg/L			07/07/21 20:11	1
Biochemical Oxygen Demand	<2.40	U	2.40	2.40	mg/L			07/01/21 15:57	1

Method: 900.0 - Gross Alpha and Gross Beta Radioactivity

Analyte	Result	Qualifier	Count Uncert. (2σ+/-)	Total Uncert. (2σ+/-)	RL	MDC	Unit	Prepared	Analyzed	Dil Fac
Gross Alpha	2.94	U G	2.34	2.37	3.00	3.61	pCi/L	07/07/21 08:54	07/20/21 09:33	1
Gross Beta	6.33		1.09	1.26	4.00	1.20	pCi/L	07/07/21 08:54	07/20/21 09:33	1

Method: 903.0 - Total Alpha Radium (GFPC)

Analyte	Result	Qualifier	Count Uncert. (2σ+/-)	Total Uncert. (2σ+/-)	RL	MDC	Unit	Prepared	Analyzed	Dil Fac
Total Alpha Radium	-0.00357	U	0.122	0.122	1.00	0.238	pCi/L	07/02/21 09:00	07/18/21 12:46	1

Carrier	*%Yield*	*Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
Ba Carrier	78.9		40 - 110	07/02/21 09:00	07/18/21 12:46	1

Client Sample Results

Client: Waste Control Specialists LLC
Project/Site: Outfall 103 Discharge

Job ID: 880-3588-1

Client Sample ID: Outfall 103

Date Collected: 06/30/21 10:05
Date Received: 06/30/21 12:30

Lab Sample ID: 880-3588-1
Matrix: Water

5

Method: 904.0 - Radium-228 (GFPC)

Analyte	Result	Qualifier	Count Uncert. (2σ+/-)	Total Uncert. (2σ+/-)	RL	MDC	Unit	Prepared	Analyzed	Dil Fac
Radium-228	0.172	U	0.243	0.244	1.00	0.408	pCi/L	07/02/21 09:44	07/13/21 12:43	1

Carrier	*%Yield*	*Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
Ba Carrier	*78.9*		*40 - 110*	*07/02/21 09:44*	*07/13/21 12:43*	*1*
Y Carrier	*89.9*		*40 - 110*	*07/02/21 09:44*	*07/13/21 12:43*	*1*

Surrogate Summary

Client: Waste Control Specialists LLC
Project/Site: Outfall 103 Discharge

Job ID: 880-3588-1

Method: 8270D - Semivolatile Organic Compounds (GC/MS)

Matrix: Water

Prep Type: Total/NA

		Percent Surrogate Recovery (Acceptance Limits)					
Lab Sample ID	Client Sample ID	TBP (31-132)	FBP (29-112)	2FP (21-114)	NBZ (26-110)	TPHd14 (20-141)	PHL (16-117)
880-3588-1	Outfall 103	65	62	23	46	69	13 X
LCS 880-14010/2-A	Lab Control Sample	78	76	51	58	83	32
LCSD 880-14010/3-A	Lab Control Sample Dup	80	77	54	63	79	37
MB 880-14010/1-A	Method Blank	64	76	40	60	71	23

Surrogate Legend

TBP = 2,4,6-Tribromophenol (Surr)
FBP = 2-Fluorobiphenyl (Surr)
2FP = 2-Fluorophenol (Surr)
NBZ = Nitrobenzene-d5 (Surr)
TPHd14 = p-Terphenyl-d14 (Surr)
PHL = Phenol-d5 (Surr)

Tracer/Carrier Summary

Client: Waste Control Specialists LLC
Project/Site: Outfall 103 Discharge

Job ID: 880-3588-1

Method: 903.0 - Total Alpha Radium (GFPC)

Matrix: Water

Prep Type: Total/NA

Percent Yield (Acceptance Limits)

Lab Sample ID	Client Sample ID	Ba (40-110)
880-3588-1	Outfall 103	78.9
LCS 160-516935/1-A	Lab Control Sample	78.9
LCSD 160-516935/2-A	Lab Control Sample Dup	81.3
MB 160-516935/8-A	Method Blank	78.9

Tracer/Carrier Legend
Ba = Ba Carrier

Method: 904.0 - Radium-228 (GFPC)

Matrix: Water

Prep Type: Total/NA

Percent Yield (Acceptance Limits)

Lab Sample ID	Client Sample ID	Ba (40-110)	Y (40-110)
880-3588-1	Outfall 103	78.9	89.9
LCS 160-516941/1-A	Lab Control Sample	88.6	88.7
MB 160-516941/10-A	Method Blank	77.1	91.4

Tracer/Carrier Legend
Ba = Ba Carrier
Y = Y Carrier

QC Sample Results

Client: Waste Control Specialists LLC
Project/Site: Outfall 103 Discharge

Job ID: 880-3588-1

Method: 8270D - Semivolatile Organic Compounds (GC/MS)

Lab Sample ID: MB 860-14010/1-A
Matrix: Water
Analysis Batch: 14705

Client Sample ID: Method Blank
Prep Type: Total/NA
Prep Batch: 14010

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
3 & 4 Methylphenol	<0.00104	U	0.00500	0.00104	mg/L		07/06/21 19:14	07/12/21 17:09	1
Aniline (Phenylamine, Aminobenzene)	<0.000522	U	0.0100	0.000522	mg/L		07/06/21 19:14	07/12/21 17:09	1
Benzoic acid	<0.00215	U	0.0300	0.00215	mg/L		07/06/21 19:14	07/12/21 17:09	1
Alpha-Terpineol	<0.00250	U	0.0100	0.00250	mg/L		07/06/21 19:14	07/12/21 17:09	1
Naphthalene	<0.000751	U	0.00500	0.000751	mg/L		07/06/21 19:14	07/12/21 17:09	1
Phenol	<0.00116	U	0.0100	0.00116	mg/L		07/06/21 19:14	07/12/21 17:09	1
Pyridine	<0.000487	U	0.0100	0.000487	mg/L		07/06/21 19:14	07/12/21 17:09	1

Surrogate	*MB %Recovery*	*MB Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
2,4,6-Tribromophenol (Surr)	*64*		*31 - 132*	*07/06/21 19:14*	*07/12/21 17:09*	*1*
2-Fluorobiphenyl (Surr)	*76*		*29 - 112*	*07/06/21 19:14*	*07/12/21 17:09*	*1*
2-Fluorophenol (Surr)	*40*		*21 - 114*	*07/06/21 19:14*	*07/12/21 17:09*	*1*
Nitrobenzene-d5 (Surr)	*60*		*26 - 110*	*07/06/21 19:14*	*07/12/21 17:09*	*1*
p-Terphenyl-d14 (Surr)	*71*		*20 - 141*	*07/06/21 19:14*	*07/12/21 17:09*	*1*
Phenol-d5 (Surr)	*23*		*16 - 117*	*07/06/21 19:14*	*07/12/21 17:09*	*1*

Lab Sample ID: LCS 860-14010/2-A
Matrix: Water
Analysis Batch: 14705

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 14010

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec. Limits
3 & 4 Methylphenol	0.0400	0.02152		mg/L		54	35 - 96
Aniline (Phenylamine, Aminobenzene)	0.0400	0.01015	*	mg/L		25	31 - 100
Benzoic acid	0.120	0.03908		mg/L		33	27 - 71
Naphthalene	0.0400	0.02436		mg/L		61	37 - 113
Phenol	0.0400	0.01202		mg/L		30	15 - 64
Pyridine	0.0800	0.003919	J *	mg/L		5	16 - 135

Surrogate	*LCS %Recovery*	*LCS Qualifier*	*Limits*
2,4,6-Tribromophenol (Surr)	*78*		*31 - 132*
2-Fluorobiphenyl (Surr)	*76*		*29 - 112*
2-Fluorophenol (Surr)	*51*		*21 - 114*
Nitrobenzene-d5 (Surr)	*58*		*26 - 110*
p-Terphenyl-d14 (Surr)	*83*		*20 - 141*
Phenol-d5 (Surr)	*32*		*16 - 117*

