



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

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

Premium Waters Inc. (CN603278300) operates the Premium Waters Reverse Osmosis Plant (RN105975452), a water bottle facility. Potable water from the City of Fort Worth runs through carbon filtration and reverse osmosis treatment process prior to bottling. The facility is located at 5651 Alliance Gateway Freeway, near the City of Fort Worth, in Tarrant County, Texas.

This application is for a renewal to discharge at an annual average flow of 100,000 gallons per day of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Potable water from the City of Fort Worth runs through carbon filtration and reverse osmosis treatment process prior to bottling. Only wastewater generated by the RO process is to be discharged. All other waste streams are conveyed to Fort Worth for treatment via the sanitary sewer collection system.

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

Premium Waters Inc. (CN603278300) opera la Planta de Ósmosis Inversa (RN105975452) de Premium Waters, una instalación de botellas de agua. El agua potable de la ciudad de Fort Worth pasa por un proceso de filtración de carbono y tratamiento de ósmosis inversa antes del embotellado. La instalación está ubicada en 5651 Alliance Gateway Freeway, cerca de la ciudad de Fort Worth, en el condado de Tarrant, Texas.

Esta solicitud es para una renovación para descargar a un flujo promedio anual de 100,000 galones por día de aguas residuales domésticas tratadas a través del desagüe 001.

Se espera que las descargas de la instalación contengan una demanda bioquímica carbonosa de oxígeno (CBOD5) de cinco días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y Escherichia coli. En la sección 7 del Informe Técnico Doméstico 1.0 se incluyen contaminantes potenciales adicionales. Análisis de Contaminantes de Efluentes Tratados y Hoja de Trabajo Doméstico 4.0 en el paquete de solicitud de permisos. El agua potable de la ciudad de Fort Worth pasa por un proceso de filtración de carbono y tratamiento de ósmosis inversa antes del embotellado. Solo se descargarán las aguas residuales generadas por el proceso de ósmosis inversa. Todos los demás flujos de desechos se transportan a Fort Worth para su tratamiento a través del sistema de recolección de alcantarillado sanitario.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0004937000

APPLICATION. Premium Waters, Inc., 5651 Alliance Gateway Freeway, Fort Worth, Texas 76177, which owns a water bottling facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0004937000 (EPA I.D. No. TX0132713) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 100,000 gallons per day. The facility is located at 5651 Alliance Gateway Freeway, in the city of Fort Worth, Tarrant County, Texas 76177. The discharge route is from the plant site via Outfall 001 to an unnamed tributary, thence to Marshall Branch, thence to Lake Turner, thence to Marshall Branch, thence to Grapevine Lake. TCEQ received this application on May 29, 2025. The permit application will be available for viewing and copying at Keller Town Hall, 1100 Bear Creek Parkway, Keller, in Tarrant County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.241503,32.987154&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 Premium Waters, Inc. at the address stated above or by calling Mr. Cornell Ledoux, QA Manager, at 817-541-5006.

Issuance Date: June 18, 2025

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ0004937000

SOLICITUD. Premium Waters, Inc., 5651 Alliance Gateway Freeway, Fort Worth, Texas 76177, que posee una planta de embotellado de agua, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0004937000 (EPA I.D. No. TX0132713) 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 100,000 galones por día. La planta está ubicada 5651 Alliance Gateway Freeway, en la ciudad de Fort Worth en el Condado de Tarrant, Texas 76177. La ruta de descarga es del sitio de la planta a través de la Salida 001 a un afluente sin nombre, luego al Arroyo Marshall, luego al Lago Turner, luego al Arroyo Marshall, luego al Lago Grapevine. La TCEQ recibió esta solicitud el 29 de mayo de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en Ayuntamiento de Keller, 1100 Bear Creek Parkway, Keller, en el Condado de Tarrant, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.241503,32.987154&level=18>

AVISO DE IDIOMA ALTERNATIVO. El aviso de idioma alternativo en español está disponible en <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. 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. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos del solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

INFORMACIÓN DISPONIBLE EN LÍNEA. Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en www.tceq.texas.gov/goto/cid. Para buscar en la base de datos, utilizar el número de permiso para esta solicitud que aparece en la parte superior de este aviso.

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 Premium Waters, Inc. a la dirección indicada arriba o llamando a Sr. Cornell Ledoux, QA Manager al 817-541-5006.

Fecha de emisión: 18 de junio de 2025



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION
CHECKLIST

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

APPLICANT NAME: Premium Waters Inc.

PERMIT NUMBER (If new, leave blank): WQ00 4937000

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

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

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION

ADMINISTRATIVE REPORT 1.0

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

Applications for oil and gas extraction operations subject to 40 CFR Part 435 must use the Oil and Gas Exploration and Production Administrative Report ([TCEQ Form-20893 and 20893-inst¹](#)).

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

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

Applicant Name: Premium Waters Inc.

Permit No.: WQ0004937000

EPA ID No.: TX000132713

Expiration Date: 8/31/2025

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

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

☒ Active

☐ Inactive

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

☒ TPDES Permit

☐ TLAP

☐ TPDES with TLAP component

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

☐ New

☐ Renewal with changes

☒ Renewal without changes

☐ Major amendment with renewal

☐ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

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

- g. Application Fee

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

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

Check or money order amt.: [Click to enter text.](#)

Named printed on check or money order: [Click to enter text.](#)

Epay

Voucher number: [Click to enter text.](#)

Copy of voucher attachment: [Click to enter text.](#)

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: CN603278300

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: Premium Waters Inc.

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

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

Prefix: Mr. Full Name (Last/First Name): Willis, Steve

Title: Sr. VP/CFO

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

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

☒ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

Prefix: Click to enter text.

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

Title: Click to enter text.

Credential: Click to enter text.

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

☐ Yes ☐ No

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

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

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

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

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

a. ☒ Administrative Contact ☒ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Ledoux, Cornell

Title: QA Manager Credential: Click to enter text.

Organization Name: Premium Waters Inc.

Mailing Address: 5651 Alliance Gateway Parkway City/State/Zip: Fort Worth, TX 76177

Phone No: 817-541-5006 Email: cornell.ledoux@premiumwaters.com

b. ☒ Administrative Contact ☐ Technical Contact

Prefix: Mrs. Full Name (Last/First Name): Butcko, Robin

Title: Senior Wastewater Consultant Credential: BBA

Organization Name: Permitting Services, LLC

Mailing Address: 4700 S. Kirkwood Road, Suite 513 City/State/Zip: Houston, TX 77072

Phone No: 713-458-8612

Email: robin@permittingservices.net

Attachment: Click to enter text.

