Administrative Package Cover Page

This file contains the following documents:

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

Industrial Wastewater TPDES Application (ENGLISH)

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

Study Butte WSC (CN600651301) operates the STUDY BUTTE WSC WTP (RN104707252), a reverse osmosis facility that provides treatment of well water for a public water supply (SIC 4941) The facility is located at located at 20 Ghost Town Road, west of the City of Terlingua, in Brewster County, Texas 79852 to The Long Draw, thence to Terlingua Creek, thence to Rio Grande Above Amistad Reservoir in Segment No. 2306 of the Rio Grande Basin.

This application is for a renewal to discharge 200,000 gallons per day not to exceed 400,000 gallons. The pollutants expected from these discharges based on 40 CFR Part 423 are: free available chlorine, total residual chlorine, total suspended solids, oil and grease, total iron, total copper, and pH. Temperature is also expected from these discharges. Additional potential pollutants are included in the Industrial Wastewater Application Technical Report, Worksheet 2.0.

Effluent monitoring samples must be taken at the following location: at Outfall 001, at the sampling port located at the water treatment plant prior to routing water treatment waste to the wastewater storage tank. the STUDY BUTTE WSC WTP, TPDES Permit No. WQ0004968000, for treatment and disposal.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0004968000

APPLICATION. Study Butte Water Supply Corporation, P.O. Box 148, Terlingua, Texas 79852, which owns a reverse osmosis facility that provides treatment of well water for a public water supply, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0004968000 (EPA I.D. No. TX0133183) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 200,000 gallons per day. The facility is located at 20 Ghost Town Road, near the city of Terlingua, in Brewster County, Texas 79852. The discharge route is from the plant site to The Long Draw; thence to Terlingua Creek; thence to Rio Grande Above Amistad Reservoir. TCEQ received this application on May 29, 2025. The permit application will be available for viewing and copying at Alpine Public Library, bulletin board, 805 West Avenue E, Alpine, in Brewster 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=-103.62,29.323888&level=18

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

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

OPPORTUNITY FOR A CONTESTED CASE HEARING. After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a response to all relevant and material, or significant public comments. **Unless the application**

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

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

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

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

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

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

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

AGENCY CONTACTS AND INFORMATION. All public comments and requests must be submitted either electronically at **https://www14.tceq.texas.gov/epic/eComment/**, or in writing to the Texas Commission on Environmental Quality, Office of the Chief Clerk, MC-105,

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

Further information may also be obtained from Study Butte Water Supply Corporation at the address stated above or by calling Ms. Alisa De La Cruz, Office Manager, at 432-371-2933.

Issuance Date: June 25, 2025

JACOB MARTIN

INTEGRITY
EXCELLENCE
TRUST

May 28, 2025

Executive Director
Applications Review and Processing Team (MC148)
Texas Commission on Environmental Quality
12100 Park 35 Circle
Austin, Texas 78753

RE: Application for Renewal of a Wastewater Treatment Plant Permit
Study Butte Water Supply Corporation
Permit No. WQ0004968000
RN104707252/ CN600651301
Renewal of Existing Permit

Dear TCEQ:

Enclosed are the original and three copies of the application and related documents to renew Permit No. WQ0004968000.

A check for payment of application fees in the amount of $315.00 has been directed to your revenues section. A copy of this check has been attached to the above-mentioned permit renewal documents.

If you have any questions, please feel free to contact me at our Abilene office (325) 695-1070 or email me at sfernandez@jacobmartin.com. Thank you for your assistance.

Sincerely,

Sarah Fernandez

JACOB | MARTIN

info@jacobmartin.com
www.jacobmartin.com

3465 Curry Lane
Abilene, TX 79606
325.695.1070

1508 Santa Fe, Suite 203
Weatherford, TX 76086
817.594.9880

1014 Broadway
Lubbock, TX 79401
806.368.6375

TBPE Firm #: 2448
TBAE Firm #: BR 2261
TBPLS Firm #: 10194493

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: Study Butte WSC

PERMIT NUMBER (If new, leave blank): WQ00 4968000

ORIGINAL

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region _____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

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

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

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

Applicant Name: Study Butte WSC

Permit No.: WQ0004968000

EPA ID No.: TX0133183

Expiration Date: 10/29/2025

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

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

☒ Active ☐ Inactive

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

☒ TPDES Permit ☐ TLAP ☐ TPDES with TLAP component

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

☐ New

☐ Renewal with changes ☒ Renewal without changes

☐ Major amendment with renewal ☐ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region _____
Permit Number _____

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

g. Application Fee

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

h. Payment Information

Mailed

Check or money order No.: 16759

Check or money order amt.: 315.00

Named printed on check or money order: Study Butte Water Supply Corp

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: CN600651301

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: Study Butte Water Supply Corporation (WSC)

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): Gilles, William

Title: Board President Credential: Click to enter text.

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

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

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

☒ Yes ☐ No

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

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

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

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

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

b. Customer Number (if applicant is an existing customer): 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: #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: Ms. Full Name (Last/First Name): De La Cruz, Alisa

Title: Office Manager Credential: Click to enter text.

Organization Name: Study Butte Water Supply Corp

Mailing Address: PO Box 148 City/State/Zip: Terlingua, TX 79852

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.net

b. ☒ Administrative Contact ☒ Technical Contact

Prefix: Mrs. Full Name (Last/First Name): Fernandez, Sarah

Title: Environmental Coordinator Credential: Click to enter text.

Organization Name: Jacob Martin

Mailing Address: 3465 Curry Lane City/State/Zip: Abilene, TX 79606

Phone No: 325-695-1070 Email: sfernandez@jacobmartin.com

Attachment: Click to enter text.

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

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

a. Prefix: Ms. Full Name (Last/First Name): De La Cruz, Alisa

Title: Office Manager Credential: Click to enter text.

Organization Name: Study Butte Water Supply Corp

Mailing Address: PO Box 148 City/State/Zip: Terlingua, TX 79852

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.net

b. Prefix: Mrs. Full Name (Last/First Name): Fernandez, Sarah

Title: Environmental Coordinator Credential: Click to enter text.

Organization Name: Jacob Martin

Mailing Address: 3465 Curry Lane City/State/Zip: Abilene, TX 79606

Phone No: 325-695-1070 Email: sfernandez@jacobmartin.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: Ms. Full Name (Last/First Name): De La Cruz, Alisa

Title: Office Manager Credential: Click to enter text.

Organization Name: Study Butte Water Supply Corp

Mailing Address: PO Box 148 City/State/Zip: Terlingua, TX 79852

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.net

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

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

Prefix: Ms. Full Name (Last/First Name): De La Cruz, Alisa

Title: Office Manager Credential: Click to enter text.

Organization Name: Study Butte Water Supply Corp

Mailing Address: PO Box 148 City/State/Zip: Terlingua, TX 79852

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.net

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Ms. Full Name (Last/First Name): De La Cruz, Alisa

Title: Office Manager Credential: Click to enter text.

Organization Name: Study Butte Water Supply Corp

Mailing Address: PO Box 148 City/State/Zip: Terlingua, TX 79852

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.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: sfernandez@jacobmartin.com

☐ Fax: Click to enter text.

☒ Regular Mail (USPS)

Mailing Address: PO Box 148

City/State/Zip Code: Terlingua, TX 79852

c. Contact in the Notice

Prefix: Ms. Full Name (Last/First Name): De La Cruz, Alisa

Title: Office Manager Credential: Click to enter text.

Organization Name: Study Butte Water Supply Corp

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.net

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: United Stated Post Office Location within the building: front desk

Physical Address of Building: 53600 TX HWY 118 City: Terlingua, County: Brewster

e. Bilingual Notice Requirements

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

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

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

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

☐ Yes ☒ No

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

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No ☐ N/A

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

f. Plain Language Summary Template – Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment. Attachment: #1

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

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

a. TCEQ issued Regulated Entity Number (RN), if available: RN104707252

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): Terlingua Water Treatment Plant

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

☒ Yes ☐ No ☐ N/A (new permit)

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

d. Owner of treatment facility:

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

or Organization Name: Study Butte WSC

Mailing Address: PO Box 148, City/State/Zip: Terlingua TX 79852

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.net

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

f. Owner of land where treatment facility is or will be: Study Butte WSC

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

or Organization Name: Study Butte WSC

Mailing Address: PO Box 148, City/State/Zip: Terlingua TX 79852

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.net

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

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

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

or Organization Name: Click to enter text.

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

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

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

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

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

or Organization Name: Click to enter text.

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

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

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

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

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

☐ Yes ☒ No

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

☒ One-mile radius
☐ Three-miles downstream information
☒ Applicant's property boundaries
☒ Treatment facility boundaries
☒ Labeled point(s) of discharge
☐ Highlighted discharge route(s)
☐ Effluent disposal site boundaries
☐ All wastewater ponds
☐ Sewage sludge disposal site
☐ New and future construction

Attachment: #2

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): Terlingua, TX

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

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

☐ Yes ☒ No

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

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

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

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

☐ Yes No or New Permit ☒ N/A

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

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

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

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

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

Item 12. Miscellaneous Information (Instructions, Page 33)

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

☒ Yes ☐ No

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

b. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account no.: Click to enter text.

Total amount due: Click to enter text.

c. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Enforcement order no.: Click to enter text.

Amount due: Click to enter text.

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ0004968000

Applicant Name: Study Butte Water Supply Corporation

Certification: I, William Gilles, 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): William Gilles

Signatory title: Board of Director President

Signature: William J Gilles (Use blue ink) Date: 4/14/25

Subscribed and Sworn to before me by the said William Gilles

on this 14th day of April, 2025.

My commission expires on the 21st day of September, 2025.

Notary Public

ALISA DE LA CRUZ
Notary ID #133345478
My Commission Expires
September 21, 2025

[SEAL]

Brewster County, Texas

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

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

a. Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.

☐ The applicant's property boundaries.

☐ The facility site boundaries within the applicant's property boundaries.

☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone.

☐ The property boundaries of all landowners surrounding the applicant's property. (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)

☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream.

☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge.

☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides.

☐ The boundaries of the effluent disposal site (e.g., irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property.

☐ The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located.

☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners within one-quarter mile of the applicant's property boundaries where the sewage sludge land application site is located.

☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (e.g., sludge surface disposal site or sludge monofil) is located.

Attachment: Click to enter text.

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

☐ Readable/Writeable CD ☐ Four sets of labels

Attachment: Click to enter text.

d. Provide the source of the landowners' names and mailing addresses: Click to enter text.

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

☐ Yes ☐ No

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

Item 2. Original Photographs (Instructions, Page 37)

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

☐ At least one original photograph of the new or expanded treatment unit location.

☐ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.

☐ At least one photograph of the existing/proposed effluent disposal site.

☐ A plot plan or map showing the location and direction of each photograph.

Attachment: Click to enter text.

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: #1

ATTACHMENT 1

INDIVIDUAL INFORMATION

Item 1. Individual information (Instructions, Page 38)

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

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

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

Driver's License or State Identification Number: Click to enter text.

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

City, State, and Zip Code: Click to enter text.

Phone No.: Click to enter text.

Fax No.: Click to enter text.

E-mail Address: Click to enter text.

CN: Click to enter text.

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

☒ Core Data Form (TCEQ Form No. 10400)
(Required for all applications types. Must be completed in its entirety and signed. Note: Form may be signed by applicant representative.)

☒ Correct and Current Industrial Wastewater Permit Application Forms
(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)

☒ Water Quality Permit Payment Submittal Form (Page 14)
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)

☒ 7.5 Minute USGS Quadrangle Topographic Map Attached
(Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments.)

☒ N/A ☐ Current/Non-Expired, Executed Lease Agreement or Easement Attached

☒ N/A ☐ Landowners Map
(See instructions for landowner requirements.)

Things to Know:

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

☒ N/A ☐ Landowners Cross Reference List
(See instructions for landowner requirements.)

☒ N/A ☐ Landowners Labels or CD-RW attached
(See instructions for landowner requirements.)

☒ Original signature per 30 TAC § 305.44 – Blue Ink Preferred
(If signature page is not signed by an elected official or principle executive officer, a copy of signature authority/delegation letter must be attached.)