Lab Sample ID: LCSD 860-14010/3-A
Matrix: Water
Analysis Batch: 14705

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA
Prep Batch: 14010

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec. Limits	RPD	RPD Limit
3 & 4 Methylphenol	0.0400	0.02187		mg/L		55	35 - 96	2	30
Aniline (Phenylamine, Aminobenzene)	0.0400	0.01563	*	mg/L		39	31 - 100	42	40
Benzoic acid	0.120	0.04685		mg/L		39	27 - 71	18	50
Naphthalene	0.0400	0.02425		mg/L		61	37 - 113	0	30
Phenol	0.0400	0.01333		mg/L		33	15 - 64	10	40

Method: 8270D - Semivolatile Organic Compounds (GC/MS) (Continued)

Lab Sample ID: LCSD 860-14010/3-A
Matrix: Water
Analysis Batch: 14705

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA
Prep Batch: 14010

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec. Limits	RPD	RPD Limit
Pyridine	0.0800	0.01385	*	mg/L		17	16 - 135	112	40

Surrogate	*LCSD %Recovery*	*LCSD Qualifier*	*Limits*
2,4,6-Tribromophenol (Surr)	*80*		*31 - 132*
2-Fluorobiphenyl (Surr)	*77*		*29 - 112*
2-Fluorophenol (Surr)	*54*		*21 - 114*
Nitrobenzene-d5 (Surr)	*63*		*26 - 110*
p-Terphenyl-d14 (Surr)	*79*		*20 - 141*
Phenol-d5 (Surr)	*37*		*16 - 117*

Method: 200.8 - Metals (ICP/MS)

Lab Sample ID: MB 860-14876/1-A
Matrix: Water
Analysis Batch: 15009

Client Sample ID: Method Blank
Prep Type: Total Recoverable
Prep Batch: 14876

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	DH Fac
Aluminum	<0.00191	U	0.0200	0.00191	mg/L		07/13/21 11:30	07/13/21 20:03	1
Arsenic	<0.000395	U	0.00400	0.000395	mg/L		07/13/21 11:30	07/13/21 20:03	1
Chromium	<0.000283	U	0.00400	0.000283	mg/L		07/13/21 11:30	07/13/21 20:03	1
Uranium	<0.0764	U	1.00	0.0764	ug/L		07/13/21 11:30	07/13/21 20:03	1
Zinc	<0.000341	U	0.00400	0.000341	mg/L		07/13/21 11:30	07/13/21 20:03	1

Lab Sample ID: LCS 860-14876/2-A
Matrix: Water
Analysis Batch: 15009

Client Sample ID: Lab Control Sample
Prep Type: Total Recoverable
Prep Batch: 14876

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec. Limits
Aluminum	0.500	0.4972		mg/L		99	85 - 115
Arsenic	0.100	0.09940		mg/L		99	85 - 115
Chromium	0.100	0.09954		mg/L		100	85 - 115
Uranium	25.0	24.28		ug/L		97	85 - 115
Zinc	0.100	0.1051		mg/L		105	85 - 115

Lab Sample ID: LCSD 860-14876/3-A
Matrix: Water
Analysis Batch: 15009

Client Sample ID: Lab Control Sample Dup
Prep Type: Total Recoverable
Prep Batch: 14876

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec. Limits	RPD	RPD Limit
Aluminum	0.500	0.4969		mg/L		99	85 - 115	0	20
Arsenic	0.100	0.09925		mg/L		99	85 - 115	0	20
Chromium	0.100	0.09961		mg/L		100	85 - 115	0	20
Uranium	25.0	24.39		ug/L		98	85 - 115	0	20
Zinc	0.100	0.1055		mg/L		106	85 - 115	0	20

QC Sample Results

Client: Waste Control Specialists LLC
Project/Site: Outfall 103 Discharge

Job ID: 880-3588-1

Method: 1664B - HEM and SGT-HEM

Lab Sample ID: MB 860-15375/1
Matrix: Water
Analysis Batch: 15375

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Oil & Grease (HEM)	<1.57	U	5.00	1.57	mg/L			07/16/21 10:13	1

Lab Sample ID: LCS 860-15375/2
Matrix: Water
Analysis Batch: 15375

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec. Limits
Oil & Grease (HEM)	40.0	34.40		mg/L		86	78 - 114

Lab Sample ID: LCSD 860-15375/3
Matrix: Water
Analysis Batch: 15375

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec. Limits	RPD	RPD Limit
Oil & Grease (HEM)	40.0	33.50		mg/L		84	78 - 114	3	18

Method: 350.1 - Nitrogen, Ammonia

Lab Sample ID: MB 860-15294/16
Matrix: Water
Analysis Batch: 15294

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Ammonia	<0.0345	U	0.100	0.0345	mg/L			07/15/21 15:27	1

Lab Sample ID: LCS 860-15294/17
Matrix: Water
Analysis Batch: 15294

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec. Limits
Ammonia	1.00	1.037		mg/L		104	90 - 110

Lab Sample ID: LCSD 860-15294/18
Matrix: Water
Analysis Batch: 15294

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec. Limits	RPD	RPD Limit
Ammonia	1.00	1.091		mg/L		109	90 - 110	5	20

Lab Sample ID: 880-3588-1 MS
Matrix: Water
Analysis Batch: 15294

Client Sample ID: Outfall 103
Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	Spike Added	MS Result	MS Qualifier	Unit	D	%Rec	%Rec. Limits
Ammonia	<0.0345	U	1.00	1.014		mg/L		101	90 - 110

Method: 350.1 - Nitrogen, Ammonia (Continued)

Lab Sample ID: 880-3588-1 MSD
Matrix: Water
Analysis Batch: 15294

Client Sample ID: Outfall 103
Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	Spike Added	MSD Result	MSD Qualifier	Unit	D	%Rec	%Rec. Limits	RPD	RPD Limit
Ammonia	<0.0345	U	1.00	1.020		mg/L		102	90 - 110	1	20

Method: SM 2540D - Solids, Total Suspended (TSS)

Lab Sample ID: MB 860-14181/1
Matrix: Water
Analysis Batch: 14181

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	<4.00	U	4.00	4.00	mg/L			07/07/21 20:11	1

Lab Sample ID: LCS 860-14181/2
Matrix: Water
Analysis Batch: 14181

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec. Limits
Total Suspended Solids	100	96.00		mg/L		96	80 - 120

Lab Sample ID: LCSD 860-14181/3
Matrix: Water
Analysis Batch: 14181

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec. Limits	RPD	RPD Limit
Total Suspended Solids	100	103.0		mg/L		103	80 - 120	7	10

Method: SM 5210B - BOD, 5-Day

Lab Sample ID: SCB 860-14111/3
Matrix: Water
Analysis Batch: 14111

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	SCB Result	SCB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Biochemical Oxygen Demand	0.7265		0.0000020 0	0.0000020 0	mg/L			07/01/21 14:43	1

Lab Sample ID: USB 860-14111/2
Matrix: Water
Analysis Batch: 14111

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	USB Result	USB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Biochemical Oxygen Demand	0.2200		0.0000020 0	0.0000020 0	mg/L			07/01/21 14:37	1

Lab Sample ID: LCS 860-14111/4
Matrix: Water
Analysis Batch: 14111

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec. Limits
Biochemical Oxygen Demand	198	177.2		mg/L		89	85 - 115

QC Sample Results

Client: Waste Control Specialists LLC
Project/Site: Outfall 103 Discharge

Job ID: 880-3588-1

Method: 900.0 - Gross Alpha and Gross Beta Radioactivity

Lab Sample ID: MB 160-517429/1-A
Matrix: Water
Analysis Batch: 519494

Client Sample ID: Method Blank
Prep Type: Total/NA
Prep Batch: 517429

Analyte	MB Result	MB Qualifier	Count Uncert. (2σ+/-)	Total Uncert. (2σ+/-)	RL	MDC	Unit	Prepared	Analyzed	Dil Fac
Gross Alpha	0.6691	U	0.883	0.886	3.00	1.47	pCi/L	07/07/21 08:54	07/21/21 13:28	1
Gross Beta	-0.1517	U	0.573	0.573	4.00	1.02	pCi/L	07/07/21 08:54	07/21/21 13:28	1