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

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

a. Prefix: Mrs. Full Name (Last/First Name): Butcko, Robin

Title: Senior Wastewater Consultant Credential: BBA

Organization Name: Permitting Services, LLC

Mailing Address: 4700 S. Kirkwood Rd., Suite 513 City/State/Zip: Houston, TX 77072

Phone No: 713-458-8612 Email: robin@permittingservices.net

b. Prefix: Mr. Full Name (Last/First Name): Ledoux, Cornell

Title: QA Manager Credential: Click to enter text.

Organization Name: Premium Waters Inc.

Mailing Address: 5651 Alliance Gateway Parkway City/State/Zip: Fort Worth, TX 76177

Phone No: 817-541-5006 Email: cornell.ledoux@premiumwaters.com

Attachment: Click to enter text.

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

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

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

Prefix: Mr. Full Name (Last/First Name): Ledoux, Cornell

Title: QA Manager Credential: Click to enter text.

Organization Name: Premium Waters Inc.

Mailing Address: 5651 Alliance Gateway Parkway City/State/Zip: Fort Worth, TX 76177

Phone No: 817-541-5006 Email: cornell.ledoux@premiumwaters.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): Ledoux, Cornell

Title: QA Manager Credential: Click to enter text.

Organization Name: Premium Waters Inc.

Mailing Address: 5651 Alliance Gateway Parkway City/State/Zip: Fort Worth, TX 76177

Phone No: 817-541-5006 Email: cornell.ledoux@premiumwaters.com

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mrs. Full Name (Last/First Name): Butcko, Robin

Title: Senior Wastewater Consultant Credential: BBA

Organization Name: Permitting Services, LLC

Mailing Address: 4700 S. Kirkwood Rd., Suite 513 City/State/Zip: 77072

Phone No: 713-458-8612 Email: robin@permittingservices.net

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: Click to enter text.

☐ Fax: Click to enter text.

☐ Regular Mail (USPS)

Mailing Address: Click to enter text.

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

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Ledoux, Cornell

Title: QA Manager Credential: Click to enter text.

Organization Name: Premium Waters Inc.

Phone No: 817-541-5006 Email: cornell.ledoux@premiumwaters.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: Keller City Hall Location within the building: Click to enter text.

Physical Address of Building: 1100 Bear Creek Parkway

City: Keller County: Tarrant

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: A-2
- g. Complete one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment and include as an attachment. Attachment: N/A

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

- a. TCEQ issued Regulated Entity Number (RN), if available: RN105975452

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): Premium Waters Reverse Osmosis Plant

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

☒ Yes ☐ No ☐ N/A (new permit)

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

- d. Owner of treatment facility:

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

or Organization Name: Premium Waters Inc.

Mailing Address: 2100 Summer St. NE, Ste. 200 City/State/Zip: Minneapolis, MN 55413

Phone No: 612-379-4141 Email: Click to enter text.

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

- f. Owner of land where treatment facility is or will be: N/A

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

or Organization Name: N/A

Mailing Address: N/A

City/State/Zip: N/A

Phone No: N/A

Email: N/A

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

- g. Owner of effluent TLAP disposal site (if applicable): N/A

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

or Organization Name: N/A

Mailing Address: N/A

City/State/Zip: N/A

Phone No: N/A

Email: N/A

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

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

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

or Organization Name: N/A

Mailing Address: N/A

City/State/Zip: N/A

Phone No: N/A

Email: N/A

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

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

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

☐ Yes ☒ No

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

☒ One-mile radius

☐ Three-miles downstream information

☒ Applicant's property boundaries

☒ Treatment facility boundaries

☒ Labeled point(s) of discharge

☐ Highlighted discharge route(s)

☐ Effluent disposal site boundaries

☐ All wastewater ponds

☐ Sewage sludge disposal site

☐ New and future construction

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

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

☐ Yes ☐ No or New Permit

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

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

☒ Yes ☐ No or New Permit

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

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

☒ Yes ☐ No or New Permit

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

f. City nearest the outfall(s): [Fort Worth](#)

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

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

☐ Yes ☒ No

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

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

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

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

☐ Yes ☐ No or New Permit ☐ [Click to enter text.](#)

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

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

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

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

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

Item 12. Miscellaneous Information (Instructions, Page 33)

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

☐ Yes ☒ No

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

- b. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account no.: [Click to enter text.](#)

Total amount due: [Click to enter text.](#)

- c. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Enforcement order no.: [Click to enter text.](#)

Amount due: [Click to enter text.](#)

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ0004937000

Applicant Name: Premium Waters Inc.

Certification: I, William Seymour, 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): Steve Willis

Signatory title: Sr. VP/CFO

Signature: _____ Date: _____
(Use blue ink)

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

Notary Public

[SEAL]

County, Texas

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: A-4



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 Application¹ 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).

Bottled water that ships directly to consumer distribution centers.

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

Potable water from the City of Fort Worth runs through carbon filtration and reverse osmosis treatment process prior to bottling. Only wastewater generated by the RO process is to be discharged. All other waste streams are conveyed to Fort Worth for treatment via the sanitary sewer collection system.

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
PET Resin	Preforms	10 oz, .5 liter, 700 ml, 20oz, 1 liter, 4 gal bottles
HDPE Resin	Caps and Gallon Jugs	Caps for PET bottles. HDPE Gallon jugs and
Plastic Film		Overwrap for Pet Cases & Pallet wrap for the palletizer
Paper and Plastic Labels		Labels for PET bottles and Gallon Jugs
Minerals		Cased Bottle Water
City of Fort Worth Potable Water		Bottle Water
Corrugate	Gallon Boxes	Gallons bottle secondary packaging
Wood and Plastic pallets		Full pallets of product

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

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

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

Attachment: [T-1](#)

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

☐ Yes ☒ No

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

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

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: [Click to enter text.](#)

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

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

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

☐ Yes ☐ No ☒ N/A (renewal only)

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

☐ Yes ☐ No

If **yes**, provide the permit number: [Click to enter text.](#)

If **no**, provide an approximate date of application submittal to the USACE: [Click to enter text.](#)

Item 2. Treatment System (Instructions, Page 40)

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

None

- 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: [T-2](#)

Item 3. Impoundments (Instructions, Page 40)

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

☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

Impoundment Information

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

Parameter	Pond #	Pond #	Pond #	Pond #
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

Attachment: 9

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

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

1. Liner data

☐ Yes ☐ No ☐ Not yet designed

2. Leak detection system or groundwater monitoring data

☐ Yes ☐ No ☐ Not yet designed

3. Groundwater impacts

☐ Yes ☐ No ☐ Not yet designed

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

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

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

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

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

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

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

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

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

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

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

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

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

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
001	32.988333	97.241388

Outfall Location Description

Outfall No.	Location Description
001	Discharge is conveyed through a pipe from the plant into a channelized unnamed tributary.