☒ Plain Language Summary

#TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

ORIGINAL

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

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

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

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

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

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

Study Butte WSC provides treatment of well water for a public water supply. Water is treated through a reverse osmosis treatment plant.

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

Raw well water enters the Reverse Osmosis Treatment Plant, where it runs through RO trains. The waste stream then leaves the plant and goes into a storage tank.

[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
Well Water	-	Drinking Water

Attachment: Click to enter text.

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

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

Attachment: #2

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

☐ Yes ☒ No

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

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

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: FEMA Firm Panel #480084 1275 B

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: #6

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.

No treatment of wastewater. The wastewater is the by-product of the Reverse Osmosis Treatment Plant.

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: #5

Item 3. Impoundments (Instructions, Page 40)

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

☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

Impoundment Information

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

Attachment: Click to enter text.

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

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

1. Liner data

☐ Yes ☐ No ☐ Not yet designed

2. Leak detection system or groundwater monitoring data

☐ Yes ☐ No ☐ Not yet designed

3. Groundwater impacts

☐ Yes ☐ No ☐ Not yet designed

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

Attachment: Click to enter text.

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

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

Attachment: Click to enter text.

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

Attachment: Click to enter text.

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

Attachment: Click to enter text.

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

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

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

For TLAP applications: Indicate the disposal method and each individual irrigation area **I**, evaporation pond **E**, or subsurface drainage system **S** by providing the appropriate letter designation for the disposal method followed by a numerical designation for each disposal

area in the space provided for **Outfall** number (e.g. **E1** for evaporation pond 1, **I2** for irrigation area No. 2, etc.).

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
1	29.3216	-103.6197

Outfall Location Description

Outfall No.	Location Description
1	North of Ranch Rd 170; discharge into Long Draw.

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)
1	0.200	0.400	0.200	0.400	Permitted

Outfall Discharge – Method and Measurement

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

Outfall Discharge – Flow Characteristics

Outfall No.	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
1	N	N	Y	10	20	12

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)

Outfall Wastestream Contributions

Outfall No. 1

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Wastewater from WTP	0.200	100

Outfall No. N/A

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

Outfall No. N/A

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			
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.
Honey Bucket Services (CN604501171/ RN107051617) Alpine, Texas (if they ever need to pump the septic tank they will contact this company)	24791
The septic system that serves the WTP office is permitted by the Brewster County Authorized agent	CN600245856 / RN103905501

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)
Gross Alpha	31.7
Gross Beta	47.3

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)
Radium-226	35.0
Radium-228	2.97
Uranium	0.00436

Item 12. Cooling Water (Instructions, Page 46)

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

☐ Yes

☒ No

☐ Decommissioned: Click to enter text.

☐ To Be Decommissioned: Click to enter text.

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

If **decommissioned**, provide the date operation ceased and stop here.

If to **be decommissioned**, provide the date operation is anticipated to cease and stop here.

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)

☐ No ☐ Yes; PWS No.: Click to enter text.

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

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

☐ No ☐ Yes; Auth No.: Click to enter text.

If **no**, continue. If **yes**, provide the Reuse Authorization No. and stop here.

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

☐ No ☐ Yes; AIF: Click to enter text.

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

d. 316(b) General Criteria

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

☐ Yes ☐ No

2. At least 25% of the total water withdrawn by the CWIS(s) 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. Explanation: Click to enter text.

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

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

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

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

☐ Yes ☐ No

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

f. Oil and Gas Exploration and Production

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

g. Compliance Phase and Track Selection

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

☐ Yes ☐ No

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

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

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

☐ Track I - AIF greater than 10 MGD

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

☐ Track II

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

Attachment: Click to enter text.

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

☐ Track I – Fixed facility

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

☐ Track I – Not a fixed facility

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

☐ Track II – Fixed facility

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

Attachment: Click to enter text.

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

This item is only applicable to existing permitted facilities.

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

☐ Yes ☒ No

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

Click to enter text.

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

☐ Yes ☒ No

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

Click to enter text.

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

☐ Yes ☒ No

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: Jorge L Garcia Sr

Title: Operations Manager

Signature: _____

Date: 4/8/25

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 1.0: EPA CATEGORICAL EFFLUENT GUIDELINES

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

Item 1. Categorical Industries (Instructions, Page 53)

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

☐ Yes ☒ No

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

40 CFR Effluent Guideline

Industry	40 CFR Part

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

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

a. Production Data

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

Production Data

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units

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

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

Percentage of Total Production

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

c. Refineries (40 CFR Part 419)

Provide the applicable subcategory and a brief justification.

Click to enter text.

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

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

The wastewater is the by-product of the Reverse Osmosis Treatment Plant.

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

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

Wastewater Generating Processes Subject to Effluent Guidelines

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: POLLUTANT ANALYSIS

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

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

a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): 03/20/2025, 04/01/2025

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

c. Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm. **Attachment:** #3

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.: 1 **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)	<3.0			
CBOD (5-day)	<20.0			
Chemical oxygen demand	<20.0			
Total organic carbon	<1.00			
Dissolved oxygen	-			
Ammonia nitrogen	<0.100			
Total suspended solids	<4.00			
Nitrate nitrogen	<0.500			
Total organic nitrogen	<0.200			
Total phosphorus	0.153			
Oil and grease	<5.88			
Total residual chlorine	<0.0500			

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
Total dissolved solids	3660			
Sulfate	846			
Chloride	934			
Fluoride	6.41			
Total alkalinity (mg/L as CaCO3)	539			
Temperature (°F)	18.9			
pH (standard units)	7.93			

Table 2 for Outfall No.: 1 **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	<0.200				2.5
Antimony, total	<0.0200				5
Arsenic, total	0.0113				0.5
Barium, total	0.118				3
Beryllium, total	<0.00400				0.5
Cadmium, total	<0.00500				1
Chromium, total	<0.0100				3
Chromium, hexavalent	<0.0100				3
Chromium, trivalent	<0.0100				N/A
Copper, total	<0.0100				2
Cyanide, available	<0.00500				2/10
Lead, total	<0.0100				0.5
Mercury, total	<0.000200				0.005/0.0005
Nickel, total	<0.0100				2
Selenium, total	<0.0300				5
Silver, total	-				0.5
Thallium, total	<0.0200				0.5
Zinc, total	<0.0300				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.: 1 **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]	<0.00100				10
Bromoform	<0.00500				10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane [Dibromochloromethane]	<0.00500				10
Chloroform	<0.00100				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
Epichlorohydrin (1-Chloro-2,3-epoxypropane)					---
Ethylbenzene					10
Ethylene Glycol					---
Fluoride					500
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
4,4'-Isopropylidenediphenol (bisphenol A)					1
Methyl ethyl ketone					50
Methyl tert-butyl ether (MTBE)					---
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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Toluene					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethene [Trichloroethylene]					10
2,4,5-Trichlorophenol					50
TTHM (Total trihalomethanes)	<0.00500				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
E. coli (cfu or MPN/100 mL)					N/A

TABLE 5 (Instructions, Page 59)

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

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

☒ N/A

Table 5 for Outfall No.: 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

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

* Indicate units if different from µg/L.

TABLE 6 (Instructions, Page 59)

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

Table 6 for Outfall No.: 1 **Samples are (check one): ☐ Composite ☒ Grab**

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	☒	☐					400
Color (PCU)	☐	☒					—
Nitrate-Nitrite (as N)	☒	☐					—
Sulfide (as S)	☒	☐					—
Sulfite (as SO3)	☒	☐					—
Surfactants	☐	☒					—
Boron, total	☐	☒					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.: N/A **Samples are (check one): ☐ Composite ☐ Grab**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acrolein					50
Acrylonitrile					50
Benzene					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane					10
Chloroethane					50
2-Chloroethylvinyl ether					10
Chloroform					10
Dichlorobromomethane [Bromodichloromethane]					10
1,1-Dichloroethane					10
1,2-Dichloroethane					10
1,1-Dichloroethylene [1,1-Dichloroethene]					10
1,2-Dichloropropane					10
1,3-Dichloropropylene [1,3-Dichloropropene]					10
Ethylbenzene					10
Methyl bromide [Bromomethane]					50
Methyl chloride [Chloromethane]					50
Methylene chloride [Dichloromethane]					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethylene [Tetrachloroethene]					10
Toluene					10
1,2-Trans-dichloroethylene [1,2-Trans-dichloroethene]					10

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

* Indicate units if different from µg/L.

Table 9 for Outfall No.: N/A **Samples are (check one): ☐ Composite ☐ Grab**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
2-Chlorophenol					10
2,4-Dichlorophenol					10
2,4-Dimethylphenol					10
4,6-Dinitro-o-cresol					50
2,4-Dinitrophenol					50
2-Nitrophenol					20
4-Nitrophenol					50
p-Chloro-m-cresol					10
Pentachlorophenol					5
Phenol					10
2,4,6-Trichlorophenol					10

* Indicate units if different from µg/L.

Table 10 for Outfall No.: N/A **Samples are (check one): ☐ Composite ☐ Grab**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acenaphthene					10
Acenaphthylene					10
Anthracene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
3,4-Benzofluoranthene [Benzo(b)fluoranthene]					10
Benzo(ghi)perylene					20
Benzo(k)fluoranthene					5
Bis(2-chloroethoxy)methane					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Bis(2-chloroethyl)ether					10
Bis(2-chloroisopropyl)ether					10
Bis(2-ethylhexyl)phthalate					10
4-Bromophenyl phenyl ether					10
Butylbenzyl phthalate					10
2-Chloronaphthalene					10
4-Chlorophenyl phenyl ether					10
Chrysene					5
Dibenzo(a,h)anthracene					5
1,2-Dichlorobenzene [o-Dichlorobenzene]					10
1,3-Dichlorobenzene [m-Dichlorobenzene]					10
1,4-Dichlorobenzene [p-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
Diethyl phthalate					10
Dimethyl phthalate					10
Di-n-butyl phthalate					10
2,4-Dinitrotoluene					10
2,6-Dinitrotoluene					10
Di-n-octyl phthalate					10
1,2-Diphenylhydrazine (as Azobenzene)					20
Fluoranthene					10
Fluorene					10
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Indeno(1,2,3-cd)pyrene					5
Isophorone					10
Naphthalene					10
Nitrobenzene					10
N-Nitrosodimethylamine					50

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
N-Nitrosodi-n-propylamine					20
N-Nitrosodiphenylamine					20
Phenanthrene					10
Pyrene					10
1,2,4-Trichlorobenzene					10

* Indicate units if different from µg/L.

Table 11 for Outfall No.: N/A **Samples are (check one): ☐ Composite ☐ Grab**

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Aldrin					0.01
alpha-BHC [alpha-Hexachlorocyclohexane]					0.05
beta-BHC [beta-Hexachlorocyclohexane]					0.05
gamma-BHC [gamma-Hexachlorocyclohexane]					0.05
delta-BHC [delta-Hexachlorocyclohexane]					0.05
Chlordane					0.2
4,4'-DDT					0.02
4,4'-DDE					0.1
4,4'-DDD					0.1
Dieldrin					0.02
Endosulfan I (alpha)					0.01
Endosulfan II (beta)					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Endrin aldehyde					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
PCB 1242					0.2
PCB 1254					0.2
PCB 1221					0.2
PCB 1232					0.2
PCB 1248					0.2

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

* Indicate units if different from µg/L.

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

Description: 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.: N/A **Samples are (check one):** ☐ **Composite** ☐ **Grab**

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDD	1					10
1,2,3,7,8-PeCDD	1.0					50
2,3,7,8-HxCDDs	0.1					50
1,2,3,4,6,7,8-HpCDD	0.01					50

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

TABLE 13 (HAZARDOUS SUBSTANCES)

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Table 13 for Outfall No.: N/A **Samples are (check one): ☐ Composite ☐ Grab**

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND APPLICATION OF EFFLUENT

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

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

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

- ☐ Irrigation
- ☐ Evaporation
- ☐ Evapotranspiration beds
- ☐ Drip irrigation system
- ☐ Subsurface application
- ☐ Subsurface soils absorption
- ☐ Surface application
- ☐ Other, specify: Click to enter text.