Lab Sample ID: LCS 160-517429/2-A
Matrix: Water
Analysis Batch: 519315

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 517429

Analyte	Spike Added	LCS Result	LCS Qual	Total Uncert. (2σ+/-)	RL	MDC	Unit	%Rec	%Rec. Limits
Gross Alpha	51.4	57.99		8.64	3.00	2.83	pCi/L	113	75 - 125

Lab Sample ID: LCSB 160-517429/3-A
Matrix: Water
Analysis Batch: 519315

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 517429

Analyte	Spike Added	LCSB Result	LCSB Qual	Total Uncert. (2σ+/-)	RL	MDC	Unit	%Rec	%Rec. Limits
Gross Beta	82.0	81.18		8.65	4.00	0.911	pCi/L	99	75 - 125

Method: 903.0 - Total Alpha Radium (GFPC)

Lab Sample ID: MB 160-516935/8-A
Matrix: Water
Analysis Batch: 519064

Client Sample ID: Method Blank
Prep Type: Total/NA
Prep Batch: 516935

Analyte	MB Result	MB Qualifier	Count Uncert. (2σ+/-)	Total Uncert. (2σ+/-)	RL	MDC	Unit	Prepared	Analyzed	Dil Fac
Total Alpha Radium	0.02843	U	0.103	0.103	1.00	0.195	pCi/L	07/02/21 09:00	07/18/21 12:47	1

Carrier	*MB %Yield*	*MB Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
Ba Carrier	*78.9*		*40 - 110*	*07/02/21 09:00*	*07/18/21 12:47*	*1*

Lab Sample ID: LCS 160-516935/1-A
Matrix: Water
Analysis Batch: 519064

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 516935

Analyte	Spike Added	LCS Result	LCS Qual	Total Uncert. (2σ+/-)	RL	MDC	Unit	%Rec	%Rec. Limits
Total Alpha Radium	11.3	11.33		1.27	1.00	0.213	pCi/L	100	75 - 125

Carrier	*LCS %Yield*	*LCS Qualifier*	*Limits*
Ba Carrier	*78.9*		*40 - 110*

Method: 903.0 - Total Alpha Radium (GFPC) (Continued)

Lab Sample ID: LCSD 160-516935/2-A
Matrix: Water
Analysis Batch: 519064

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA
Prep Batch: 516935

Analyte	Spike Added	LCSD Result	LCSD Qual	Total Uncert. (2σ+/-)	RL	MDC	Unit	%Rec	%Rec. Limits	RER	RER Limit
Total Alpha Radium	11.3	11.06		1.24	1.00	0.192	pCi/L	98	75 - 125	0.11	1

Carrier	LCSD %Yield	LCSD Qualifier	Limits
Ba Carrier	81.3		40 - 110

Method: 904.0 - Radium-228 (GFPC)

Lab Sample ID: MB 160-516941/10-A
Matrix: Water
Analysis Batch: 518493

Client Sample ID: Method Blank
Prep Type: Total/NA
Prep Batch: 516941

Analyte	MB Result	MB Qualifier	Count Uncert. (2σ+/-)	Total Uncert. (2σ+/-)	RL	MDC	Unit	Prepared	Analyzed	Dil Fac
Radium-228	0.4012	U	0.309	0.311	1.00	0.489	pCi/L	07/02/21 09:44	07/13/21 12:46	1

Carrier	MB %Yield	MB Qualifier	Limits	Prepared	Analyzed	Dil Fac
Ba Carrier	77.1		40 - 110	07/02/21 09:44	07/13/21 12:46	1
Y Carrier	91.4		40 - 110	07/02/21 09:44	07/13/21 12:46	1

Lab Sample ID: LCS 160-516941/1-A
Matrix: Water
Analysis Batch: 518485

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 516941

Analyte	Spike Added	LCS Result	LCS Qual	Total Uncert. (2σ+/-)	RL	MDC	Unit	%Rec	%Rec. Limits
Radium-228	9.53	10.38		1.19	1.00	0.393	pCi/L	109	75 - 125

Carrier	LCS %Yield	LCS Qualifier	Limits
Ba Carrier	88.6		40 - 110
Y Carrier	88.7		40 - 110

QC Association Summary

Client: Waste Control Specialists LLC
Project/Site: Outfall 103 Discharge

Job ID: 880-3588-1

GC/MS Semi VOA

Prep Batch: 14010

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-3588-1	Outfall 103	Total/NA	Water	3510C	
MB 860-14010/1-A	Method Blank	Total/NA	Water	3510C	
LCS 860-14010/2-A	Lab Control Sample	Total/NA	Water	3510C	
LCSD 860-14010/3-A	Lab Control Sample Dup	Total/NA	Water	3510C	

Analysis Batch: 14705

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-3588-1	Outfall 103	Total/NA	Water	8270D	14010
MB 860-14010/1-A	Method Blank	Total/NA	Water	8270D	14010
LCS 860-14010/2-A	Lab Control Sample	Total/NA	Water	8270D	14010
LCSD 860-14010/3-A	Lab Control Sample Dup	Total/NA	Water	8270D	14010

Metals

Prep Batch: 14876

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-3588-1	Outfall 103	Total Recoverable	Water	200.8	
MB 860-14876/1-A	Method Blank	Total Recoverable	Water	200.8	
LCS 860-14876/2-A	Lab Control Sample	Total Recoverable	Water	200.8	
LCSD 860-14876/3-A	Lab Control Sample Dup	Total Recoverable	Water	200.8	

Analysis Batch: 15009

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-3588-1	Outfall 103	Total Recoverable	Water	200.8	14876
MB 860-14876/1-A	Method Blank	Total Recoverable	Water	200.8	14876
LCS 860-14876/2-A	Lab Control Sample	Total Recoverable	Water	200.8	14876
LCSD 860-14876/3-A	Lab Control Sample Dup	Total Recoverable	Water	200.8	14876

General Chemistry

Analysis Batch: 14111

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-3588-1	Outfall 103	Total/NA	Water	SM 5210B	
SCB 860-14111/3	Method Blank	Total/NA	Water	SM 5210B	
USB 860-14111/2	Method Blank	Total/NA	Water	SM 5210B	
LCS 860-14111/4	Lab Control Sample	Total/NA	Water	SM 5210B	

Analysis Batch: 14181

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-3588-1	Outfall 103	Total/NA	Water	SM 2540D	
MB 860-14181/1	Method Blank	Total/NA	Water	SM 2540D	
LCS 860-14181/2	Lab Control Sample	Total/NA	Water	SM 2540D	
LCSD 860-14181/3	Lab Control Sample Dup	Total/NA	Water	SM 2540D	

Analysis Batch: 14564

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-3588-1	Outfall 103	Total/NA	Water	360.1	

Analysis Batch: 15294

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-3588-1	Outfall 103	Total/NA	Water	360.1	
MB 860-15294/16	Method Blank	Total/NA	Water	360.1	

QC Association Summary

Client: Waste Control Specialists LLC
Project/Site: Outfall 103 Discharge

Job ID: 880-3588-1

General Chemistry (Continued)

Analysis Batch: 15294 (Continued)

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
LCS 860-15294/17	Lab Control Sample	Total/NA	Water	350.1	
LCSD 860-15294/18	Lab Control Sample Dup	Total/NA	Water	350.1	
880-3588-1 MS	Outfall 103	Total/NA	Water	350.1	
880-3588-1 MSD	Outfall 103	Total/NA	Water	350.1	

Analysis Batch: 15375

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-3588-1	Outfall 103	Total/NA	Water	1664B	
MB 860-15375/1	Method Blank	Total/NA	Water	1664B	
LCS 860-15375/2	Lab Control Sample	Total/NA	Water	1664B	
LCSD 860-15375/3	Lab Control Sample Dup	Total/NA	Water	1664B	

Rad

Prep Batch: 516935

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-3588-1	Outfall 103	Total/NA	Water	PrecSep_0	
MB 160-516935/8-A	Method Blank	Total/NA	Water	PrecSep_0	
LCS 160-516935/1-A	Lab Control Sample	Total/NA	Water	PrecSep_0	
LCSD 160-516935/2-A	Lab Control Sample Dup	Total/NA	Water	PrecSep_0	

Prep Batch: 516941

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-3588-1	Outfall 103	Total/NA	Water	PrecSep_0	
MB 160-516941/10-A	Method Blank	Total/NA	Water	PrecSep_0	
LCS 160-516941/1-A	Lab Control Sample	Total/NA	Water	PrecSep_0	