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

Outfall No.	Description of sampling point

Outfall Flow Information - Permitted and Proposed

Outfall No.	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	.1				

Outfall Discharge - Method and Measurement

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

Outfall Discharge – Flow Characteristics

Outfall No.	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
001	N	Y	N	24/1		

Outfall Wastestream Contributions

Outfall No. [Click to enter text.](#)

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Reverse Osmosis	0.1	100

Outfall No. [Click to enter text.](#)

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

Outfall No. [Click to enter text.](#)

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

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

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

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

a. Indicate if the facility currently or proposes to:

- ☐ Yes ☒ No Use cooling towers that discharge blowdown or other wastestreams
☐ Yes ☒ No Use boilers that discharge blowdown or other wastestreams
☐ Yes ☒ No Discharge once-through cooling water

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

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

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

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

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

c. Cooling Towers and Boilers

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

Cooling Towers and Boilers

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

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

Item 6. Stormwater Management (Instructions, Page 44)

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

☐ Yes ☒ No

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

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

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

- a. Check the box next to the appropriate method of domestic sewage and domestic sewage sludge treatment or disposal. Complete Worksheet 5.0 or Item 7.b if directed to do so.
- ☒ Domestic sewage is routed (i.e., connected to or transported to) to a WWTP permitted to receive domestic sewage for treatment, disposal, or both. Complete Item 7.b.
 - ☐ Domestic sewage disposed of by an on-site septic tank and drainfield system. Complete Item 7.b.
 - ☐ Domestic and industrial treatment sludge ARE commingled prior to use or disposal.
 - ☐ Industrial wastewater and domestic sewage are treated separately, and the respective sludge IS NOT commingled prior to sludge use or disposal. Complete Worksheet 5.0.
 - ☐ Facility is a POTW. Complete Worksheet 5.0.
 - ☐ Domestic sewage is not generated on-site.
 - ☐ Other (e.g., portable toilets), specify and Complete Item 7.b: [Click to enter text.](#)
- b. Provide the name and TCEQ, NPDES, or TPDES Permit No. of the waste-disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.
Denton Creek Regional Wastewater Treatment Plant	TX13457001

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

- a. Is the permittee currently required to meet any implementation schedule for compliance or enforcement?
☐ Yes ☒ No
- b. Has the permittee completed or planned for any improvements or construction projects?
☐ Yes ☒ No
- c. If **yes** to either 8.a or 8.b, provide a brief summary of the requirements and a status update: [Click to enter text.](#)

Item 9. Toxicity Testing (Instructions, Page 45)

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

☐ Yes ☒ No

If **yes**, identify the tests and describe their purposes: [Click to enter text.](#)

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

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

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

☐ Yes ☒ No

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

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

- b. Attach the following information to the application:

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Item 11. Radioactive Materials (Instructions, Page 46)

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

☐ Yes ☒ No

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

Radioactive Materials Mined, Used, Stored, or Processed

Radioactive Material Name	Concentration (pCi/L)

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

☐ Yes ☒ No

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

Radioactive Materials Present in the Discharge

Radioactive Material Name	Concentration (pCi/L)

Item 12. Cooling Water (Instructions, Page 46)

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

c. Cooling Water Supplier

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

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

CWIS ID				
Owner				
Operator				

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

d. 316(b) General Criteria

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

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

☐ Yes ☒ No

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

- f. Oil and Gas Exploration and Production

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

- g. Compliance Phase and Track Selection

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

☐ Yes ☒ No

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

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

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

☐ Track I - AIF greater than 10 MGD

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

☐ Track II

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

Attachment:

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

- ☐ Track I – Fixed facility
 - Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.
- ☐ Track I – Not a fixed facility
 - Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Item 2 (except CWIS latitude/longitude under Item 2.a).
- ☐ Track II – Fixed facility
 - Attach information required by 40 CFR § 125.136(c) and complete Worksheet 11.0, Items 2 and 3.

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

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

This item is only applicable to existing permitted facilities.

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

☐ Yes ☒ No

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

Click to enter text.

Item 14. Laboratory Accreditation (Instructions, Page 49)

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

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

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

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

CERTIFICATION:

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

Printed Name: Cornell Ledoux

Title: QA Manager

Signature: _____

Date: _____

Cornell Ledoux
5/12/2025

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: POLLUTANT ANALYSIS

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

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

- Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): [Click to enter text.](#)
- ☒ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm.
Attachment: [T-3](#)

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

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

TABLE 1 and TABLE 2 (Instructions, Page 58)

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

Table 1 for Outfall No.: **001**

Samples are (check one): ☐ Composite ☒ Grab

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
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				

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

Table 2 for Outfall No.: 001

Samples are (check one): ☐ Composite ☒ Grab

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total					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.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☒ Grab

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

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

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

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

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

TABLE 4 (Instructions, Pages 58-59)

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

a. Tributyltin

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

☐ Yes ☒ No

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

- ☐ Manufacturers and formulators of tributyltin or related compounds.
- ☐ Painting of ships, boats and marine structures.
- ☐ Ship and boat building and repairing.
- ☐ Ship and boat cleaning, salvage, wrecking and scaling.
- ☐ Operation and maintenance of marine cargo handling facilities and marinas.
- ☐ Facilities engaged in wood preserving.
- ☐ Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent.

b. Enterococci (discharge to saltwater)

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

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

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

c. E. coli (discharge to freshwater)

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

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

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

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

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

TABLE 5 (Instructions, Page 59)

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

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

☒ N/A

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

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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Endosulfan I (<i>alpha</i>)					0.01
Endosulfan II (<i>beta</i>)					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Guthion [Azinphos methyl]					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
Hexachlorocyclohexane (<i>alpha</i>)					0.05
Hexachlorocyclohexane (<i>beta</i>)					0.05
Hexachlorocyclohexane (<i>gamma</i>) [Lindane]					0.05
Hexachlorophene					10
Malathion					0.1
Methoxychlor					2.0
Mirex					0.02
Parathion (ethyl)					0.1
Toxaphene					0.3
2,4,5-TP [Silvex]					0.3

* Indicate units if different from µg/L.