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

Land Application Area Information

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

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

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

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

Attachment:

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

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

- ☐ The exact boundaries of the land application area
- ☐ On-site buildings
- ☐ Waste-disposal or treatment facilities
- ☐ Effluent storage and tailwater control facilities
- ☐ Buffer zones
- ☐ All surface waters in the state onsite and within 500 feet of the property boundaries
- ☐ All water wells within ½-mile of the disposal site, wastewater ponds, or property boundaries
- ☐ All springs and seeps onsite and within 500 feet of the property boundaries

Attachment: Click to enter text.

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

Well and Map Information Table

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

Attachment: Click to enter text.

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

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

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

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

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

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

c. ☐ Copies of laboratory soil analyses. **Attachment:** Click to enter text.

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

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

Table 14 for Outfall No.: Click to enter text. **Samples are (check one):** ☐ **Composite** ☐ **Grab**

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

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

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

Additional Parameter Effluent Analysis

Date (mo/yr)							

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

Item 7. Pollutant Analysis (Instructions, Page 72)

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

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

c. Complete Tables 15 and 16.

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

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

Table 16 for Outfall No.: Click to enter text. **Samples are (check one):** ☐ **Composite** ☐ **Grab**

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3

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

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

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

Item 1. Edwards Aquifer (Instructions, Page 73)

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

☐ Yes ☐ No

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

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

☐ 30 TAC Chapter 213, Subchapter A

☐ 30 TAC Chapter 213, Subchapter B

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

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

Attachment: Click to enter text.

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

a. Provide the following information on the irrigation operations:

Area under irrigation (acres): Click to enter text.

Design application rate (acre-ft/acre/yr): Click to enter text.

Design application frequency (hours/day): Click to enter text.

Design application frequency (days/week): Click to enter text.

Design total nitrogen loading rate (lbs nitrogen/acre/year): Click to enter text.

Average slope of the application area (percent): Click to enter text.

Maximum slope of the application area (percent): Click to enter text.

Irrigation efficiency (percent): Click to enter text.

Effluent conductivity (mmhos/cm): Click to enter text.

Soil conductivity (mmhos/cm): Click to enter text.

Curve number: Click to enter text.

Describe the application method and equipment: Click to enter text.

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

Item 3. Evaporation Ponds (Instructions, Page 74)

a. Daily average effluent flow into ponds: Click to enter text. gallons per day

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

Item 4. Evapotranspiration Beds (Instructions, Page 74)

a. Provide the following information on the evapotranspiration beds:

Number of beds: Click to enter text.

Area of bed(s) (acres): Click to enter text.

Depth of bed(s) (feet): Click to enter text.

Void ratio of soil in the beds: Click to enter text.

Storage volume within the beds (include units): Click to enter text.

Description of any lining to protect groundwater: Click to enter text.

b. Attach a certification by a licensed Texas professional engineer that the liner meets TCEQ requirements. **Attachment:** Click to enter text.

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

Item 5. Overland Flow (Instructions, Page 74)

a. Provide the following information on the overland flow:

Area used for application (acres): Click to enter text.

Slopes for application area (percent): Click to enter text.

Design application rate (gpm/foot of slope width): Click to enter text.

Slope length (feet): Click to enter text.

Design BOD5 loading rate (lbs BOD5/acre/day): Click to enter text.

Design application frequency (hours/day): Click to enter text.

Design application frequency (days/week): Click to enter text.

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

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

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

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

Item 1. Edwards Aquifer (Instructions, Page 75)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Item 2. Subsurface Application (Instructions, Page 75)

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

☐ Conventional drainfield, beds, or trenches

☐ Low pressure dosing

☐ Other: Click to enter text.

b. Provide the following information on the irrigation operations:

Application area (acres): Click to enter text.

Area of drainfield (square feet): Click to enter text.

Application rate (gal/square ft/day): Click to enter text.

Depth to groundwater (feet): Click to enter text.

Area of trench (square feet): Click to enter text.

Dosing duration per area (hours): Click to enter text.

Number of beds: Click to enter text.

Dosing amount per area (inches/day): Click to enter text.

Soil infiltration rate (inches/hour): Click to enter text.

Storage volume (gallons): Click to enter text.

Area of bed(s) (square feet): Click to enter text.

Soil classification: Click to enter text.

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

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

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

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

Item 1. Edwards Aquifer (Instructions, Page 76)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Item 2. Administrative Information (Instructions, Page 76)

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

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

☐ Yes ☐ No

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

c. Provide the legal name of the owner of the SADDS: Click to enter text.

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

☐ Yes ☐ No

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

e. Provide the legal name of the owner of the land where the SADDS is located: Click to enter text.

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

☐ Yes ☐ No

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

Item 3. SADDS (Instructions, Page 77)

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

☐ Subsurface drip/trickle irrigation

☐ Surface drip irrigation

☐ Other: Click to enter text.

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

c. Provide the following information on the SADDS:

Application area (acres): Click to enter text.

Soil infiltration rate (inches/hour): Click to enter text.

Average slope of the application area: Click to enter text.

Maximum slope of the application area: Click to enter text.

Storage volume (gallons): Click to enter text.

Major soil series: Click to enter text.

Depth to groundwater (feet): Click to enter text.

Effluent conductivity (mmhos/cm): Click to enter text.

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

- Hydraulic application rate (gal/square foot/day): Click to enter text.
- Nitrogen application rate (gal/square foot/day): Click to enter text.

g. Provide the following dosing information:

Number of doses per day: Click to enter text.

Dosing duration per area (hours): Click to enter text.

Rest period between doses (hours): Click to enter text.

Dosing amount per area (inches/day): Click to enter text.

Number of zones: Click to enter text.

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

☐ Yes ☐ No

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

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

  Attachment: Click to enter text.

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

  Attachment: Click to enter text.

Item 4. Required Plans (Instructions, Page 78)

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

Attachment: Click to enter text.

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

Attachment: Click to enter text.

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

Attachment: Click to enter text.

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

Attachment: Click to enter text.

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

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

☐ Yes ☐ No

Source: Click to enter text.

If **yes**, describe how the site will be protected from inundation: Click to enter text.

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

☐ Yes ☐ No

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

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

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

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

☐ Yes ☐ No

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

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: Long Draw

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

☐ Lake or Pond

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

☐ Man-Made Channel or Ditch

☒ Stream or Creek

☐ Freshwater Swamp or Marsh

☐ Tidal Stream, Bayou, or Marsh

☐ Open Bay

☐ Other, specify:

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

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

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

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

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

☐ Perennial (normally flowing)

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

☐ USGS flow records

☐ personal observation

☒ historical observation by adjacent landowner(s)

☐ other, specify: Click to enter text.

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

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

☐ Yes ☒ No

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

f. General observations of the water body during normal dry weather conditions: Dry creek bed

Date and time of observation: 4:00 PM 03/15/2025

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

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

☐ livestock watering
☐ non-contact recreation
☐ domestic water supply
☐ contact recreation
☐ fishing
☐ industrial water supply
☐ irrigation withdrawal
☐ navigation
☐ picnic/park activities
☒ other, specify: No known water use

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

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

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

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

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION
WORKSHEET 4.1: WATERBODY PHYSICAL CHARACTERISTICS

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

Complete the transects downstream of the existing or proposed discharges.

Item 1. Data Collection (Instructions, Page 82)

a. Date of study: Click to enter text. Time of study: Click to enter text.

Waterbody name: Click to enter text.

General location: Click to enter text.

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

☐ perennial ☐ intermittent with perennial pools ☐ impoundment

c. No. of defined stream bends:

Well: Click to enter text. Moderately: Click to enter text. Poorly: Click to enter text.

d. No. of riffles: Click to enter text.

e. Evidence of flow fluctuations (check one):

☐ Minor ☐ Moderate ☐ Severe

f. Provide the observed stream uses and where there is evidence of channel obstructions/modifications: Click to enter text.

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

Stream Transect Data

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

* riffle, run, glide, or pool

** channel bed to water surface

Item 2. Summarize Measurements (Instructions, Page 83)

Provide the following information regarding the transect measurements:

Streambed slope of entire reach (from USGS map in ft. /ft.): Click to enter text.

Approximate drainage area above the most downstream transect from USGS map or county highway map (square miles): Click to enter text.

Length of stream evaluated (ft): Click to enter text.

Number of lateral transects made: Click to enter text.

Average stream width (ft): Click to enter text.

Average stream depth (ft): Click to enter text.

Average stream velocity (ft/sec): Click to enter text.

Instantaneous stream flow (ft^3/sec): Click to enter text.

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

Flow fluctuations (i.e., minor, moderate, or severe): Click to enter text.

Size of pools (i.e., large, small, moderate, or none): Click to enter text.

Maximum pool depth (ft): Click to enter text.

Total number of stream bends: Click to enter text.

Number well defined: Click to enter text.

Number moderately defined: Click to enter text.

Number poorly defined: Click to enter text.

Total number of riffles: Click to enter text.

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

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Permitted landfill

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

☐ Registered land application site, attach Form TCEQ-00565

☐ Processed by the permittee, attach Form TCEQ-00744

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

☐ Transported to another WWTP

☐ Beneficial land application, attach Form TCEQ-10451

☐ Incineration, attach Form TCEQ-00744

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

Attachment: Click to enter text.

b. Provide the following information for each disposal site:

Disposal site name: Click to enter text.

TCEQ Permit/Registration Number: Click to enter text.

County where disposal site is located: Click to enter text.

c. Method of sewage sludge transportation:

☐ truck ☐ train ☐ pipe ☐ other: Click to enter text.

TCEQ Hauler Registration Number: Click to enter text.

d. Sludge is transported as a:

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

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

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

Attachment: Click to enter text.

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

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

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

☐ Processed by the permittee, attach Form TCEQ-00744

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

☐ Beneficial land application, attach Form TCEQ-10451

☐ Incineration, attach Form TCEQ-00744

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

Attachment: Click to enter text.

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION
WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

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

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

Item 1. All POTWs (Instructions, Page 86)

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

Industrial User Information

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

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

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

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

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

Effluent Parameters Measured Above the MAL

Pollutant	Concentration	MAL	Units	Date

Attachment: Click to enter text.

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

☐ Yes ☐ No

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

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

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

a. Mr. or Ms.: None First/Last Name: Click to enter text.

Organization Name: Click to enter text. SIC Code: Click to enter text.

Phone number: Click to enter text. Email address: Click to enter text.

Physical Address: Click to enter text. City/State/ZIP Code: Click to enter text.

Attachment: Click to enter text.

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

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

d. Flow rate information

Flow Rate Information

Effluent Type	Discharge Day (gallons per day)	Discharge Frequency (Continuous, batch, or intermittent)
Process Wastewater	0	0
Non-process Wastewater	0	0

e. Pretreatment Standards

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

   ☐ Yes ☒ No

2. Is the SIU subject to categorical pretreatment standards?

   ☐ Yes ☒ No

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

SIUs Subject to Categorical Pretreatment Standards

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

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

   ☐ Yes ☒ No

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 7.0: STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

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

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

Item 1. Applicability (Instructions, Page 89)

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

☐ Yes ☐ No

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

Item 2. Stormwater Coverage (Instructions, Page 89)

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

Authorization Coverage

Outfall	Authorization under MSGP	Authorized Under Individual Permit
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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

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

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

Item 3. Site Map (Instructions, Page 90)

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

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

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

Attachment: Click to enter text.

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

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

Impervious Surfaces

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)

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

Wettest month: Click to enter text.

Average rainfall for wettest month (total inches): Click to enter text.

25-year, 24-hour rainfall (inches): Click to enter text.

Source: Click to enter text.

c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:** Click to enter text.

d. Attach narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff (see instructions for guidance). **Attachment:** Click to enter text.

e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility: Click to enter text.

Item 5. Pollutant Analysis (Instructions, Page 91)

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

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

c. Complete Table 17 as directed on page 92 of the Instructions.

Table 17 for Outfall No.: Click to enter text.