Prep Batch: 517429

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-3588-1	Outfall 103	Total/NA	Water	Evaporation	
MB 160-517429/1-A	Method Blank	Total/NA	Water	Evaporation	
LCS 160-517429/2-A	Lab Control Sample	Total/NA	Water	Evaporation	
LCSB 160-517429/3-A	Lab Control Sample	Total/NA	Water	Evaporation	

Lab Chronicle

Client: Waste Control Specialists LLC
Project/Site: Outfall 103 Discharge

Job ID: 880-3588-1

Client Sample ID: Outfall 103
Date Collected: 06/30/21 10:05
Date Received: 06/30/21 12:30

Lab Sample ID: 880-3588-1
Matrix: Water

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3510C			1000 mL	1.0 mL	14010	07/07/21 20:05	GSM	XEN STF
Total/NA	Analysis	8270D		1			14705	07/12/21 22:04	PXS	XEN STF
Total Recoverable	Prep	200.8			50 mL	50 mL	14876	07/13/21 11:30	MD	XEN STF
Total Recoverable	Analysis	200.8		1			15009	07/13/21 20:59	DCL	XEN STF
Total/NA	Analysis	1664B		1	1000 mL	1000 mL	15375	07/16/21 10:13	BRS	XEN STF
Total/NA	Analysis	350.1		1	10 mL	10 mL	15294	07/15/21 16:17	DTN	XEN STF
Total/NA	Analysis	360.1		1			14564	07/10/21 12:04	TH	XEN STF
Total/NA	Analysis	SM 2540D		1	1000 mL	1000 mL	14181	07/07/21 20:11	YGG	XEN STF
Total/NA	Analysis	SM 5210B		1			14111	07/01/21 15:57	TH	XEN STF
Total/NA	Prep	Evaporation			199.97 mL	1.0 g	517429	07/07/21 08:54	MLO	TAL SL
Total/NA	Analysis	900.0		1	1.0 mL	1.0 mL	519315	07/20/21 09:33	ANW	TAL SL
Total/NA	Prep	PrecSep_0			999.78 mL	1.0 g	516935	07/02/21 09:00	MJ	TAL SL
Total/NA	Analysis	903.0		1			519064	07/18/21 12:46	SCB	TAL SL
Total/NA	Prep	PrecSep_0			1000.51 mL	1.0 g	516941	07/02/21 09:44	MJ	TAL SL
Total/NA	Analysis	904.0		1			518465	07/13/21 12:43	SCB	TAL SL

Laboratory References:
TAL SL = Eurofins TestAmerica, St. Louis, 13715 Rider Trail North, Earth City, MO 63045, TEL (314)298-8566
XEN STF = Eurofins Xenco, Stafford, 4147 Greenbriar Dr, Stafford, TX 77477, TEL (281)240-4200

Accreditation/Certification Summary

Client: Waste Control Specialists LLC
Project/Site: Outfall 103 Discharge

Job ID: 880-3588-1

Laboratory: Eurofins TestAmerica, St. Louis

Unless otherwise noted, all analytes for this laboratory were covered under each accreditation/certification below.

Authority	Program	Identification Number	Expiration Date
Texas	NELAP	T104704193	07-31-21

The following analytes are included in this report, but the laboratory is not certified by the governing authority. This list may include analytes for which the agency does not offer certification.

Analysis Method	Prep Method	Matrix	Analyte
904.0	PrecSep_0	Water	Radium-228

Laboratory: Eurofins Xenco, Stafford

Unless otherwise noted, all analytes for this laboratory were covered under each accreditation/certification below.

Authority	Program	Identification Number	Expiration Date
Texas	NELAP	T104704215-21-44	06-30-22

The following analytes are included in this report, but the laboratory is not certified by the governing authority. This list may include analytes for which the agency does not offer certification.

Analysis Method	Prep Method	Matrix	Analyte
8270D	3510C	Water	Alpha-Terpineol

Method Summary

Client: Waste Control Specialists LLC
Project/Site: Outfall 103 Discharge

Job ID: 880-3588-1

Method	Method Description	Protocol	Laboratory
8270D	Semivolatile Organic Compounds (GC/MS)	SW846	XEN STF
200.8	Metals (ICP/MS)	EPA	XEN STF
1664B	HEM and SGT-HEM	1664B	XEN STF
350.1	Nitrogen, Ammonia	MCAWW	XEN STF
360.1	Oxygen, Dissolved	MCAWW	XEN STF
SM 2540D	Solids, Total Suspended (TSS)	SM	XEN STF
SM 5210B	BOD, 5-Day	SM	XEN STF
900.0	Gross Alpha and Gross Beta Radioactivity	EPA	TAL SL
903.0	Total Alpha Radium (GFPC)	EPA	TAL SL
904.0	Radium-228 (GFPC)	EPA	TAL SL
200.8	Preparation, Total Recoverable Metals	EPA	XEN STF
3510C	Liquid-Liquid Extraction (Separatory Funnel)	SW846	XEN STF
Evaporation	Preparation, Evaporation	None	TAL SL
PrecSep_0	Preparation, Precipitate Separation	None	TAL SL

Protocol References:

1664B = EPA-821-98-002
EPA = US Environmental Protection Agency
MCAWW = "Methods For Chemical Analysis Of Water And Wastes", EPA-600/4-79-020, March 1983 And Subsequent Revisions.
None = None
SM = "Standard Methods For The Examination Of Water And Wastewater"
SW846 = "Test Methods For Evaluating Solid Waste, Physical/Chemical Methods", Third Edition, November 1986 And Its Updates.

Laboratory References:

TAL SL = Eurofins TestAmerica, St. Louis, 13715 Rider Trail North, Earth City, MO 63045, TEL (314)298-8566
XEN STF = Eurofins Xenco, Stafford, 4147 Greenbriar Dr, Stafford, TX 77477, TEL (281)240-4200

Sample Summary

Client: Waste Control Specialists LLC
Project/Site: Outfall 103 Discharge

Job ID: 880-3588-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received
880-3588-1	Outfall 103	Water	06/30/21 10:05	06/30/21 12:30

14

880-3588

7/22/2021

Chain of Custod

XENCO LABORATORIES

Houston TX (281) 240-4200 Dallas TX (214) 902-0300 San Antoni
Midland TX (432-704-5440) EL Paso TX (915)585-3443 Lubbock
Hobbs NM (575-392-7550) Phoenix,AZ (480-355-0900) Atlanta GA (770-449-5

880-3588 Chain of Custody

r No: C 2102014

com Page 1 of 7

Project Manager	Jenny Caldwell Yvonne Montiel	Bill to (if different)	
Company Name.	WCS - Waste Control Specialists	Company Name	
Address	17101 Preston Rd	Address	
City, State ZIP	Dallas TX 75248	City, State ZIP	
Phone	432-525-8500 Email	jcaldwell@wcstexas com / ymontiel@wcstexas com	

Work Order Comments

Program: UST/PST ☐ PRP ☐ Brownfields ☐ RRC ☐ Superfund ☐
State of Project:
Reporting Level II ☐ Level III ☐ PST/UST ☐ TRRP ☐ Level IV ☐
Deliverables EDD ☐ ADaPT ☐ Other

Project Name	OUTFALL 103 Discharge	Turn Around	
Project Number		Routine ☐	
P O Number		Rush	
Sampler's Name		Due Date	

SAMPLE RECEIPT				
Temp Blank	Yes (No)	Wet Ice	(Yes) No	
Temperature (°C)	1.8/2.3	Thermometer ID	128	
Received Intact:	(Yes) No			
Cooler Custody Seals	Yes No (N/A)	Correction Factor	+0.5	
Sample Custody Seals	Yes No (N/A)	Total Containers	12	

Sample Identification	Matrix	Date Sampled	Time Sampled	Depth	Number of Containers	Oil & Grease	BOD	TSS	Nitrogen Ammonia	Dissolved Oxygen	Metals + Uranium	Radium 226/Radium 228	Gross Alpha Beta	a-terpineol, benzoic acid, naphthalene, 4-cresol, phenol, pyridine					
Outfall 103	H2O	6/30/21	1005	N/A	12	X	X	X	X	X	X	X	X	X					