TABLE 6 (Instructions, Page 59)

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

Table 6 for Outfall No.: [Click to enter text.](#)

Samples are (check one): ☐ Composite ☒ Grab

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	☐	☐					400
Color (PCU)	☐	☐					—
Nitrate-Nitrite (as N)	☐	☐					—
Sulfide (as S)	☐	☐					—
Sulfite (as SO ₃)	☐	☐					—
Surfactants	☐	☐					—
Boron, total	☐	☐					20
Cobalt, total	☐	☐					0.3
Iron, total	☐	☐					7
Magnesium, total	☐	☐					20
Manganese, total	☐	☐					0.5
Molybdenum, total	☐	☐					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.: 001

Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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.: 001

Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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.: 001

Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Aldrin					0.01
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: [Click to enter text.](#)

TABLE 12 (DIOXINS/FURAN COMPOUNDS)

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

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

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

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

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

☐ Yes ☒ No

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

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

Table 12 for Outfall No.: [Click to enter text.](#) 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.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☒ Grab

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 4.0: RECEIVING WATERS

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

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

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

☐ Yes ☒ No

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

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

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

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

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

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

- a. Width of the receiving water at the outfall: [Click to enter text.](#) feet

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

Item 3. Classified Segment (Instructions, Page 80)

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

☐ Yes ☒ No

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

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

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

- a. Name of the immediate receiving waters: [Click to enter text.](#)
- b. Check the appropriate description of the immediate receiving waters:
- ☒ Lake or Pond
 - Surface area (acres): [Click to enter text.](#)
 - Average depth of the entire water body (feet): [Click to enter text.](#)
 - Average depth of water body within a 500-foot radius of the discharge point (feet): [Click to enter text.](#)
 - ☒ Man-Made Channel or Ditch
 - ☐ Stream or Creek
 - ☐ Freshwater Swamp or Marsh
 - ☐ Tidal Stream, Bayou, or Marsh
 - ☐ Open Bay
 - ☐ Other, specify:

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

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

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

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

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

- ☐ USGS flow records
- ☒ personal observation
- ☐ historical observation by adjacent landowner(s)
- ☐ other, specify: [Click to enter text.](#)

- d. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point: Marshall Branch
- 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: The receiving stream flow is conveyed through natural stream beds and channelized section into Lake Turner.

- f. General observations of the water body during normal dry weather conditions: Only apparent flow from discharge.

Date and time of observation: February 24, 2025

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

☐ Yes ☒ No

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

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

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

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

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

☐ livestock watering	☐ industrial water supply
☐ non-contact recreation	☐ irrigation withdrawal
☐ domestic water supply	☐ navigation
☐ contact recreation	☐ picnic/park activities
☐ fishing	☒ other, specify: <u>stormwater conveyance</u>

- 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

Attachment A-1

Core Data Form



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
☐ 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 603278300		RN 105975452

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)				
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>				
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>	
Premium Waters, Inc.				
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)	
0800068748	1411795145	41-1797514		
11. Type of Customer:	☒ Corporation	☐ Individual	Partnership: ☐ General ☐ Limited	
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other		☐ Sole Proprietorship	☐ Other:	
12. Number of Employees		13. Independently Owned and Operated?		
☐ 0-20 ☐ 21-100 ☒ 101-250 ☐ 251-500 ☐ 501 and higher		☒ Yes ☐ No		
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following				
☐ Owner ☐ Operator ☐ Owner & Operator ☒ Other: QA Manager				
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant				
15. Mailing Address:	5651 Alliance Gateway Parkway			
City	Fort Worth	State	TX	ZIP 76177
				ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)		
		cornell.ledoux@premiumwaters.com		

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(817) 541-5006		() -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)							
☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)							
Premium Waters Reverse Osmosis Plant							
23. Street Address of the Regulated Entity: (No PO Boxes)							
	5651 Alliance Gateway Parkway						
	City	Fort Worth	State	TX	ZIP	76177	ZIP + 4
24. County	Tarrant						

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

25. Description to Physical Location:											
26. Nearest City						State		Nearest ZIP Code			
Forth Worth						TX		76177			
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>											
27. Latitude (N) In Decimal:			32.98165° N			28. Longitude (W) In Decimal:			-97.25653° W		
Degrees		Minutes		Seconds		Degrees		Minutes		Seconds	
29. Primary SIC Code			30. Secondary SIC Code			31. Primary NAICS Code			32. Secondary NAICS Code		
(4 digits)			(4 digits)			(5 or 6 digits)			(5 or 6 digits)		
2086						312112					
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)											
Water Bottling Facility											
34. Mailing Address:											
		5651 Alliance Gateway Parkway									
		City	Forth Worth	State	TX	ZIP	76177	ZIP + 4			
35. E-Mail Address:		cornell.ledoux@premiumwaters.com									
36. Telephone Number				37. Extension or Code				38. Fax Number (if applicable)			
(817) 541-5006								() -			

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: Reverse Osmosis Plant
	WQ0004937000			

SECTION IV: Preparer Information

40. Name:	Robin Butcko	41. Title:	Senior Wastewater Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(713) 458-8612		() -	robin@permitting-services.net

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:	Premium Waters, Inc.	Job Title:	QA Manager
Name (In Print):	Cornell Ledoux	Phone:	(817) 541- 5006
Signature:		Date:	5/12/2025

Attachment A-2
PLS Summaries
English / Spanish

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

Premium Waters Inc. (CN603278300) operates the Premium Waters Reverse Osmosis Plant (RN105975452), a water bottle facility. Potable water from the City of Fort Worth runs through carbon filtration and reverse osmosis treatment process prior to bottling. The facility is located at 5651 Alliance Gateway Freeway, near the City of Fort Worth, in Tarrant County, Texas.

This application is for a renewal to discharge at an annual average flow of 100,000 gallons per day of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Potable water from the City of Fort Worth runs through carbon filtration and reverse osmosis treatment process prior to bottling. Only wastewater generated by the RO process is to be discharged. All other waste streams are conveyed to Fort Worth for treatment via the sanitary sewer collection system.