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
pH (standard units)	(max)	—	(min)	—		—
Total suspended solids						—
Chemical oxygen demand						—
Total organic carbon						—
Oil and grease						—
Arsenic, total						0.0005
Barium, total						0.003
Cadmium, total						0.001
Chromium, total						0.003
Chromium, trivalent						—
Chromium, hexavalent						0.003
Copper, total						0.002

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
Lead, total						0.0005
Mercury, total						0.000005
Nickel, total						0.002
Selenium, total						0.005
Silver, total						0.0005
Zinc, total						0.005

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

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

Table 18 for Outfall No.: Click to enter text.

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

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

Attachment: Click to enter text.

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

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

Date of storm event: Click to enter text.

Duration of storm event (minutes): Click to enter text.

Total rainfall during storm event (inches): Click to enter text.

Number of hours the between beginning of the storm measured and the end of the previous measurable storm event (hours): Click to enter text.

Maximum flow rate during rain event (gallons/minute): Click to enter text.

Total stormwater flow from rain event (gallons): Click to enter text.

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION
WORKSHEET 8.0: AQUACULTURE

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

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

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

Production Pond Descriptions

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

Total surface area of all ponds: Click to enter text.

Raceway Descriptions

Number of Raceways	Dimensions (include units)

Fabricated Tank Descriptions

Number of Tanks	Dimensions (include units)

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

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

Item 2. Species Identification (Instructions, Page 95)

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

Stock Species Information

Species	Source of Stock	Origin of Stock	Disease Status	Authorizations

Attachment: Click to enter text.

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

Attach a detailed stock management plan: Click to enter text.

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

Attach a detailed description of the discharge practices and water treatment process(es): Click to enter text.

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

Attach a description of the solid waste-disposal practices: Click to enter text.

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

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

WORKSHEET 9.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

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

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

Item 1. General Information (Instructions Page 99)

1. **TCEQ Program Area**

   Program Area (PST, VCP, IHW, etc.): Click to enter text.

   Program ID: Click to enter text.

   Contact Name: Click to enter text.

   Phone Number: Click to enter text.

2. **Agent/Consultant Contact Information**

   Contact Name: Click to enter text.

   Address: Click to enter text.

   City, State, and Zip Code: Click to enter text.

   Phone Number: Click to enter text.

3. **Owner/Operator Contact Information**

   ☐ Owner ☐ Operator

   Owner/Operator Name: Click to enter text.

   Contact Name: Click to enter text.

   Address: Click to enter text.

   City, State, and Zip Code: Click to enter text.

   Phone Number: Click to enter text.

4. **Facility Contact Information**

   Facility Name: Click to enter text.

   Address: Click to enter text.

   City, State, and Zip Code: Click to enter text.

   Location description (if no address is available): Click to enter text.

   Facility Contact Person: Click to enter text.

   Phone Number: Click to enter text.

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

   Latitude: Click to enter text.

   Longitude: Click to enter text.

   Method of determination (GPS, TOPO, etc.): Click to enter text.

   Attach topographic quadrangle map as attachment A.

6. **Well Information**

   Type of Well Construction, select one:

   - ☐ Vertical Injection
   - ☐ Subsurface Fluid Distribution System
   - ☐ Infiltration Gallery
   - ☐ Temporary Injection Points
   - ☐ Other, Specify: Click to enter text.

   Number of Injection Wells: Click to enter text.

7. **Purpose**

   Detailed Description regarding purpose of Injection System:

Click to enter text.

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

8. **Water Well Driller/Installer**

   Water Well Driller/Installer Name: Click to enter text.

   City, State, and Zip Code: Click to enter text.

   Phone Number: Click to enter text.

   License Number: Click to enter text.

Item 2. Proposed Down Hole Design

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

Down Hole Design Table

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

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

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

System(s) Dimensions: Click to enter text.

System(s) Construction: Click to enter text.

Item 4. Site Hydrogeological and Injection Zone Data

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

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

   Name: Click to enter text.

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

Item 5. Site History

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

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

Item 6. CLASS V INJECTION WELL DESIGNATIONS

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

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

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

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

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

5F01 Agricultural Drainage (IW that receive agricultural runoff)

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

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

5W09 Untreated Sewage

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

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

5W12 WTTP disposal

5W20 Industrial Process Waste-disposal Wells

5W31 Septic System (Well Disposal method)

5W32 Septic System Drainfield Disposal

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

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

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

5X27 Other Wells

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

5X29 Abandoned Drinking Water Wells (waste disposal)

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

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

Item 1. Exclusions (Instructions, Page 100)

a. Is this a municipal solid waste facility?

☐ Yes ☐ No

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

☐ Yes ☐ No

c. Is this a coal mine?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

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

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

Item 3. Additional Requirements (Instructions, Page 101)

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

a. Attach a Restoration Plan: Click to enter text.

b. Amount of Financial Assurance for Restoration: $ Click to enter text.

Mechanism: Click to enter text.

c. Attach a Technical Demonstration: Click to enter text.

d. Attach a Reclamation Plan: Click to enter text.

e. Amount of Financial Assurance for Reclamation: $ Click to enter text.

Mechanism: Click to enter text.

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 11.0: COOLING WATER SYSTEM INFORMATION

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

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

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

Cooling Water System Data

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

b. Attach the following information:

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

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

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

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

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

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

Attachment: Click to enter text.

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

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

Cooling Water Intake Structure(s) Data

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

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

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

2. Engineering calculations for each CWIS.

Attachment: Click to enter text.

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

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

Source Waterbody Data

CWIS ID				
Source Waterbody				
Mean Annual Flow				
Source				

b. Attach the following information regarding the source waterbody.

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

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

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

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

Attachment: Click to enter text.

Item 4. Operational Status (Instructions, Page 106)

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

☐ Yes ☐ No

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

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

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

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

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

Attachment: Click to enter text.

b. Process Units

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

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

Attachment: Click to enter text.

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

d. Is this an application for a manufacturing facility?

☐ Yes ☐ No

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

Attachment: Click to enter text.

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 11.1: IMPINGEMENT MORTALITY

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

CWIS ID: Click to enter text.

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

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

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

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

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

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

a. CCRS [*40 CFR § 125.94(c)(1)*]

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

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

   ☐ Yes ☐ No

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

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

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

Attachment: Click to enter text.

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

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

☐ Yes ☐ No

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

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

Average COCs Prior to Blowdown

Cooling Tower ID				
COCs				

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

Calculated COCs Prior to Blowdown

Cooling Tower ID				
COCs				

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

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

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

Attachment: Click to enter text.

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

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

1. A description of the modified traveling screens and associated equipment.
2. A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods
3. Biological sampling data from the previous two years (a minimum of 24 months).

Attachment: Click to enter text.

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

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

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

achieve compliance with the impingement mortality standard.

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

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

Attachment: Click to enter text.

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

Provide the following information and proceed to Worksheet 11.2.

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

   Attachment: Click to enter text.

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

   Attachment: Click to enter text.

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

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

Attachment: Click to enter text.

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 11.2: SOURCE WATER BIOLOGICAL DATA

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

Name of source waterbody: Click to enter text.

Item 1. Species Management (Instructions, Page 109)

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

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

☐ True ☐ False

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

New Facilities (Phase I, Track I and II)

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

Existing Facilities (Phase II)

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

Attachment: Click to enter text.

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

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

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

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

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

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

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

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

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 11.3: ENTRAINMENT

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

CWIS ID: Click to enter text.

Item 1. Applicability (Instructions, Page 111)

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

☐ Yes ☐ No

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

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

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

Attachment: Click to enter text.

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

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

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

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

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

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

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

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

Item 1. Operational Information (Instructions, Page 112)

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

☐ Yes ☐ No

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

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

Click to enter text.

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

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

Click to enter text.

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

Click to enter text.

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

Wastestreams Generated

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

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

Click to enter text.

Attachment: Click to enter text.

e. Provide information on miscellaneous discharges.

Click to enter text.

Attachment: Click to enter text.

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

Chemicals List

Category	Chemical Name	Concentration (include units)	Purpose

Attachment: Click to enter text.

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

Water Treatment Chemicals List

Category	Chemical Name	Concentration (include units)	Purpose

Attachment: Click to enter text.

Item 3. Pollutant Analysis (Instructions, Page 113)

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

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

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

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

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

Table 19 for Outfall No.: Click to enter text. **Samples are (check one):** ☐ **Composite** ☐ **Grab**

Pollutant	**Sample 1 (mg/L)***	**Sample 2 (mg/L)***	**Sample 3 (mg/L)***	**Sample 4 (mg/L)***
Calcium				
Potassium				
Sodium				

*Indicate units if different from mg/L.

Study Butte WSC WTP

WQ0004968000

ORIGINAL

Attachment #1
Core Data Form, SPIFF, PLF

Prepared By:

JACOB MARTIN

info@jacobmartin.com
www.jacobmartin.com

3465 Curry Lane
Abilene, TX 79606
325.695.1070

1508 Santa Fe, Suite 203
Weatherford, TX 76086
817.594.9880

1014 Broadway
Lubbock, TX 79401
806.368.6375

TBPE Firm #: 2448
TBAE Firm #: BR 2261
TBPLS Firm #: 10194493

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

☐ Other

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number *(if issued)*
CN 600651301		RN 104707252

SECTION II: Customer Information

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

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

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

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

STUDY BUTTE WATER SUPPLY CORPORATION

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
0108469001	30011075212	75-2348406	120719906

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

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

13. Independently Owned and Operated?
☒ Yes ☐ No

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

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

15. Mailing Address:							
	P.O. Box 148						
	City	Terlingua	State	TX	ZIP	79852	ZIP + 4

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*
	sbwateroffice@bigbend.net

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(432) 371-2933		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

Terlingua Water Treatment Plant

23. Street Address of the Regulated Entity: ***(No PO Boxes)***								
	#20 Ghost Town Rd							
	City	Terlingua	**State**	TX	**ZIP**	79852	**ZIP + 4**	
24. County								

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

25. Description to Physical Location:					
26. Nearest City			**State**		**Nearest ZIP Code**
Terlingua			TX		79852

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

27. Latitude (N) In Decimal:	29.323888		**28. Longitude (W) In Decimal:**	-103.620000	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
4941		221310	

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

Treating and distributing drinking water

34. Mailing Address:								
	PO Box 148							
	City	**Terlingua**	**State**	**TX**	**ZIP**	**79852**	**ZIP + 4**	
35. E-Mail Address:	**sbwateroffice@bigbend.net**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(432) 371-2933		( ) -

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

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

SECTION IV: Preparer Information

40. Name:	Sarah Fernandez		**41. Title:**	Environmental Coordinator
42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**	
(325) 695-1070		( ) -	sfernandez@jacobmartin.com	

SECTION V: Authorized Signature

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

Company:	Study Butte WSC	**Job Title:**	Board of Directors President
Name *(In Print):*	William Gillis	**Phone:**	(432) 371- 2933
Signature:	William Gillis	**Date:**	4/14/25

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: Study Butte Water Supply Corporation (WSC)

   Permit No. WQ00 4968000 EPA ID No. TX 0133183

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

   Site located 4,000' NW of the intersection of Ghost Town Rd and Ranch Rd 170 in Brewster County, TX 79852

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: Gilles, William

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Board President

Mailing Address: P.O. Box 148

City, State, Zip Code: Terlingua, TX 79852

Phone No.: 432-371-2933 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: sbwateroffice@bigbend.net

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

N/A

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

To the Long Draw; thence to Terlingua Creek; thence to Rio Grande above Amistad Reservoir in Segment No. 2306 of the Rio Grande Basin

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

Click here to enter text.

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

Very dry desert region; little to no vegetation or land use.

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:

Click here to enter text.

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

Click here to enter text.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

Industrial Wastewater TPDES Application (ENGLISH)

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

Study Butte WSC (CN600651301) operates the STUDY BUTTE WSC WTP (RN104707252), a reverse osmosis facility that provides treatment of well water for a public water supply (SIC 4941) The facility is located at located at 20 Ghost Town Road, west of the City of Terlingua, in Brewster County, Texas 79852 to The Long Draw, thence to Terlingua Creek, thence to Rio Grande Above Amistad Reservoir in Segment No. 2306 of the Rio Grande Basin.