ANALYSIS REQUEST

Work Order Notes

OUTFALL 103 Discharge

TAT starts the day received by the lab if received by 4 30pm

Sample Comments

3 Liters HNO3, ~~2 Liter COOL~~, 2 32oz Amber COOL, 1 32oz HCl, 1 250 HNO3, 1 250 H2SO4, 1 500ml COOL

+3 Liter Cool

Total 200.7 / 6010 200.8 / 6020: 8RCRA 13PPM Texas 11 Al Sb As Ba Be B Cd Ca Cr Co Cu Fe Pb Mg Mn Mo Ni K Se Ag SiO2 Na Sr Tl Sn U V Zn

Circle Method(s) and Metal(s) to be analyzed TCLP / SPLP 6010 8RCRA Sb As Ba Be Cd Cr Co Cu Pb Mn Mo Ni Se Ag Tl U 1631 / 245.1 / 7470 / 7471 Hg

Notice: Signature of this document and relinquishment of samples constitutes a valid purchase order from client company to Xenco, its affiliates and subcontractors. It assigns standard terms and conditions of service. Xenco will be liable only for the cost of samples and shall not assume any responsibility for any losses or expenses incurred by the client if such losses are due to circumstances beyond the control of Xenco. A minimum charge of $75.00 will be applied to each project and a charge of $5 for each sample submitted to Xenco, but not analyzed. These terms will be enforced unless previously negotiated.

Relinquished by (Signature)	Received by (Signature)	Date/Time	Relinquished by (Signature)	Received by (Signature)	Date/Time
1		6/30/21 1223	2		
3			4		
5			6		

Revised Date 051418 Rev 2018 1

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EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS — Outfall Number 103

1. During the period beginning upon the date of permit issuance and lasting through the date of permit expiration, the permittee is authorized to discharge landfill wastewaters [1] associated exclusively with the disposed of Fernald waste canisters in the Byproduct Material Disposal Unit (BMDU), subject to the following effluent limitations [2]:

The daily average flow of effluent shall not exceed 0.44 million gallons per day (MGD).

Effluent Characteristics	Discharge Limitations			Minimum Self-Monitoring Requirements	
	Daily Average	Daily Maximum	Single Grab	Report Daily Average and Daily Maximum	
	mg/L	mg/L	mg/L	Measurement Frequency	Sample Type
Flow, MGD	0.44	Report	N/A	1/day [3]	Record
Oil and Grease	N/A	15	15	1/week [3]	Grab
Biochemical Oxygen Demand, 5-day (BOD_5)	42	220	220	1/month [3]	Grab
Total Suspended Solids (TSS)	27	88	88	1/month [3]	Grab
Ammonia Nitrogen (NH_3-N)	3.7	10	10	1/month [3]	Grab
Dissolved Oxygen (DO), minimum	N/A	2.0 minimum	N/A	1/day [3]	Grab
α-Terpineol	0.019	0.042	0.042	1/month [3]	Grab
Aniline	0.015	0.024	0.024	1/month [3]	Grab
Benzoic acid	0.073	0.119	0.119	1/month [3]	Grab
Naphthalene	0.022	0.059	0.059	1/month [3]	Grab
p-Cresol	0.015	0.024	0.024	1/month [3]	Grab
Phenol	0.029	0.048	0.048	1/month [3]	Grab
Pyridine	0.025	0.072	0.072	1/month [3]	Grab
Arsenic, total	0.508	1.07	1.07	1/month [3]	Grab
Chromium, total	0.46	1.1	1.1	1/month [3]	Grab
Zinc, total	0.296	0.535	0.535	1/month [3]	Grab
Combined Radium 226 and 228	N/A	5 pCi/L	5 pCi/L	1/month [3]	Grab
Gross alpha-particle activity [4]	N/A	15 pCi/L	15 pCi/L	1/month [3]	Grab
Gross Beta/photon emitters [5]	N/A	Report pCi/L	Report pCi/L	1/month [3]	Grab
Uranium, total	N/A	30 µg/L	30 µg/L	1/month [3]	Grab

[1] See Other Requirement No. 5.
[2] See Other Requirement Nos. 12 and 13.
[3] When discharge occurs.
[4] Excluding Uranium and Radon.
[5] Report all values equal to or greater than 50 pCi/l.

2. The pH must not be less than 6.0 standard units nor greater than 9.0 standard units and shall be monitored 1/day [3] by grab sample.
3. There shall be no discharge of floating solids or visible foam in other than trace amounts and no discharge of visible oil.
4. Effluent monitoring samples shall be taken at the following location: At Outfall 103, at the contact water tank dike.

Eurofins Xenco, Midland
1211 W. Florida Ave
Midland, TX 79701
Phone: 432-704-5440

Chain of Custody Record

eurofins Environment Testing America

Client Information (Sub Contract Lab)	Sampler:	Lab PM: Bechtold, Chad	Carrier Tracking No(s):	COC No: 880-1747.1
Client Contact: Shipping/Receiving	Phone:	E-Mail: chad.bechtold@eurofinset.com	State of Origin: Texas	Page: Page 1 of 1
Company: TestAmerica Laboratories, Inc.		Accreditations Required (See note): NELAP - Texas		Job #: 880-3588-1
Address: 13715 Rider Trail North, .	Due Date Requested: 7/28/2021			
City: Earth City	TAT Requested (days):			
State, Zip: MO, 63045				
Phone: 314-298-8566(Tel) 314-298-8757(Fax)	PO #:			
Email:	WO #:			
Project Name: Outfall 103 Discharge	Project #: 88000724			
Site	SSOW#:			

Analysis Requested

Preservation Codes:
A - HCL; B - NaOH; C - Zn Acetate; D - Nitric Acid; E - NaHSO4; F - MeOH; G - Amchlor; H - Ascorbic Acid; I - Ice; J - DI Water; K - EDTA; L - EDA; M - Hexane; N - None; O - AsNaO2; P - Na2O4S; Q - Na2SO3; R - Na2S2O3; S - H2SO4; T - TSP Dodecahydrate; U - Acetone; V - MCAA; W - pH 4.5; Z - other (specify)
Other:

Sample Identification - Client ID (Lab ID)	Sample Date	Sample Time	Sample Type (C=comp, G=grab)	Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	Perform MS/MSD (Yes or No)	903.0_TAR/PrecSep_0 Radium-226	904.0/PrecSep_0 Standard Target List	900.0/Evaporation Gross Alpha and Gross Beta	Total Number of containers	Special Instructions/Note:
			Preservation Code:								
Outfall 103 (880-3588-1)	6/30/21	10:05 Central		Water			X	X	X	3	

Note: Since laboratory accreditations are subject to change, Eurofins Xenco LLC places the ownership of method, analyte & accreditation compliance upon our subcontract laboratories. This sample shipment is forwarded under chain-of-custody. If the laboratory does not currently maintain accreditation in the State of Origin listed above for analysis/tests/matrix being analyzed, the samples must be shipped back to the Eurofins Xenco LLC laboratory or other instructions will be provided. Any changes to accreditation status should be brought to Eurofins Xenco LLC attention immediately. If all requested accreditations are current to date, return the signed Chain of Custody attesting to said compliance to Eurofins Xenco LLC.