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

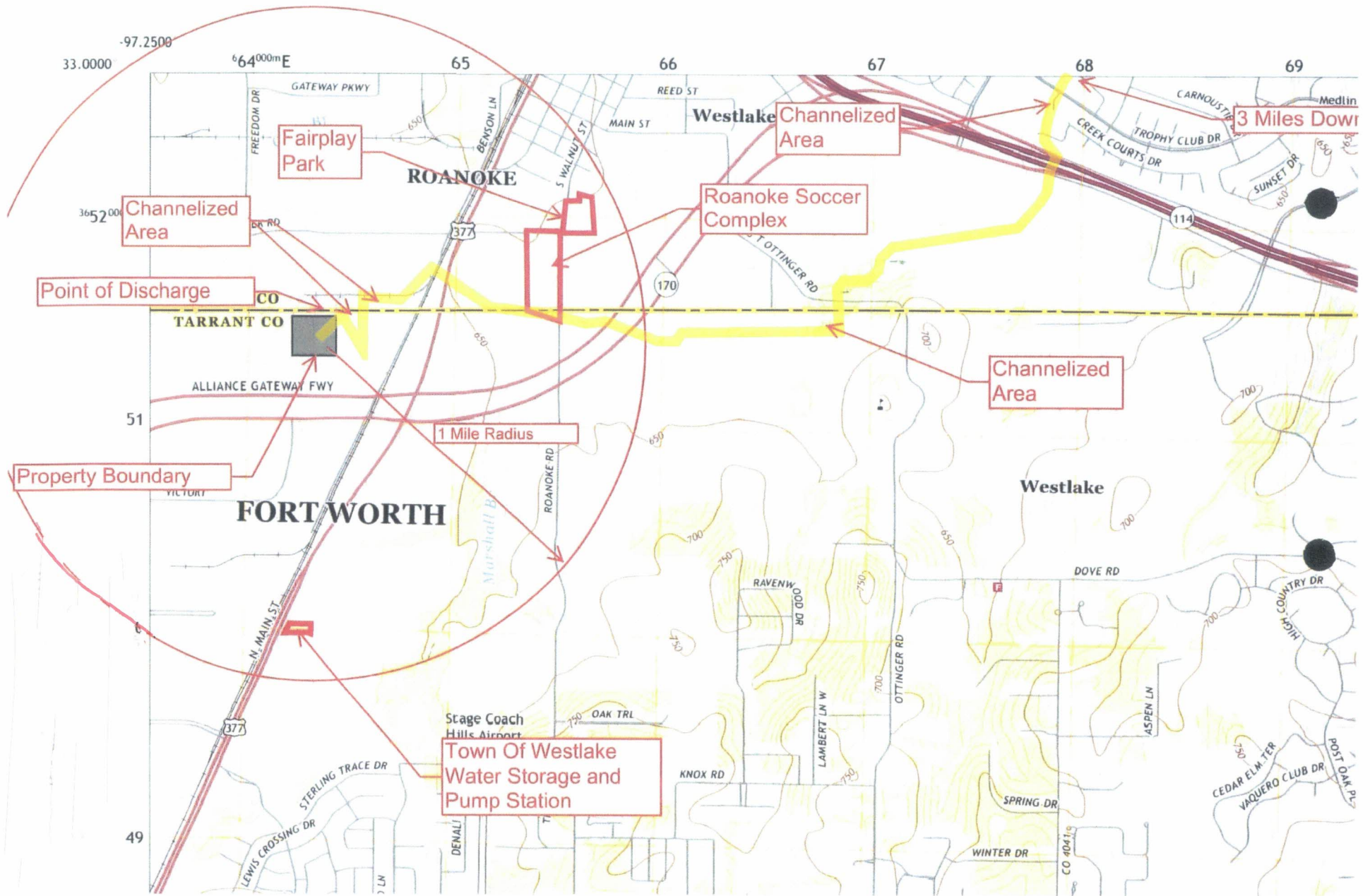
Premium Waters Inc. (CN603278300) opera la Planta de Ósmosis Inversa (RN105975452) de Premium Waters, una instalación de botellas de agua. El agua potable de la ciudad de Fort Worth pasa por un proceso de filtración de carbono y tratamiento de ósmosis inversa antes del embotellado. La instalación está ubicada en 5651 Alliance Gateway Freeway, cerca de la ciudad de Fort Worth, en el condado de Tarrant, Texas.

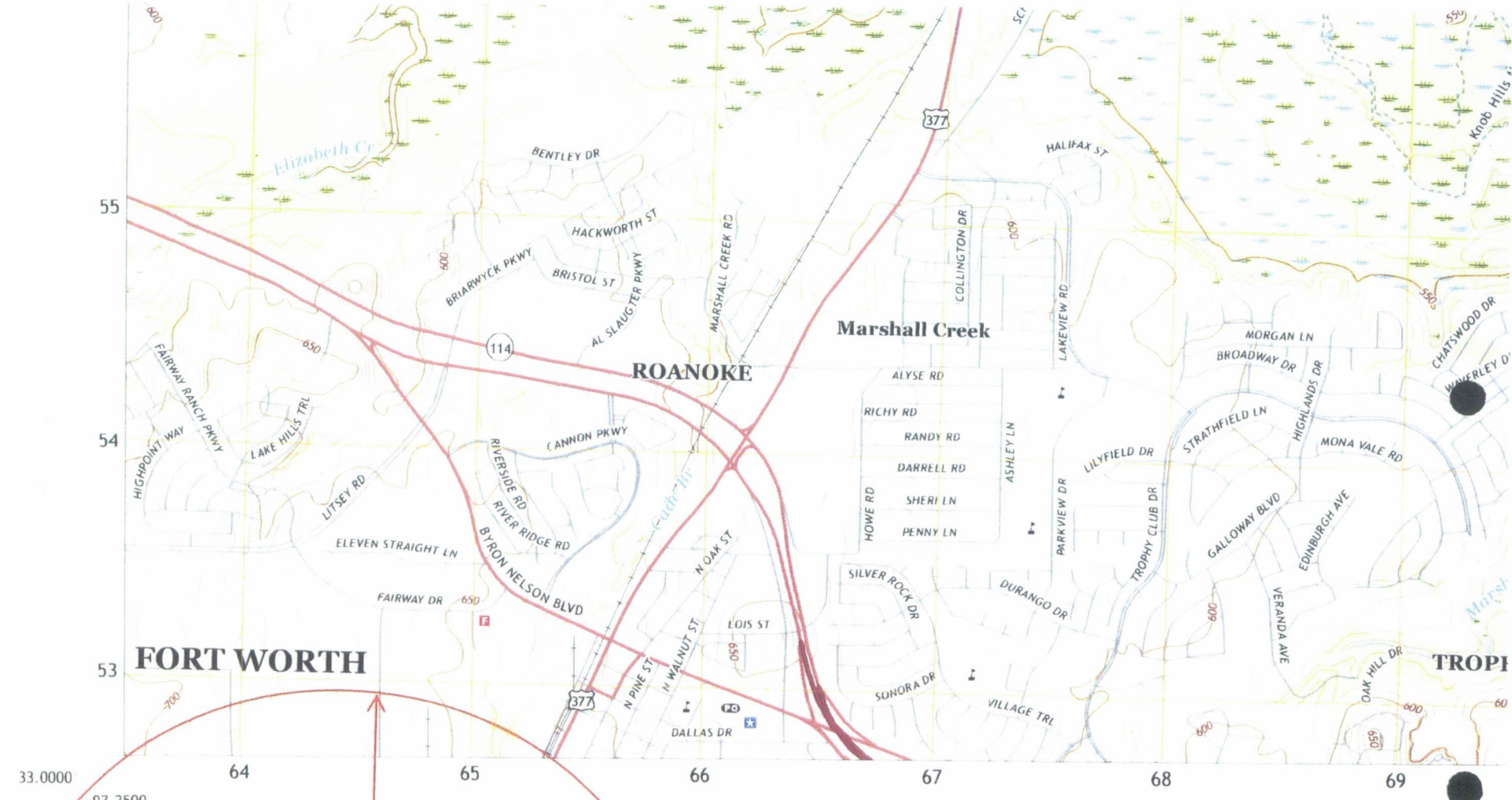
Esta solicitud es para una renovación para descargar a un flujo promedio anual de 100,000 galones por día de aguas residuales domésticas tratadas a través del desagüe 001.