This application is for a renewal to discharge 20,000,000 gallons per day not to exceed 40,000,000 gallons. The pollutants expected from these discharges based on 40 CFR Part 423 are: free available chlorine, total residual chlorine, total suspended solids, oil and grease, total iron, total copper, and pH. Temperature is also expected from these discharges. Additional potential pollutants are included in the Industrial Wastewater Application Technical Report, Worksheet 2.0.

Effluent monitoring samples must be taken at the following location: at Outfall 001, at the sampling port located at the water treatment plant prior to routing water treatment waste to the wastewater storage tank. the STUDY BUTTE WSC WTP, TPDES Permit No. WQ0004968000, for treatment and disposal.

JACOB MARTIN

INTEGRITY
EXCELLENCE
TRUST

Study Butte WSC WTP

WQ0004968000

ORIGINAL

Attachment #2
USGS Maps, SPIF

info@jacobmartin.com
www.jacobmartin.com

3465 Curry Lane
Abilene, TX 79606
325.695.1070

1508 Santa Fe, Suite 203
Weatherford, TX 76086
817.594.9880

1014 Broadway
Lubbock, TX 79401
806.368.6375

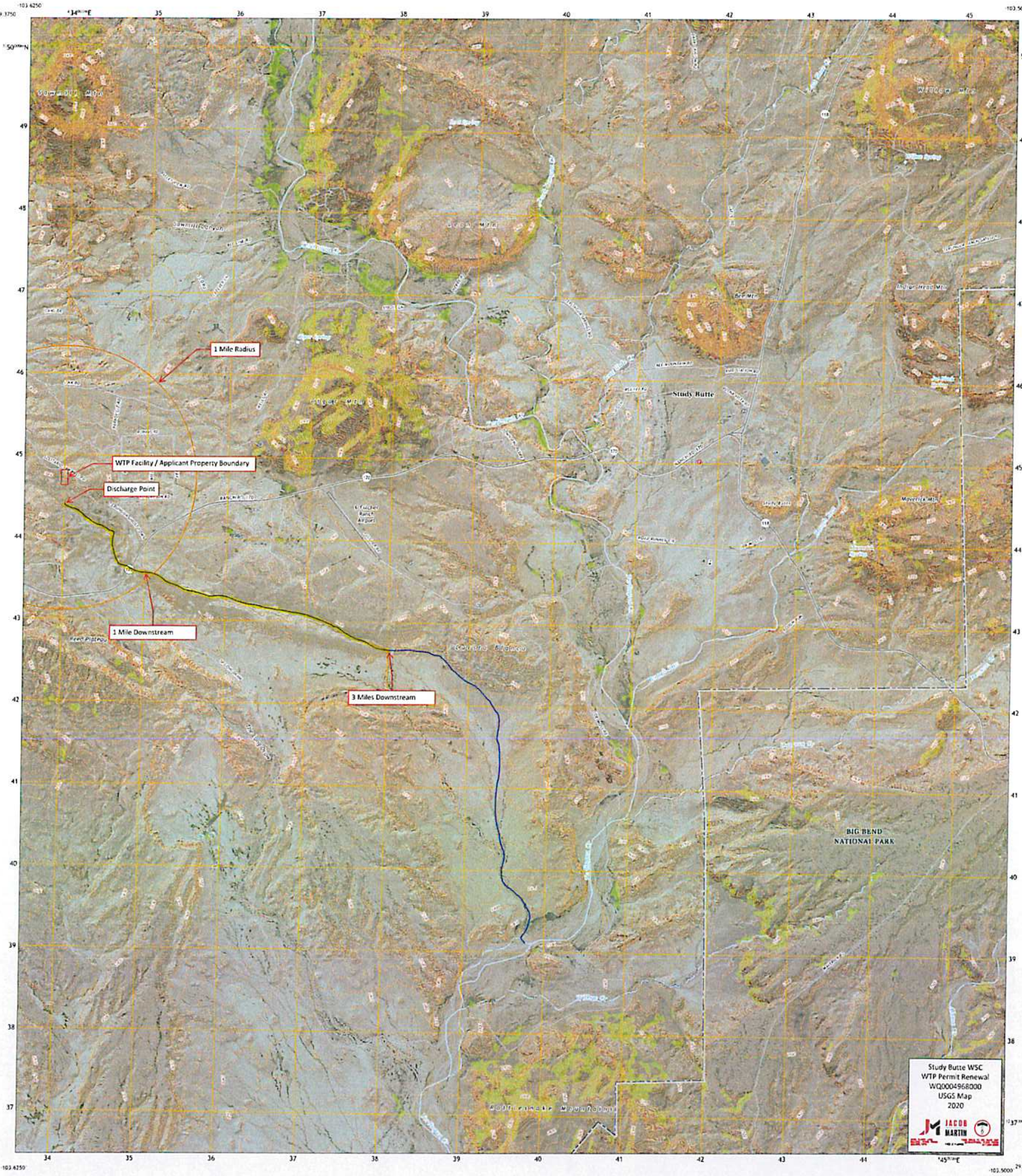
TBPE Firm #: 2448
TBAE Firm #: BR 2261
TBPLS Firm #: 10194493

USGS science for a changing world

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

The National Map
US Topo

TERLINGUA QUADRANGLE
TEXAS - BREWSTER COUNTY
7.5-MINUTE SERIES



Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and 1 000-meter grid: Universal Transverse Mercator, Zone 13R

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, October 2016 - November 2016
Roads ... U.S. Census Bureau, 2015 - 2018
Names ... GNIS, 1979 - 2018
Hydrography ... National Hydrography Dataset, 2003 - 2018
Contours ... National Elevation Dataset, 2006
Boundaries ... Multiple sources; see metadata file 2016 - 2017
Wetlands ... FWS National Wetlands Inventory 1986

UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

SCALE 1:24 000

CONTOUR INTERVAL 20 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.18

ROAD CLASSIFICATION

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

1 Yellow Hill
2 Hen Egg Mountain
3 Christmas Mountains
4 Amarilla Mountain
5 Tule Mountain
6 Mesa De Anguila
7 Castolon
8 Cerro Castellan

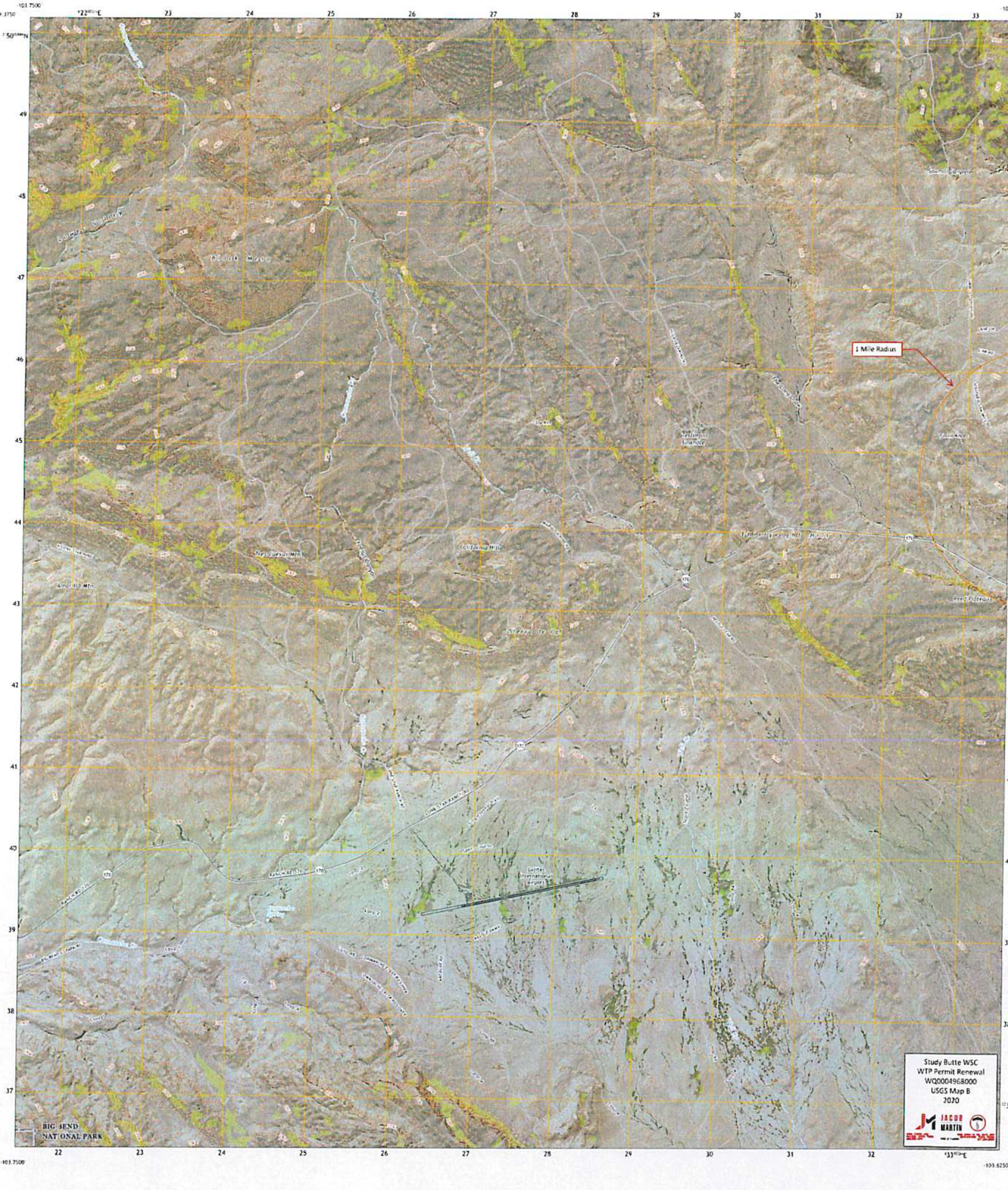
ADJOINING QUADRANGLES

TERLINGUA, TX
2019

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

The National Map
US Topo

AMARILLA MOUNTAIN QUADRANGLE
TEXAS - BREWSTER COUNTY
7.5-MINUTE SERIES



Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and 1 000-meter grid: Universal Transverse Mercator, Zone 13R

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.