Possible Hazard Identification	Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)
Unconfirmed	☐ Return To Client ☐ Disposal By Lab ☐ Archive For ____ Months
Deliverable Requested: I, II, III, IV, Other (specify) Primary Deliverable Rank: 2	Special Instructions/QC Requirements:

Empty Kit Relinquished by:		Date:		Time:		Method of Shipment:	
Relinquished by:		Date/Time: 6-30-21 3:00 PM	Company	Received by: FED EX		Date/Time:	Company
Relinquished by: FED EX		Date/Time:	Company	Received by: Sara Washington		Date/Time: 7/1/21 0405	Company: GTSL
Relinquished by:		Date/Time:	Company	Received by:		Date/Time:	Company

Custody Seals Intact: Δ Yes Δ No	Custody Seal No.:	Cooler Temperature(s) °C and Other Remarks:

Ver: 11/01/2020

Eurofins Xenco, Midland
1211 W. Florida Ave
Midland, TX 79701
Phone: 432-704-5440

Chain of Custody Record

eurofins Environment Testing America

Client Information (Sub Contract Lab)	Sampler	Lab PM: Bechtold, Chad	Carrier Tracking No(s):	COC No: 880-1747.1
Client Contact: Shipping/Receiving	Phone:	E-Mail: chad.bechtold@eurofinset.com	State of Origin: Texas	Page: Page 1 of 1
Company: TestAmerica Laboratories, Inc.		Accreditations Required (See note): NELAP - Texas		Job #: 880-3588-1
Address: 13715 Rider Trail North,	Due Date Requested: 7/28/2021			
City: Earth City	TAT Requested (days):			
State, Zip: MO, 63045				
Phone: 314-298-8566(Tel) 314-298-8757(Fax)	PO #:			
Email:	WO #:			
Project Name: Outfall 103 Discharge	Project #: 88000724			
Site:	SSOW#:			

Analysis Requested

Preservation Codes:
A - HCL; B - NaOH; C - Zn Acetate; D - Nitric Acid; E - NaHSO4; F - MeOH; G - Amchlor; H - Ascorbic Acid; I - Ice; J - DI Water; K - EDTA; L - EDA; M - Hexane; N - None; O - AsNaO2; P - Na2O4S; Q - Na2SO3; R - Na2S2O3; S - H2SO4; T - TSP Dodecahydrate; U - Acetone; V - MCAA; W - pH 4-5; Z - other (specify)
Other:

Sample Identification - Client ID (Lab ID)	Sample Date	Sample Time	Sample Type (C=comp, G=grab)	Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	Perform MS/MSD (Yes or No)	903.0_TAR/PrepSep_0 Radium-226	904.0/PrepSep_0 Standard Target List	906.0/Evaporation Gross Alpha and Gross Beta	Total Number of containers	Special Instructions/Note:
			Preservation Code:								
Outfall 103 (880-3588-1)	6/30/21	10:05 Central		Water			X	X	X	3	

Note: Since laboratory accreditations are subject to change, Eurofins Xenco LLC places the ownership of method, analyte & accreditation compliance upon our subcontract laboratories. This sample shipment is forwarded under chain-of-custody. If the laboratory does not currently maintain accreditation in the State of Origin listed above for analysis/tests/matrix being analyzed, the samples must be shipped back to the Eurofins Xenco LLC laboratory or other instructions will be provided. Any changes to accreditation status should be brought to Eurofins Xenco LLC attention immediately. If all requested accreditations are current to date, return the signed Chain of Custody attesting to said compliance to Eurofins Xenco LLC

Possible Hazard Identification	Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)
Unconfirmed	☐ Return To Client ☐ Disposal By Lab ☐ Archive For ____ Months
Deliverable Requested: I, II, III, IV, Other (specify) Primary Deliverable Rank: 2	Special Instructions/QC Requirements:

Empty Kit Relinquished by:	Date:	Time:	Method of Shipment:
Relinquished by: FED EX	Date/Time: 6-30-21 3:00 PM	Company	Received by: FED EX
Relinquished by:	Date/Time:	Company	Received by: Sierra Worthington
Relinquished by:	Date/Time	Company	Received by:

Date/Time:	Company
Date/Time: 7/1/21 0905	Company: GTSW
Date/Time	Company

Custody Seals Intact: Δ Yes Δ No	Custody Seal No.:	Cooler Temperature(s) °C and Other Remarks:

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7/22/2021

Eurofins Xenco, Midland
1211 W Florida Ave
Midland, TX 79701
Phone: 432-704-5440

Chain of Custody Record

eurofins Environment Testing America

Client Information (Sub Contract Lab)	Sampler	Lab PM: Bechtold, Chad	Carrier Tracking No(s):	COC No: 880-1748.1
Client Contact: Shipping/Receiving	Phone:	E-Mail: chad.bechtold@eurofinset.com	State of Origin: Texas	Page: Page 1 of 1
Company: Eurofins Xenco		Accreditations Required (See note): NELAP Texas		Job #: 880-3588-1
Address: 4147 Greenbriar Dr	Due Date Requested: 7/29/2021			
City: Stafford	TAT Requested (days):			
State, Zip: TX, 77477	PO #:			
Phone: 281-240-4200(Tel)	WO #:			
Email:	Project #: 88000724			
Project Name: Outfall 103 Discharge	SSOW#:			
Site:				

Analysis Requested

Preservation Codes:
A HCL, B NaOH, C Zn Acetate, D Nitric Acid, E NaHSO4, F MeOH, G Amchlor, H Ascorbic Acid, I Ice, J DI Water, K EDTA, L EDA, M Hexane, N None, O AsNaO2, P Na2O4S, Q Na2SO3, R Na2S2O3, S H2SO4, T TSP Dodecahydrate, U Acetone, V MCAA, W pH 4-5, Z other (specify), Other

Sample Identification - Client ID (Lab ID)	Sample Date	Sample Time	Sample Type (C=comp, G=grab)	Matrix (W=water, S=soil, O=waste/oil, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	Perform MS/MSD (Yes or No)	200.7/200.8_6_TR Arsenic, Chromium, Copper, Lead, Uranium	1664B_NP/ Oil & Grease (HEM)	SM5210B_Calc/ BOD	SM5210B/8260C client specific BVOC List	2540D	350.1/ Ammonia	350.1	Total Number of Containers	Special Instructions/Note:
			Preservation Code:												
Outfall 103 (880-3588-1)	6/30/21	10:05 Central		Water			X	X	X	X	X	X	X	3	Includes alpha-Terpineol

Note: Since laboratory accreditations are subject to change, Eurofins Xenco LLC places the ownership of method, analyte & accreditation compliance upon out subcontract laboratories. This sample shipment is forwarded under chain-of-custody. If the laboratory does not currently maintain accreditation in the State of Origin listed above for analysis/tests/matrix being analyzed, the samples must be shipped back to the Eurofins Xenco LLC laboratory or other instructions will be provided. Any changes to accreditation status should be brought to Eurofins Xenco LLC attention immediately. If all requested accreditations are current to date, return the signed Chain of Custody attesting to said compliance to Eurofins Xenco LLC.

Possible Hazard Identification	Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)
Unconfirmed	☐ Return To Client ☐ Disposal By Lab ☐ Archive For ___ Months
Deliverable Requested: I, II, III, IV, Other (specify) — Primary Deliverable Rank: 2	Special Instructions/QC Requirements:

Empty Kit Relinquished by:	Date:	Time:		Method of Shipment:			
Relinquished by: FedEx	Date/Time: 6-30-21 3:00pm	Company	Received by: FedEx	Date/Time:	Company		
Relinquished by: Pick-Palm	Date/Time:	Company	Received by: Pick-Palm	Date/Time: 7/1/21 1100	Company Ex		
Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company		

Custody Seals Intact: ☐ Yes ☐ No	Custody Seal No.	Cooler Temperature(s) °C and Other Remarks:
		Temp: 2.0 IR ID HOU-188 C/F +0.2 Corrected Temp: 2.2

Ver 11/01/2020

7/22/2021

Login Sample Receipt Checklist

Client: Waste Control Specialists LLC

Job Number: 880-3588-1

Login Number: 3588
List Number: 1
Creator: Teel, Brianna

List Source: Eurofins Xenco, Midland

Question	Answer	Comment
The cooler's custody seal, if present, is intact.	N/A	
Sample custody seals, if present, are intact.	N/A	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <6mm (1/4").	True	

Login Sample Receipt Checklist

Client: Waste Control Specialists LLC

Job Number: 880-3588-1

Login Number: 3588
List Number: 3
Creator: Worthington, Sierra M

List Source: Eurofins TestAmerica, St. Louis
List Creation: 07/01/21 02:27 PM

Question	Answer	Comment
Radioactivity wasn't checked or is </= background as measured by a survey meter.	True	
The cooler's custody seal, if present, is intact.	True	
Sample custody seals, if present, are intact.	True	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <6mm (1/4").	True	
Multiphasic samples are not present.	True	
Samples do not require splitting or compositing.	True	
Residual Chlorine Checked.	N/A	