Se espera que las descargas de la instalación contengan una demanda bioquímica carbonosa de oxígeno (CBOD5) de cinco días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y Escherichia coli. En la sección 7 del Informe Técnico Doméstico 1.0 se incluyen contaminantes potenciales adicionales. Análisis de Contaminantes de Efluentes Tratados y Hoja de Trabajo Doméstico 4.0 en el paquete de solicitud de permisos. El agua potable de la ciudad de Fort Worth pasa por un proceso de filtración de carbono y tratamiento de ósmosis inversa antes del embotellado. Solo se descargarán las aguas residuales generadas por el proceso de ósmosis inversa. Todos los demás flujos de desechos se transportan a Fort Worth para su tratamiento a través del sistema de recolección de alcantarillado sanitario.

Attachment A-3

USGS Map



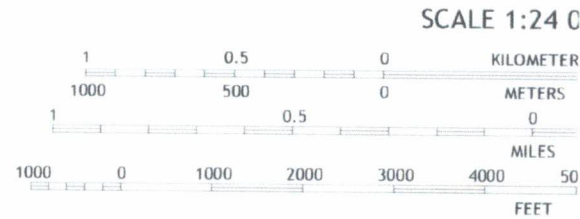


Produced by the United States Geological Survey

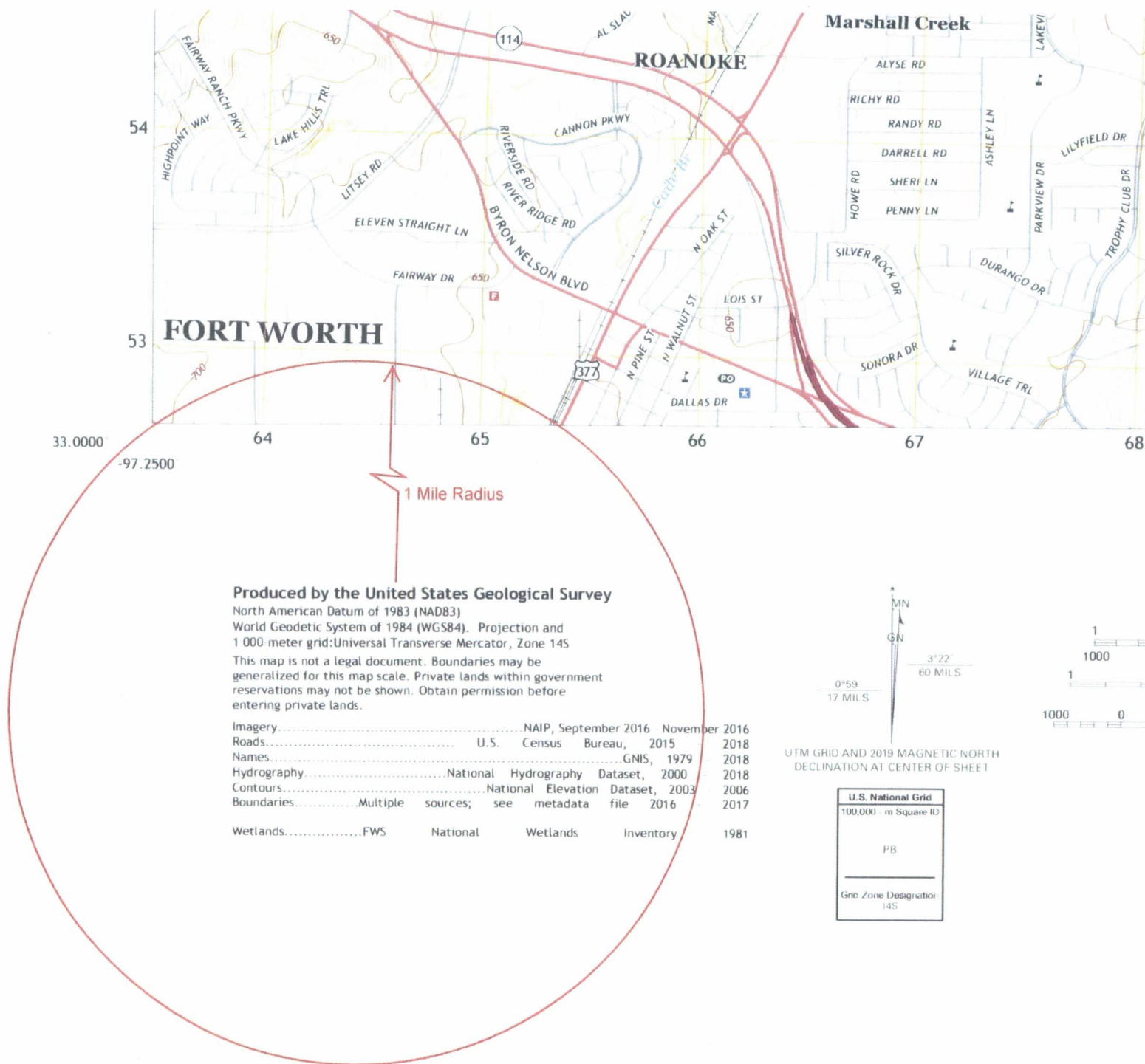
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid: Universal Transverse Mercator, Zone 14S

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

Imagery	NAIP, September 2016	November 2016
Roads	U.S. Census Bureau, 2015	2018
Names	GNIS, 1979	2018
Hydrography	National Hydrography Dataset, 2000	2018
Contours	National Elevation Dataset, 2003	2006
Boundaries	Multiple sources; see metadata file	2016 2017



CONTOUR INTERVAL
NORTH AMERICAN VERTICAL



Attachment A-4

SPIF Form

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: Premium Waters Inc.

Permit No. WQ00 04937000EPA ID No. TX 00132713

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

5651 Alliance Gateway Freeway, Tarrant County, Fort Worth TX 76177

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: Cornell Ledoux

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

Title: QA Manager

Mailing Address: 5651 Alliance Gateway Parkway

City, State, Zip Code: Fort Worth, TX 76177

Phone No.: 817-541-5006 Ext.: Fax No.:

E-mail Address: corell.ledoux@premiumwaters.com

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

Alliance #2 Building Partners, LP

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.