SCALE 1:24 000

CONTOUR INTERVAL 40 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.18

ROAD CLASSIFICATION

ADJOINING QUADRANGLES

1 The Solitario
2 Yellow Hill
3 Hen Egg Mountain
4 Lajitas
5 Terlingua
6 Lajitas OE S
7 Mesa De Anguila
8 Castolon

AMARILLA MOUNTAIN, TX

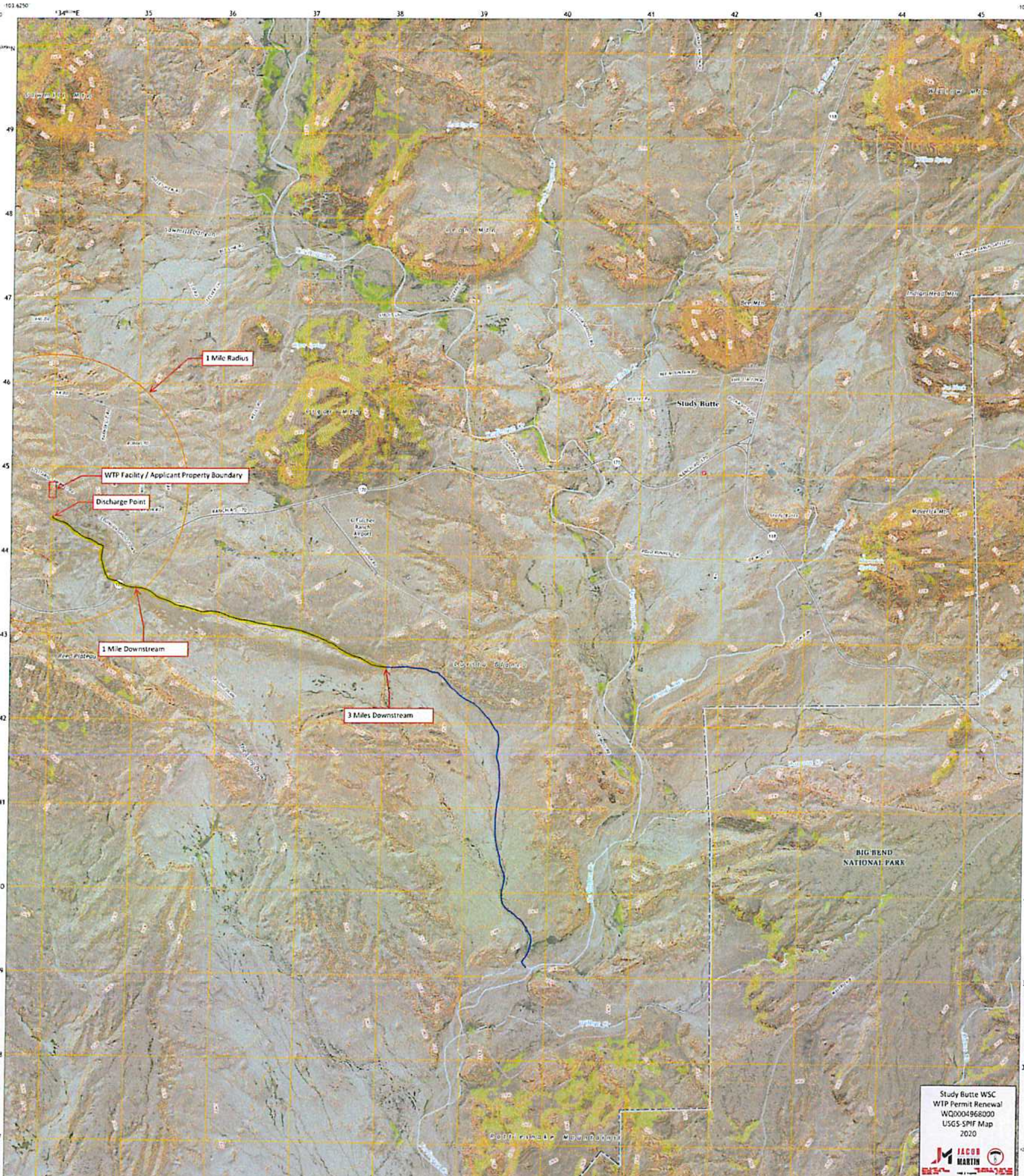
2019

USGS *science for a changing world*

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

The National Map
US Topo

TERLINGUA QUADRANGLE
TEXAS - BREWSTER COUNTY
7.5-MINUTE SERIES



Produced by the United States Geological Survey

SCALE 1:24 000

CONTOUR INTERVAL 20 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

ROAD CLASSIFICATION

TERLINGUA, TX
2019

JACOB MARTIN

INTEGRITY
EXCELLENCE
TRUST

Study Butte WSC WTP

WQ0004968000

Attachment #3
Site Diagram

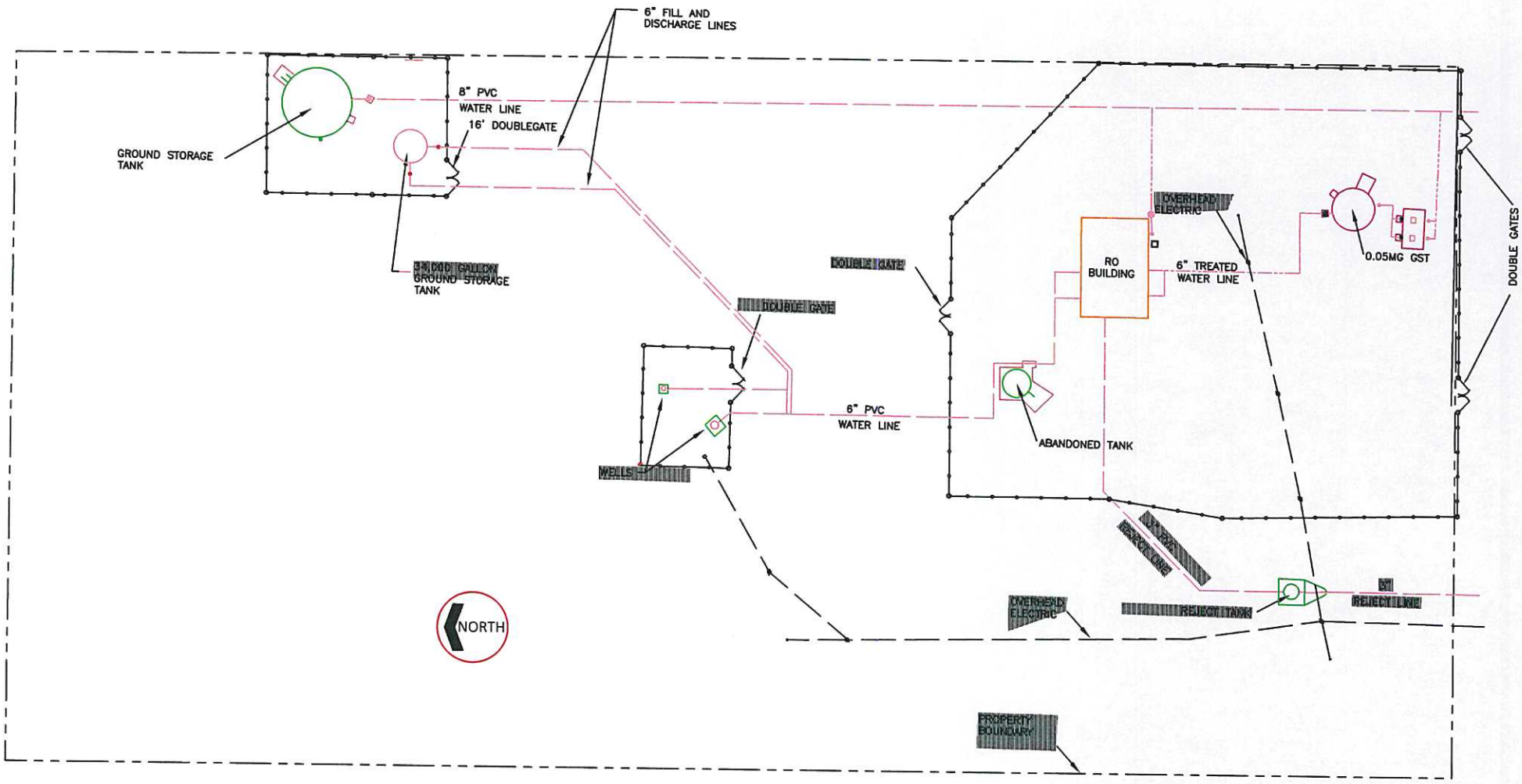
info@jacobmartin.com
www.jacobmartin.com

3465 Curry Lane
Abilene, TX 79606
325.695.1070

1508 Santa Fe, Suite 203
Weatherford, TX 76086
817.594.9880

1014 Broadway
Lubbock, TX 79401
806.368.6375

TBPE Firm #: 2448
TBAE Firm #: BR 2261
TBPLS Firm #: 10194493



Study Butte WSC
WTP Permit Renewal
WQ0004968000
Facility Map
2020

JACOB | MARTIN
FIRM# - F2448

JACOB MARTIN

INTEGRITY
EXCELLENCE
TRUST

Study Butte WSC WTP

WQ0004968000

Attachment #4
Flow Diagram

info@jacobmartin.com
www.jacobmartin.com

3465 Curry Lane
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325.695.1070

1508 Santa Fe, Suite 203
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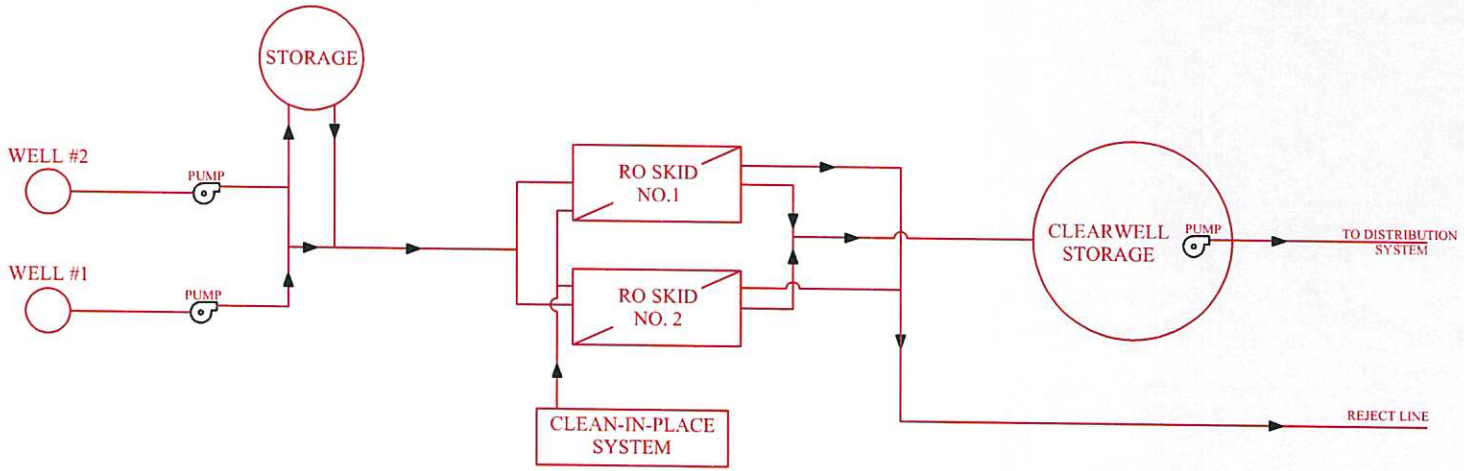
817.594.9880

1014 Broadway
Lubbock, TX 79401
806.368.6375

TBPE Firm #: 2448
TBAE Firm #: BR 2261
TBPLS Firm #: 10194493



Study Butte WSC
WTP Permit Renewal
WQ0004968000
Flow Diagram
2020

JACOB | MARTIN
FIRM# - F2448

JACOB MARTIN

INTEGRITY
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Study Butte WSC WTP

WQ0004968000

Attachment #5
FEMA Map

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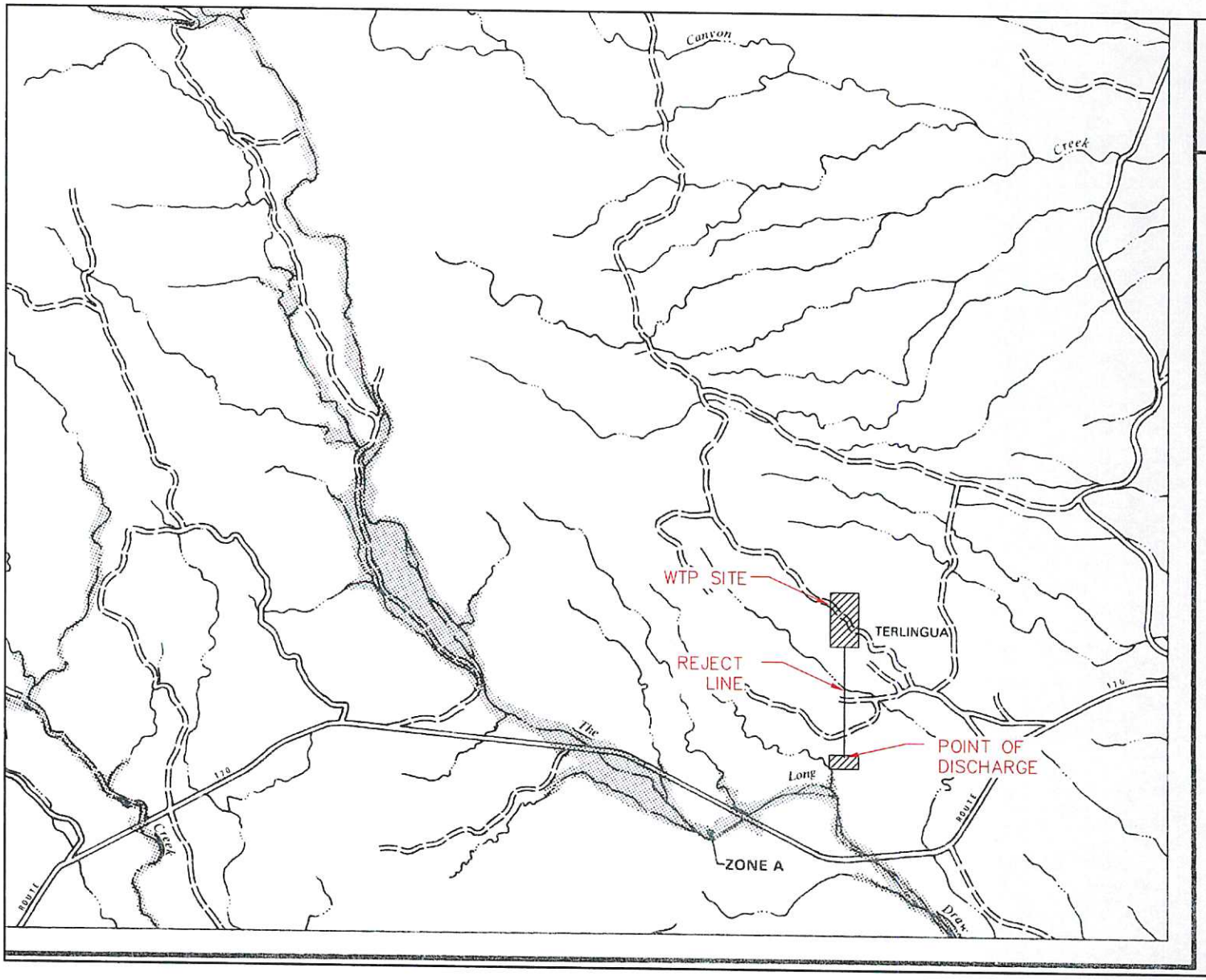
www.jacobmartin.com