Login Sample Receipt Checklist

Client: Waste Control Specialists LLC

Job Number: 880-3588-1

Login Number: 3588
List Number: 2
Creator: Palmar, Pedro

List Source: Eurofins Xenco, Stafford
List Creation: 07/01/21 12:21 PM

Question	Answer	Comment
The cooler's custody seal, if present, is intact.	True	
Sample custody seals, if present, are intact.	True	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	N/A	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <6mm (1/4").	True	

Appendix A
Laboratory Data Package Cover Page - Page 1 of 4

This data package is for Eurofins Xenco, Midland job number 880-3588-1 and consists of:

- ☑ R1 - Field chain-of-custody documentation;
- ☑ R2 - Sample identification cross-reference;
- ☑ R3 - Test reports (analytical data sheets) for each environmental sample that includes:
  - a. Items consistent with NELAC Chapter 5,
  - b. dilution factors,
  - c. preparation methods,
  - d. cleanup methods, and
  - e. if required for the project, tentatively identified compounds (TICs).
- ☑ R4 - Surrogate recovery data including:
  - a. Calculated recovery (%R), and
  - b. The laboratory's surrogate QC limits.
- ☑ R5 - Test reports/summary forms for blank samples;
- ☑ R6 - Test reports/summary forms for laboratory control samples (LCSs) including:
  - a. LCS spiking amounts,
  - b. Calculated %R for each analyte, and
  - c. The laboratory's LCS QC limits.
- ☑ R7 - Test reports for project matrix spike/matrix spike duplicates (MS/MSDs) including:
  - a. Samples associated with the MS/MSD clearly identified,
  - b. MS/MSD spiking amounts,
  - c. Concentration of each MS/MSD analyte measured in the parent and spiked samples,
  - d. Calculated %Rs and relative percent differences (RPDs), and
  - e. The laboratory's MS/MSD QC limits
- ☑ R8 - Laboratory analytical duplicate (if applicable) recovery and precision:
  - a. The amount of analyte measured in the duplicate,
  - b. The calculated RPD, and
  - c. The laboratory's QC limits for analytical duplicates.
- ☑ R9 - List of method quantitation limits (MQLs) and detectability check sample results for each analyte for each method and matrix.
- ☑ R10 - Other problems or anomalies.

The Exception Report for each "No" or "Not Reviewed (NR)" item in Laboratory Review Checklist and for each analyte, matrix, and method for which the laboratory does not hold NELAC accreditation under the Texas Laboratory Accreditation Program.

Release Statement: I am responsible for the release of this laboratory data package. This laboratory is NELAC accredited under the Texas Laboratory Accreditation Program for all the methods, analytes, and matrices reported in this data package except as noted in the Exception Reports. The data have been reviewed and are technically compliant with the requirements of the methods used, except where noted by the laboratory in the Exception Reports. By my signature below, I affirm to the best of my knowledge all problems/anomalies observed by the laboratory have been identified in the Laboratory Review Checklist, and no information affecting the quality of the data has been knowingly withheld.

Chad Bechtold		7/22/2021
Name (printed)	Signature	Date

Project Manager
Official Title (printed)

Laboratory Review Checklist: Reportable Data - Page 2 of 4

Laboratory Name:	Eurofins Xenco, Midland	LRC Date:	7/22/2021
Project Name:	Outfall 103 Discharge	Laboratory Job Number:	880-3588-1
Reviewer Name:	Chad Bechtold		

#[1]	A[2]	Description	Yes	No	NA[3]	NR[4]	ER#[5]
R1	OI	**Chain-of-custody (C-O-C)**					
		Did samples meet the laboratory's standard conditions of sample acceptability upon receipt?	X				
		Were all departures from standard conditions described in an exception report?	X				
R2	OI	**Sample and quality control (QC) identification**					
		Are all field sample ID numbers cross-referenced to the laboratory ID numbers?	X				
		Are all laboratory ID numbers cross-referenced to the corresponding QC data?	X				
R3	OI	**Test reports**					
		Were all samples prepared and analyzed within holding times?	X				
		Other than those results < MQL, were all other raw values bracketed by calibration standards?	X				
		Were calculations checked by a peer or supervisor?	X				
		Were all analyte identifications checked by a peer or supervisor?	X				
		Were sample detection limits reported for all analytes not detected?	X				
		Were all results for soil and sediment samples reported on a dry weight basis?			X		
		Were % moisture (or solids) reported for all soil and sediment samples?			X		
		Were bulk soils/solids samples for volatile analysis extracted with methanol per SW846 Method 5035?			X		
		If required for the project, are TICs reported?			X		
R4	O	**Surrogate recovery data**					
		Were surrogates added prior to extraction?	X				
		Were surrogate percent recoveries in all samples within the laboratory QC limits?		X			R04B
R5	OI	**Test reports/summary forms for blank samples**					
		Were appropriate type(s) of blanks analyzed?	X				
		Were blanks analyzed at the appropriate frequency?	X				
		Were method blanks taken through the entire analytical process, including preparation and, if applicable, cleanup procedures?	X				
		Were blank concentrations < MQL?		X			R05D
R6	OI	**Laboratory control samples (LCS):**					
		Were all COCs included in the LCS?	X				
		Was each LCS taken through the entire analytical procedure, including prep and cleanup steps?	X				
		Were LCSs analyzed at the required frequency?	X				
		Were LCS (and LCSD, if applicable) %Rs within the laboratory QC limits?		X			R06D
		Does the detectability check sample data document the laboratory's capability to detect the COCs at the MDL used to calculate the SDLs?	X				
		Was the LCSD RPD within QC limits?		X			R06F
R7	OI	**Matrix spike (MS) and matrix spike duplicate (MSD) data**					
		Were the project/method specified analytes included in the MS and MSD?	X				
		Were MS/MSD analyzed at the appropriate frequency?		X			R07B
		Were MS (and MSD, if applicable) %Rs within the laboratory QC limits?	X				
		Were MS/MSD RPDs within laboratory QC limits?	X				
R8	OI	**Analytical duplicate data**					
		Were appropriate analytical duplicates analyzed for each matrix?	X				
		Were analytical duplicates analyzed at the appropriate frequency?	X				
		Were RPDs or relative standard deviations within the laboratory QC limits?		X			R08C
R9	OI	**Method quantitation limits (MQLs):**					
		Are the MQLs for each method analyte included in the laboratory data package?	X				
		Do the MQLs correspond to the concentration of the lowest non-zero calibration standard?	X				
		Are unadjusted MQLs and DCSs included in the laboratory data package?	X				
R10	OI	**Other problems/anomalies**					
		Are all known problems/anomalies/special conditions noted in this LRC and ER?	X				
		Was applicable and available technology used to lower the SDL to minimize the matrix interference effects on the sample results?	X				
		Is the laboratory NELAC-accredited under the Texas Laboratory Accreditation Program for the analytes, matrices and methods associated with this laboratory data package?	X				

1. Items identified by the letter "R" must be included in the laboratory data package submitted in the TRRP-required report(s). Items identified by the letter "S" should be retained and made available upon request for the appropriate retention period.
2. O = organic analyses; I = inorganic analyses (and general chemistry, when applicable);
3. NA = Not applicable;
4. NR = Not reviewed;
5. ER# = Exception Report identification number (an Exception Report should be completed for an item if "NR" or "No" is checked).