Discharge to a channelized unnamed tributary, thence to Marshall Branch, thence to Lake Turner, thence to Marshall Branch, thence to Grapevine Lake, Segment No. 0826

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

There is one (1) existing 183,000 Sq. Ft. metal building with parking. No vegetation on property.

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

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

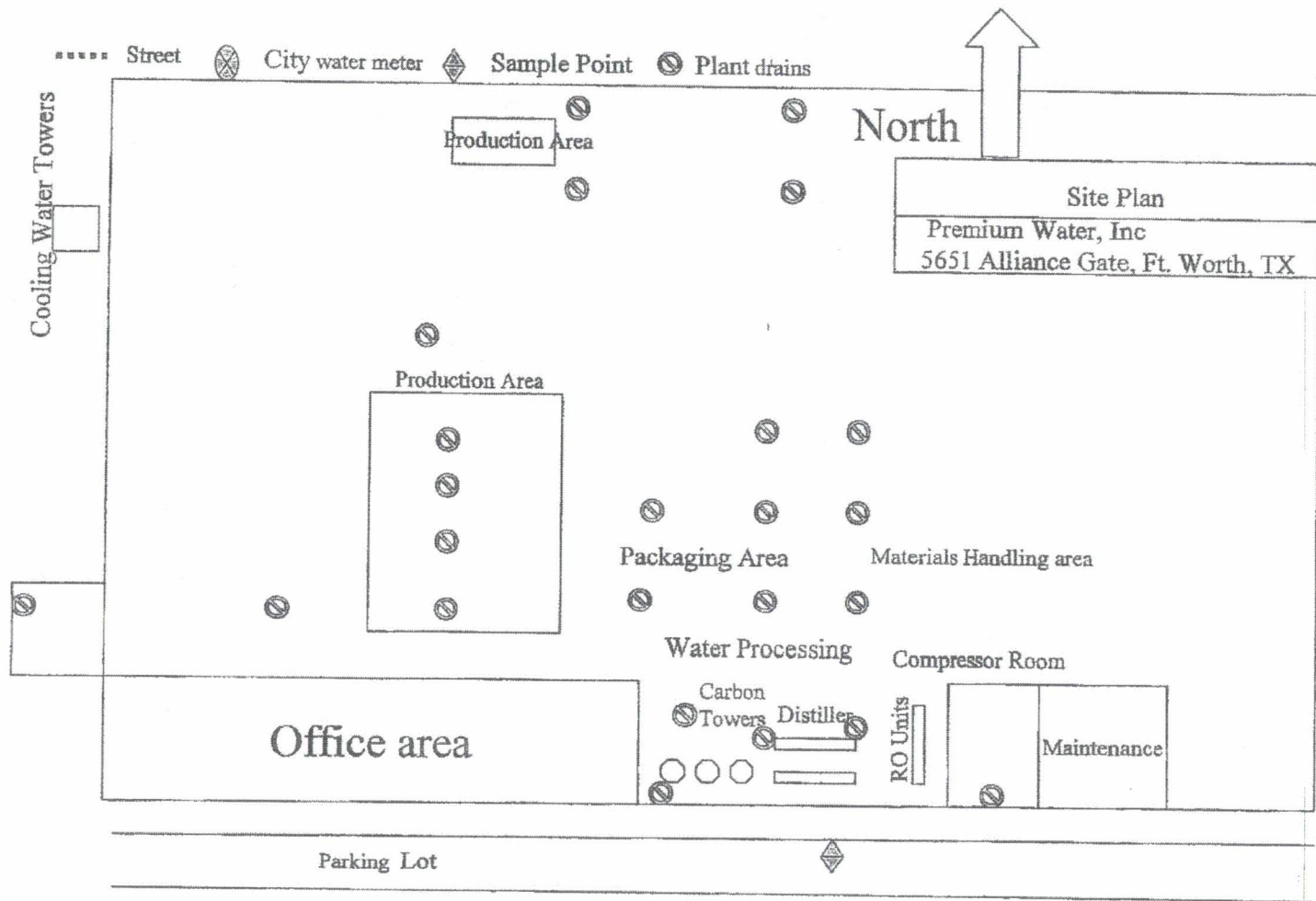
The facility was built in September 1998.

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

The facility is a pre-engineered metal structure.

Attachment T-1

Facility Map



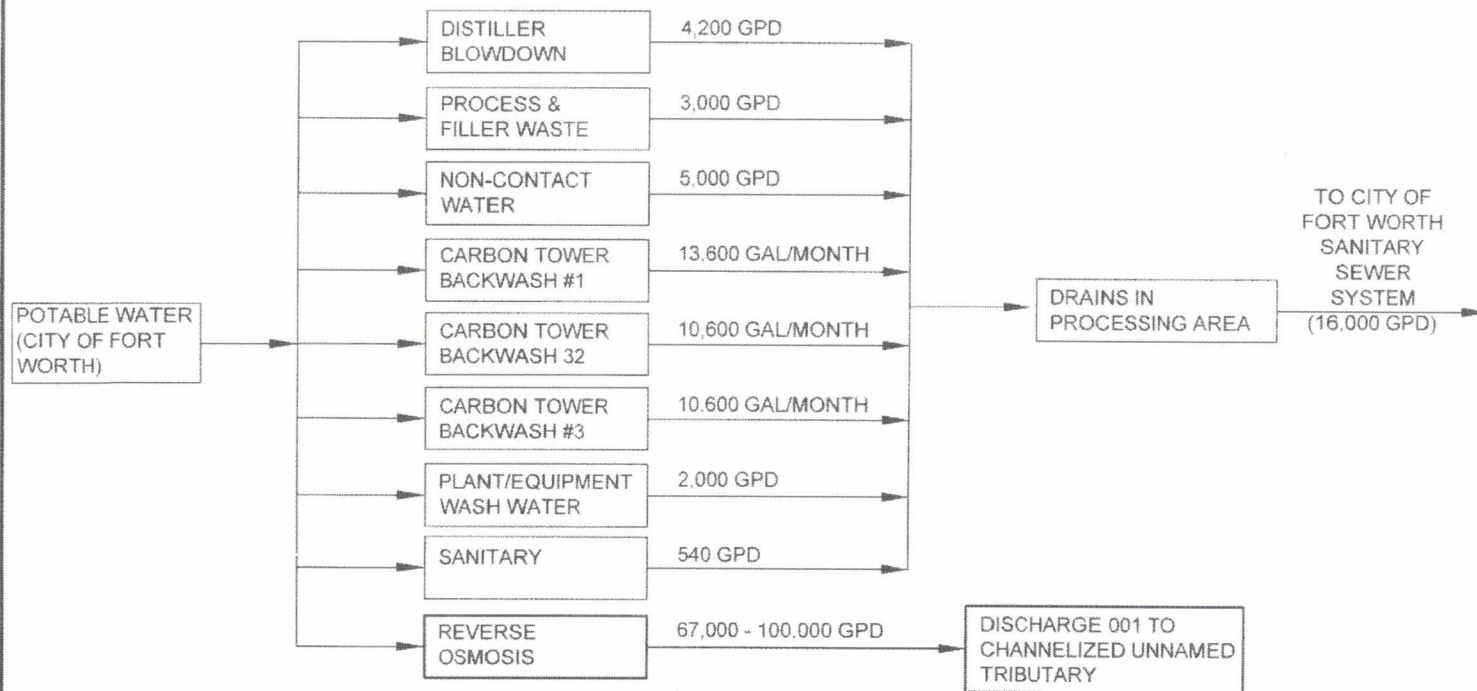
No wastewater treatment
plant for this facility

Facility Map
Tech 1.0-e

Attachment T-2

Flow Schematic

PROCESS FLOW SCHEMATIC PREMIUM WATERS, INC.