3465 Curry Lane
Abilene, TX 79606
325.695.1070

1508 Santa Fe, Suite 203
Weatherford, TX 76086
817.594.9880

1014 Broadway
Lubbock, TX 79401
806.368.6375

TBPE Firm #: 2448
TBAE Firm #: BR 2261
TBPLS Firm #: 10194493



APPROXIMATE SCALE
2000 0 2000 FEET

NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

BREWSTER COUNTY, TEXAS
UNINCORPORATED AREA

PANEL 1275 OF 1625
(SEE MAP INDEX FOR PANELS NOT PRINTED)

COMMUNITY-PANEL NUMBER
480084 1275 B

EFFECTIVE DATE:
OCTOBER 15, 1985

Federal Emergency Management Agency

Study Butte WSC
WTP Permit Renewal
WQ0004968000
Flood Map
2020

2025 JACOB | MARTIN
FIRM# - F2448

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

JACOB MARTIN

INTEGRITY
EXCELLENCE
TRUST

Study Butte WSC WTP

WQ0004968000

Attachment #6
Lab Results

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3465 Curry Lane
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817.594.9880

1014 Broadway
Lubbock, TX 79401
806.368.6375

TBPE Firm #: 2448
TBAE Firm #: BR 2261
TBPLS Firm #: 10194493

Eurofins Midland
1211 W. Florida Ave
Midland, TX 79701
Phone: 432-704-5440

Chain of Custody Record

880-56304 Chain of Custody

Page 2 of 2

Client Information	Sampler:	Lab PM: Taylor, Holly	Carrier Tra
Client Contact: Jorge Garcia	Phone:	E-Mail: Holly.Taylor@et.eurofinsus.com	State of Ori

Company: Study Butte WSC	PWSID:	Job #:
Address: PO BOX 148	Due Date Requested:	Analysis Requested
City: Terlingua	TAT Requested (days):	
State, Zip: TX, 79852	Compliance Project: Δ Yes Δ No	
Phone: 432-371-2913(Tel)	PO #: Purchase Order not required	
Email: sbwaterops@bigbend.net	WO #:	
Project Name: WW Permit Testing	Project #: 88000762	
Site:	SSOW#:	

Sample Identification	Sample Date	Sample Time	Sample Type (C=Comp, G=grab)	Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	1664B_NP - Oil & Grease	218A - Hexavalent Chromium	CBOD	Total Number of containers	Special Instructions/Note:
			Preservation Code:		X	X	A	N	X	
EFFLUENT # 18 FOR CBOD	4/01/25	06:55	G	Water						

Preservation Codes:
A - HCL
N - None
Other:

Possible Hazard Identification	Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)
☐ Non-Hazard ☐ Flammable ☐ Skin Irritant ☐ Poison B ☐ Unknown ☐ Radiological	☐ Return To Client ☐ Disposal By Lab ☐ Archive For ____ Months
Deliverable Requested: I, II, III, IV, Other (specify)	Special Instructions/QC Requirements:

Empty Kit Relinquished by:	Date:	Time:	Method of Shipment: FedEx 4hr

Relinquished by	Date/Time	Company	Received by	Date/Time	Company
[signature]	4/01/25 13:14		[signature]	4/1/25 13:14	
Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company

Custody Seals Intact: Δ Yes Δ No	Custody Seal No.:	Cooler Temperature(s) °C and Other Remarks: 3.4/3.3 IR-8 (-0.1)

Ver: 10/10/2024

eurofins | Environment Testing Xenco

Chain of Custody

Houston, TX (281) 240-4200, Dallas, TX (214) 902-0300
Midland, TX (432) 704-5440, San Antonio, TX (210) 509-3334
EL Paso, TX (915) 585-3443, Lubbock, TX (806) 794-1296
Hobbs, NM (575) 392-7550, Carlsbad, NM (575) 988-3199

880-56305 Chain of Custody

Project Manager:	JORGE L. GARCIA	Bill to: (if different)	
Company Name:	STUDY BUTTE WATER SUPPLY	Company Name:	
Address:	P.O BOX 148	Address:	
City, State ZIP:	TERLINGUA TX 79852	City, State ZIP:	
Phone:	432 371 2913	Email:	sbwaterops@bigbend.net

Work Order Comments

Program: UST/PST ☐ PRP ☐ Brownfields ☐ RRC ☐ Superfund ☐
State of Project:
Reporting: Level II ☐ Level III ☐ PST/UST ☐ TRRP ☐ Level IV ☐
Deliverables: EDD ☐ ADaPT ☐ Other:

Project Name:		Turn Around	☑ Routine ☐ Rush
Project Number:		Pres. Code	
Project Location:		Due Date:	
Sampler's Name:	JORGE L. GARCIA	TAT starts the day received by the lab, if received by 4:30pm	
PO #:			

SAMPLE RECEIPT

Temp Blank:	Yes (No)	Wet Ice:	(Yes) No
Samples Received Intact:	(Yes) No	Thermometer ID:	IR-8
Cooler Custody Seals:	Yes No (N/A)	Correction Factor:	-0.1
Sample Custody Seals:	Yes No (N/A)	Temperature Reading:	4.8
Total Containers:	3	Corrected Temperature:	4.7

ANALYSIS REQUEST (Parameters)

Sample Identification	Matrix	Date Sampled	Time Sampled	Depth	Grab/Comp	# of Cont	Radium 226 By EPA 903.1	Radium 228 By EPA 904.1	Uranium By EPA 200.8	Sample Comments
RO#2 EFFLUENT	W	4/01/25 4/01/25	06:50			3	✓	✓	✓	

Preservative Codes

None: NO — DI Water: H_2O
Cool: Cool — MeOH: Me
HCL: HC — HNO_3: HN
H_2SO_4: H_2 — NaOH: Na
H_3PO_4: HP
$NaHSO_4$: NABIS
$Na_2S_2O_3$: $NaSO_3$
Zn Acetate+NaOH: Zn
NaOH+Ascorbic Acid: SAPC

Total 200.7 / 6010 200.8 / 6020: 8RCRA 13PPM Texas 11 Al Sb As Ba Be B Cd Ca Cr Co Cu Fe Pb Mg Mn Mo Ni K Se Ag SiO_2 Na Sr Tl Sn U V Zn

Circle Method(s) and Metal(s) to be analyzed TCLP / SPLP 6010 : 8RCRA Sb As Ba Be Cd Cr Co Cu Pb Mn Mo Ni Se Ag Tl U Hg: 1631 / 245.1 / 7470 / 7471

Relinquished by: (Signature)	Received by: (Signature)	Date/Time	Relinquished by: (Signature)	Received by: (Signature)	Date/Time
1 [signature]	[signature]	4/01/25 13:14	2		
3			4		
5			6		

eurofins | Environment Testing

Invoice No.	8800054554	**Invoice Date**	April 08, 2025
Terms	Net 30 days	**Federal Tax ID**	84-4494460
Remit to	Eurofins Environment Testing South Central LLC dba Eurofins Xenco PO Box 3895 Carol Stream, IL 60132		
Wire	Citibank ABA: 031100209 Acct# 31485573 SWIFT Code: CITIUS33		
ACH	Citibank ABA: 031100209 Acct# 31485573 SWIFT Code: CITIUS33		

Bill to:

Study Butte WSC
Attn: Accounts Payable
P.O. Box 148
Terlingua, TX 79852

Ship to:

Study Butte WSC
PO BOX 148
Terlingua, TX 79852

P.O. Number	W.O. Number	Contract Number	Work Ordered by
Purchase Order not required			Jorge Garcia
Job Description	**Site Name**	**SDG Number**	**Invoice Contact**
See below			Jorge Garcia

Job No.	Job Description / Method/Test Description	Receipt Date	Quantity	Unit Price	Amount
J55835-1	**WW Permit Testing**	03/20/2025			
	1664B - Oil & Grease		1.00	67.00	67.00
	200.7 Rev 4.4 - Total Recoverable Custom List		1.00	13.50	13.50
	200.7 - Preparation, Total Recoverable Metals		1.00	13.50	13.50
	SM 2320B - Alkalinity		1.00	37.00	37.00
	245.1 - Mercury		1.00	27.00	27.00
	SM 2540C - Solids, Total Dissolved (TDS)		1.00	28.00	28.00
	300.0 - Cl. F. SO4		1.00	87.00	87.00
	300.0 - NO3, NO2		1.00	62.00	62.00
	350.1 - Ammonia		1.00	31.00	31.00
	SM 3500 CR B - Chromium, Trivalent		1.00	10.00	10.00
	351.2 - Total Kjeldahl Nitrogen (TKN)		1.00	56.00	56.00
	365.1 - Phosphorus, Total		1.00	40.00	40.00
	SM 4500 Cl G - Chlorine, Residual		1.00	29.00	29.00
	SM 5310C - Total Organic Carbon (TOC)		1.00	40.00	40.00
	624.1 - TTHM		1.00	88.00	88.00
	9040C - pH		1.00	15.00	15.00
	8000 - COD		1.00	33.00	33.00
	Kelada 01 - Cyanide, Total, Acid Dissociable and Thiocyanate		1.00	46.00	46.00
	Nitrogen,Org - Nitrogen, Organic		1.00	15.00	15.00
	SM 4500 CN G - Amenable Cyanide		1.00	10.00	10.00
	SM 5210B - BOD, 5-Day		1.00	38.00	38.00
	7196A - Chromium, Hexavalent		1.00	40.00	40.00
	Safe and Environmentally Responsible Waste Management (per sample)		1.00	2.75	2.75

eurofins | Environment Testing

Invoice No.	8800054554	**Invoice Date**	April 08, 2025
Terms	Net 30 days	**Federal Tax ID**	84-4494460
Remit to	Eurofins Environment Testing South Central LLC dba Eurofins Xenco PO Box 3895 Carol Stream, IL 60132		
Wire	Citibank ABA: 031100209 Acct# 31485573 SWIFT Code: CITIUS33		
ACH	Citibank ABA: 031100209 Acct# 31485573 SWIFT Code: CITIUS33		

Project Number	**Client Number**	**Project Manager**	**Subtotal (USD)**	**$828.75**
88000762	5568	Holly Taylor		
Latest Sample Receipt Date	**Latest Report Date**	**Phone Number**	**Total (USD)**	**$828.75**
03/20/2025	04/08/2025	(806) 794-1296		

For proper credit, please include invoice number on all remittance.