Laboratory Review checklist: Supporting Data - Page 3 of 4

Laboratory Name:	Eurofins Xenco, Midland	LRC Date:	7/22/2021
Project Name:	Outfall 103 Discharge	Laboratory Job Number:	880-3588-1
Reviewer Name:	Chad Bechtold		

#[1]	A[2]	Description	Yes	No	NA[3]	NR[4]	ER#[5]
S1	OI	**Initial calibration (ICAL)**					
		Were response factors and/or relative response factors for each analyte within QC limits?	X				
		Were percent RSDs or correlation coefficient criteria met?	X				
		Was the number of standards recommended in the method used for all analytes?	X				
		Were all points generated between the lowest and highest standard used to calculate the curve?	X				
		Are ICAL data available for all instruments used?	X				
		Has the initial calibration curve been verified using an appropriate second source standard?	X				
S2	OI	**Initial and continuing calibration verification (ICV and CCV) and continuing calibration blank (CCB):**					
		Was the CCV analyzed at the method-required frequency?	X				
		Were percent differences for each analyte within the method-required QC limits?	X				
		Was the ICAL curve verified for each analyte?	X				
		Was the absolute value of the analyte concentration in the inorganic CCB < MDL?	X				
S3	O	**Mass spectral tuning**					
		Was the appropriate compound for the method used for tuning?	X				
		Were ion abundance data within the method-required QC limits?	X				
S4	O	**Internal standards (IS)**					
		Were IS area counts and retention times within the method-required QC limits?	X				
S5	OI	**Raw data (NELAC Section 5.5.10)**					
		Were the raw data (for example, chromatograms, spectral data) reviewed by an analyst?	X				
		Were data associated with manual integrations flagged on the raw data?	X				
S6	O	**Dual column confirmation**					
		Did dual column confirmation results meet the method-required QC?			X		
S7	O	**Tentatively identified compounds (TICs)**					
		If TICs were requested, were the mass spectra and TIC data subject to appropriate checks?			X		
S8	I	**Interference Check Sample (ICS) results**					
		Were percent recoveries within method QC limits?	X				
S9	I	**Serial dilutions, post digestion spikes, and method of standard additions**					
		Were percent differences, recoveries, and the linearity within the QC limits specified in the method?	X				
S10	OI	**Method detection limit (MDL) studies**					
		Was a MDL study performed for each reported analyte?	X				
		Is the MDL either adjusted or supported by the analysis of DCSs?	X				
S11	OI	**Proficiency test reports**					
		Was the laboratory's performance acceptable on the applicable proficiency tests or evaluation studies?	X				
S12	OI	**Standards documentation**					
		Are all standards used in the analyses NIST-traceable or obtained from other appropriate sources?	X				
S13	OI	**Compound/analyte identification procedures**					
		Are the procedures for compound/analyte identification documented?	X				
S14	OI	**Demonstration of analyst competency (DOC)**					
		Was DOC conducted consistent with NELAC Chapter 5?	X				
		Is documentation of the analyst's competency up-to-date and on file?	X				
S15	OI	**Verification/validation documentation for methods (NELAC Chapter 5)**					
		Are all the methods used to generate the data documented, verified, and validated, where applicable?	X				
S16	OI	**Laboratory standard operating procedures (SOPs)**					
		Are laboratory SOPs current and on file for each method performed?	X				

1. Items identified by the letter "R" must be included in the laboratory data package submitted in the TRRP-required report(s). Items identified by the letter "S" should be retained and made available upon request for the appropriate retention period.
2. O = organic analyses; I = inorganic analyses (and general chemistry, when applicable);
3. NA = Not applicable;
4. NR = Not reviewed;
5. ER# = Exception Report identification number (an Exception Report should be completed for an item if "NR" or "No" is checked).

Laboratory Review Checklist: Exception Reports - Page 4 of 4

Laboratory Name:	Eurofins Xenco, Midland	LRC Date:	7/22/2021
Project Name:	Outfall 103 Discharge	Laboratory Job Number:	880-3588-1
Reviewer Name:	Chad Bechtold		

ER #[1]	Description
R04B	Method 8270D: Six surrogates are used for this analysis. The laboratory's SOP allows one acid and one base of these surrogates to be outside acceptance criteria without performing re-extraction/re-analysis. The following sample contained an allowable number of surrogate compounds outside limits: Outfall 103 (880-3588-1). These results have been reported and qualified.
R05D	Method SM 5210B: The method blank result associated with batch 860-14111 was higher than the method-required limit of 0.2 mg/L.
R06D	Method 8270D: The laboratory control sample (LCS) for preparation batch 860-14010 and analytical batch 860-14705 recovered outside control limits for the following analyte: Aniline (Phenylamine, Aminobenzene). Aniline (Phenylamine, Aminobenzene) has been identified as a poor performing analyte when analyzed using this method; therefore, re-extraction/re-analysis was not performed. These results have been reported and qualified. Method 8270D: The laboratory control sample and the laboratory control sample duplicate (LCS/LCSD) for preparation batch 860-14010 and 860-14010 and analytical batch 860-14705 recovered outside control limits for the following analyte: Pyridine. Pyridine has been identified as a poor performing analyte when analyzed using this method; therefore, re-extraction/re-analysis was not performed. Batch precision also exceeded control limits for these analyte. These results have been reported and qualified.
R06F	Method 8270D: The RPD of the laboratory control sample (LCS) and laboratory control sample duplicate (LCSD) for preparation batch 860-14010 and analytical batch 860-14705 recovered outside control limits for the following analyte: Aniline (Phenylamine, Aminobenzene).
R07B	Method 903.0: TAR prep batch 160-516935:Insufficient sample volume was available to perform a sample duplicate (DUP) for the following samples: Outfall 103 (880-3588-1). A laboratory control sample/ laboratory control sample duplicate (LCS/LCSD) were prepared instead to demonstrate batch precision.
R08C	Method 904.0: 160-42614-C-1-A DU failed the RPD criteria for the following analyte(s): Radium-228. Matrix interference is suspected.
Misc	Method 900.0: Gross Alpha Beta prep batch 160-517429:The gross alpha MDC is above the RL for the following sample: Outfall 103 (880-3588-1). The sample was prepped at the standard aliquot of 200 mL and was counted for the standard count time. The sample activity is below both the MDC and RL. Method 900.0: Gross Alpha/Beta Batch 517429Any minimum detectable concentration (MDC), critical value (DLC), or Safe Drinking Water Act detection limit (SDWA DL) is sample-specific unless otherwise stated elsewhere in this narrative. Radiochemistry sample results are reported with the count date/time applied as the Activity Reference Date. Outfall 103 (880-3588-1), (LCS 160-517429/2-A), (LCSB 160-517429/3-A), (MB 160-517429/1-A), (680-200750-M-1-A), (680-200750-M-1-B MS), (680-200750-M-1-D MSBT), (680-200750-M-1-E MSBTD) and (680-200750-M-1-C MSD) Method 900.0: Gross Alpha/Beta Batch 517429The Gross Alpha/Beta detection goal was not met for the following samples due to a reduction of the sample size attributed to high residual mass. Analytical results are reported with the MDC achieved. (680-200750-M-1-B MS), (680-200750-M-1-D MSBT), (680-200750-M-1-E MSBTD) and (680-200750-M-1-C MSD) Method 903.0: Total Alpha Radium prep batch 160-516935:Any minimum detectable concentration (MDC), critical value (DLC), or Safe Drinking Water Act detection limit (SDWA DL) is sample-specific unless otherwise stated elsewhere in this narrative. Radiochemistry sample results are reported with the count date/time applied as the Activity Reference Date. Outfall 103 (880-3588-1), (LCS 160-516935/1-A), (LCSD 160-516935/2-A) and (MB 160-516935/8-A) Method 904.0: Radium-228 Batch 516941Any minimum detectable concentration (MDC), critical value (DLC), or Safe Drinking Water Act detection limit (SDWA DL) is sample-specific unless otherwise stated elsewhere in this narrative. Radiochemistry sample results are reported with the count date/time applied as the Activity Reference Date. Outfall 103 (880-3588-1), (LCS 160-516941/1-A), (MB 160-516941/10-A), (160-42614-D-1-A) and (160-42614-C-1-A DU)

1. Items identified by the letter "R" must be included in the laboratory data package submitted in the TRRP-required report(s). Items identified by the letter "S" should be retained and made available upon request for the appropriate retention period.
2. O = organic analyses; I = inorganic analyses (and general chemistry, when applicable);
3. NA = Not applicable;
4. NR = Not reviewed;
5. ER# = Exception Report identification number (an Exception Report should be completed for an item if "NR" or "No" is checked).

ATTACHMENT 7.0.3.

Attachment for Worksheet 7.0 #3 (Site Map)

Information requested for the Site Map could not be supplied for the following reasons.

The Byproduct Facility has no connections to or discharge points to municipal separate storm sewer systems.

The Byproduct facility has no structural control devices that are designed to reduce pollution in stormwater runoff.

The Byproduct facility has no process wastewater treatment units.

The Byrpoduct facility has no vehicle and equipment maintenance areas.

The Byproduct facility has had no spills or leaks of reportable quantities during the three years before this application was submitted.