Attachment T-3

Lab Results

Leah Whallon

From: Robin Butcko <robin@permittingservices.net>
Sent: Monday, June 9, 2025 9:17 AM
To: Leah Whallon; cornell.ledoux@premiumwaters.com
Subject: Re: Application to Amend Permit No. WQ0004937000; Premium Waters, Inc.; Premium Waters Reverse Osmosis Plant
Attachments: Signature Page Notarized (6-9-25).pdf; Admin. Report 10 f. Revised (6-9-25).pdf; Industrial Discharge Renewal Spanish NORI.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Good morning Leah,

I hope you are doing well. Please see the attached for the Administrative Report 1.0 item f. revised.

Also, attached you will find the Signature page signed and notarized. The original was provided in the application. Don't know why you do not have it.

The NORI looks good no changes and the Spanish NORI is attached. Although there were some places that the editing could not be done due to the template itself.

Regards,
Robin

Robin Butcko

President & CEO
4700 S. Kirkwood
Road
Suite 513
Houston, TX 77072

📞 713-458-8612
✉️ robin@permittingservices.net
🌐 www.permittingservices.net

From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Friday, June 6, 2025 2:19 PM
To: cornell.ledoux@premiumwaters.com <cornell.ledoux@premiumwaters.com>
Cc: Robin Butcko <robin@permittingservices.net>
Subject: Application to Amend Permit No. WQ0004937000; Premium Waters, Inc.; Premium Waters Reverse Osmosis Plant

Good Afternoon,

Please see the attached Notice of Deficiency letter dated June 6, 2025 requesting additional information needed to declare the application administratively complete. Please send the complete response by June 20, 2025.

Please let me know if you have any questions.

Thank you,



Leah Whallon

Texas Commission on Environmental Quality

Water Quality Division

512-239-0084

leah.whallon@tceq.texas.gov

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

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: A-2
- g. Complete one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment and include as an attachment. Attachment: N/A

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

- a. TCEQ issued Regulated Entity Number (RN), if available: RN105975452
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): Premium Waters Reverse Osmosis Plant
- c. Is the location address of the facility in the existing permit the same?
☒ Yes ☐ No ☐ N/A (new permit)
Note: If the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson County, additional information concerning protection of the Edwards Aquifer may be required.
- d. Owner of treatment facility:
 Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.
 or Organization Name: Premium Waters Inc.
 Mailing Address: 2100 Summer St. NE, Ste. 200 City/State/Zip: Minneapolis, MN 55413
 Phone No: 612-379-4141 Email: Click to enter text.
- e. Ownership of facility: ☐ Public ☒ Private ☐ Both ☐ Federal
- f. Owner of land where treatment facility is or will be: N/A
 Prefix: N/A Full Name (Last/First Name): N/A
 or Organization Name: Premium Waters Inc.

Mailing Address: 2100 Summer St., NE, Ste 200 City/State/Zip: Minneapolis, MN 55413

Phone No: 612-379-4141 Email: N/A

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

- g. Owner of effluent TLAP disposal site (if applicable): N/A

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

or Organization Name: N/A

Mailing Address: N/A

City/State/Zip: N/A

Phone No: N/A

Email: N/A

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

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

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

or Organization Name: N/A

Mailing Address: N/A

City/State/Zip: N/A

Phone No: N/A

Email: N/A

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

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

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

☐ Yes ☒ No

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

☒ One-mile radius

☐ Three-miles downstream information

☒ Applicant's property boundaries

☒ Treatment facility boundaries

☒ Labeled point(s) of discharge

☐ Highlighted discharge route(s)

☐ Effluent disposal site boundaries

☐ All wastewater ponds

☐ Sewage sludge disposal site

☐ New and future construction

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

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

☐ Yes ☐ No or New Permit

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

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

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ0004937000

Applicant Name: Premium Waters Inc.

Certification: I, Steve Willis, 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): Steve Willis

Signatory title: Sr. VP/CFO

Signature: _____

(Use blue ink)

Date: _____

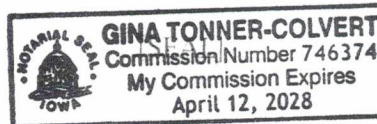
5/21/2024

Subscribed and Sworn to before me by the said Ta Secretary of State

on this 21 day of May, 20 25

My commission expires on the April day of 12, 20 28

Gina Tonne-Colvert
Notary Public



Woodbury
County, ~~Texas~~ IA

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

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. Premium Waters, Inc., 5651 Alliance Gateway Freeway, Fort Worth, Texas 76177, que posee una planta de embotellado de agua, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0004937000 (EPA I.D. No. TX0132713) 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 100,000 galones por día. La planta está ubicada 5651 Alliance Gateway Freeway, en la ciudad de Fort Worth en el Condado de Tarrant, Texas 76177. La ruta de descarga es del sitio de la planta a través de la Salida 001 a un afluente sin nombre, luego al Arroyo Marshall, luego al Lago Turner, luego al Arroyo Marshall, luego al Lago Grapevine. La TCEQ recibió esta solicitud el 29 de mayo de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en Ayuntamiento de Keller, 1100 Bear Creek Parkway, Keller, en el Condado de Tarrant, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.241503,32.987154&level=18>

AVISO DE IDIOMA ALTERNATIVO. El aviso de idioma alternativo en español está disponible en <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. 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. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos del solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

INFORMACIÓN DISPONIBLE EN LÍNEA. Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en www.tceq.texas.gov/goto/cid. Para buscar en la base de datos, utilizar el número de permiso para esta solicitud que aparece en la parte superior de este aviso.

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 Premium Waters, Inc. a la dirección indicada arriba o llamando a Senior Cornell Ledoux, QA Manager al 817-541-5006.

Fecha de emisión: *[Date notice issued]*