Eurofins Midland
1211 W. Florida Ave
Midland, TX 79701
Phone: 432-704-5440

Chain of Custody Record

eurofins | Environment Testing

Client Information	Sampler:	Lab PM: Taylor, Holly	Carrier Tracking No(s):	COC No: 880-12275-1794.2
Client Contact: Jorge Garcia	Phone:	E-Mail: Holly.Taylor@et.eurofinsus.com	State of Origin:	Page:
Company: Study Butte WSC	PWSID:			
Address: PO BOX 148	Due Date Requested:			
City: Terlingua	TAT Requested (days):			
State, Zip: TX, 79852	Compliance Project: Δ Yes Δ No			
Phone: 432-371-2913(Tel)	PO #: Purchase Order not required			
Email: sbwaterops@bigbend.net	WO #:			
Project Name: WW Permit Testing	Project #: 88000762			
Site:	SSOW#:			

880-55835 Chain of Custody

Analysis Requested

Sample Identification	Sample Date	Sample Time	Sample Type (C=Comp, G=grab)	Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	Perform MS/MSD (Yes or No)	1664B_NP - Oil & Grease	7196A - Hexavalent Chromium	Total Number of containers	Special Instructions/Note:
			Preservation Code:				A	N		Other:
Effluent #1	3/20/25	06:45	G	Water						
Effluent #2	3/20/25	06:15	G	water						
Effluent #3	3/20/25	06:45	G	water						
Effluent #4	3/20/25	06:55	G	water						
Effluent #5	3/20/25	06:55	G	water						
Effluent #6	3/20/25	07:05	G	water						
Effluent #7	3/20/25	07:05	G	water						
Effluent #8	3/20/25	07:05	G	water						
Effluent #9	3/20/25	07:05	G	water						
Effluent #10	3/20/25	07:05	G	water						
Effluent #11	3/20/25	07:05	G	water						

Possible Hazard Identification
☐ Non-Hazard ☐ Flammable ☐ Skin Irritant ☐ Poison B ☐ Unknown ☐ Radiological

Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)
☐ Return To Client ☐ Disposal By Lab ☐ Archive For _____ Months

Deliverable Requested: I, II, III, IV, Other (specify)

Special Instructions/QC Requirements:

Empty Kit Relinquished by:	Date:	Time:	Method of Shipment:
Relinquished by: Jorge Garcia	Date/Time: 3/20/25 12:08	Company	Received by: Teddy Fawell Lee
Relinquished by:	Date/Time:	Company	Received by:
Relinquished by:	Date/Time:	Company	Received by:

Custody Seals Intact: Δ Yes Δ No	Custody Seal No.:	Cooler Temperature(s) °C and Other Remarks: 3.3/3.2 °C IR-8 (-0.1)

Ver: 10/10/2024

Eurofins Midland
1211 W. Florida Ave
Midland, TX 79701
Phone: 432-704-5440

Chain of Custody Record

eurofins | Environment Testing

Client Information	Sampler:	Lab PM: Taylor, Holly	Carrier Tracking No(s):	COC No: 880-12275-1794.2
Client Contact: Jorge Garcia	Phone:	E-Mail: Holly.Taylor@et.eurofinsus.com	State of Origin:	Page: Page 2 of 2
Company: Study Butte WSC	PWSID:	Analysis Requested		Job #:
Address: PO BOX 148	Due Date Requested:			Preservation Codes: A - HCL, N - None
City: Terlingua	TAT Requested (days):			
State, Zip: TX, 79852	Compliance Project: Δ Yes Δ No			
Phone: 432-371-2913(Tel)	PO #: Purchase Order not required			Other:
Email: sbwaterops@bigbend.net	WO #:			
Project Name: WW Permit Testing	Project #: 88000762			
Site:	SSOW#:			

Sample Identification	Sample Date	Sample Time	Sample Type (C=Comp, G=grab)	Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	1664B_NP - Oil & Grease	7196A - Hexavalent Chromium	See Attached	Total Number of containers	Special Instructions/Note:
			Preservation Code:		X	A	N		X	
Effluent #12	3/20/25	07:05	G	Water						
Effluent #13	3/20/25	06:45	G	water						
Effluent #14	3/20/25	06:45	G	water						
Effluent #15	3/20/25	06:45	G	water						
Effluent #16	3/20/25	06:55	G	water						
Effluent #17	3/20/25	06:55	G	water						
Effluent #18	3/20/24	06:55	G	water						

Possible Hazard Identification
☐ Non-Hazard ☐ Flammable ☐ Skin Irritant ☐ Poison B ☐ Unknown ☐ Radiological

Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)
☐ Return To Client ☐ Disposal By Lab ☐ Archive For _____ Months

Deliverable Requested: I, II, III, IV, Other (specify)

Special Instructions/QC Requirements:

Empty Kit Relinquished by:	Date:	Time:	Method of Shipment:				
Relinquished by: Jorge Garcia	Date/Time: 3/20/25 12:08	Company	Received by: Kelly Randolph Lee	Date/Time: 3/20/25 12:08	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company

Custody Seals Intact: Δ Yes Δ No | Custody Seal No.:

Cooler Temperature(s) °C and Other Remarks: 3.3/3.2°C +K-8 (-0.1)

Ver: 10/10/2024

Bottle Order Information

Bottle Order: RO #2 Effluent
Bottle Order #: 1794
Request From Client: 3/5/2025
Date Order Posted: 3/4/2025 1:46:28PM
Order Status: Ready To Process
Prepared By: Holly Taylor
Deliver By Date: ***3/6/2025 11:59:00AM***
Lab Project Number: 88000762
PWSID:

Order Completion Information

Creator: Holly Taylor
Filled by:
Sent Date:
Sent Via:
Tracking #:

Sets	Bottles/Set	Qty	Bottle Type Description	Preservative	Method	Matrix	Sample Type	Comments	Lot #
1	1	1	Plastic 500ml- Ascorbic Acid w/NAOH #14	Ascorbic Acid and Sodium Hydroxide	SM4500CN_G_Calc - Amenable Cyanide	Water	Normal		
1	1	1	Plastic 250ml - with EDTA #15	EDTA	HACH8000_NP - COD	Water	Normal		
					350.1 - Ammonia	Water	Normal		
					351.2 - Total Kjeldahl Nitrogen (TKN)	Water	Normal		
1	1	1	Plastic 250ml - with Sulfuric Acid #5	Sulfuric Acid	365.1_NP - Phosphorus	Water	Normal		
1	1	1	Plastic 250ml - unpreserved #1	None	300_ORGFM_28D - Cl, F, SO4	Water	Normal		
					300_ORGFMS - (MOD) NO3, NO2	Water	Normal		
					2320B - Alkalinity	Water	Normal		
					9040C - pH	Water	Normal		
1	1	1	Plastic 250ml - unpreserved #2	None	4500_CL_G - Chlorine	Water	Normal		
					3500_CR3_B - Trivalent Chromium	Water	Normal		
1	1	1	Plastic 250ml - with Nitric Acid #4	Nitric Acid	200.7 - Metals (13)	Water	Normal		
					245.1 - Mercury	Water	Normal		
1	3	3	Voa Vial 40ml - Hydrochloric Acid #6	Hydrochloric Acid	624.1 - TTHM	Water	Normal		
1	1	1	Plastic 1 liter - unpreserved #11	None	2540D - TSS	Water	Normal		
1	1	1	Plastic 500ml - unpreserved #10	None	2540C_Calcd - TDS	Water	Normal		
1	1	1	Plastic 500ml - unpreserved #16	None	SM5210B_Calc - BOD, 5-Day	Water	Normal		
1	1	1	Plastic 500ml - unpreserved #18	None	SM5210B_CBODCal - CBOD	Water	Normal		
1	1	1	Plastic 250ml - with Sodium Hydroxide #13	Sodium Hydroxide	Kelada_01 - Cyanide	Water	Normal		
1	2	2	Voa Vial 40mL Amber - H3PO4 #7	Phosphoric Acid	5310C - Total Organic Carbon (TOC)	Water	Normal		
1	1	1	Amber Glass 1 liter - Hydrochloric #12	Hydrochloric Acid	1664B_NP - Oil & Grease	Water	Normal		
1	1	1	Plastic 250ml - unpreserved #5	None	7196A - Hexavalent Chromium	Water	Normal		

Please notify your PM immediately if an error is found in shipment. When returning samples, please return all provided QC samples.

Total Bottle Summary

Bottle Type Description	Preservative	Bottle Count
Normal		**18**
Amber Glass 1 liter - Hydrochloric	Hydrochloric Acid	1
Plastic 1 liter - unpreserved	None	1
Plastic 250ml - unpreserved	None	3
Plastic 250ml - with EDTA	EDTA	1
Plastic 250ml - with Nitric Acid	Nitric Acid	1
Plastic 250ml - with Sodium Hydroxide	Sodium Hydroxide	1
Plastic 250ml - with Sulfuric Acid	Sulfuric Acid	1
Plastic 500ml - unpreserved	None	3
Plastic 500ml- Ascorbic Acid w/NAOH	Ascorbic Acid and Sodium Hydroxide	1
Voa Vial 40ml - Hydrochloric Acid	Hydrochloric Acid	3
Voa Vial 40mL Amber - H3PO4	Phosphoric Acid	2
	Total Bottles:	18

Notes to Field Staff:

Scan QR code for field sampler instructions

Health and Safety Notes:

Preservative	Comment
Ascorbic Acid and Sodium Hydroxide	Contains 25mg/ml Ascorbic Acid. May cause mild irritation to skin and eyes. CAUTION! STRONG CAUSTIC! CONTAINS SODIUM HYDROXIDE PELLETS. Avoid skin and eye contact. If contact is made, FLUSH IMMEDIATELY with water.
EDTA	CAUTION! CONTAINS EDTA. Harmful if inhaled. Use adequate ventilation. Avoid skin and eye contact. If contact is made, FLUSH IMMEDIATELY with water.
Hydrochloric Acid	CAUTION! CONTAINS 1:1 HYDROCHLORIC ACID. Avoid skin and eye contact. If contact is made, FLUSH IMMEDIATELY with water.
Nitric Acid	CAUTION! STRONG OXIDIZER! CONTAINS 1:1 NITRIC ACID. Avoid skin and eye contact. If contact is made, FLUSH IMMEDIATELY with water.
Phosphoric Acid	CAUTION! CONTAINS 1:1 PHOSPHORIC ACID. Avoid skin and eye contact. If contact is made, FLUSH IMMEDIATELY with water.
Sodium Hydroxide	CAUTION! STRONG CAUSTIC! CONTAINS SODIUM HYDROXIDE PELLETS. Avoid skin and eye contact. If contact is made, FLUSH IMMEDIATELY with water.
Sulfuric Acid	CAUTION! CONTAINS 1:1 SULFURIC ACID. Avoid skin and eye contact. If contact is made, FLUSH IMMEDIATELY with water.

Relinquished By	Company	Date	Time	Received By	Company	Seal #:
						Seal #:
						Seal #:
Relinquished By	Company	Date	Time	Received By	Company	Seal #:
						Seal #:
						Seal #:

Please notify your PM immediately if an error is found in shipment. When returning samples, please return all provided QC samples.

eurofins | Environment Testing

ANALYTICAL REPORT

PREPARED FOR

Attn: Jorge Garcia
Study Butte WSC
PO BOX 148
Terlingua, Texas 79852

Generated 4/7/2025 10:33:31 PM

JOB DESCRIPTION

WW Permit Testing

JOB NUMBER

880-55835-1

Eurofins Midland
1211 W. Florida Ave
Midland TX 79701

See page two for job notes and contact information.

my EOL

Job Notes

This report may not be reproduced except in full, and with written approval from the laboratory. The results relate only to the samples tested. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

Analytical test results meet all requirements of the associated regulatory program (i.e., NELAC (TNI), DoD, and ISO 17025) unless otherwise noted under the individual analysis.

Authorization

Holly Taylor

Generated
4/7/2025 10:33:31 PM

Authorized for release by
Holly Taylor, Project Manager
Holly.Taylor@et.eurofinsus.com
(806)794-1296

Table of Contents

Qualifiers

GC/MS VOA

Qualifier	Qualifier Description
U	Indicates the analyte was analyzed for but not detected.

HPLC/IC

Qualifier	Qualifier Description
J	Result is less than the RL but greater than or equal to the MDL and the concentration is an approximate value.
U	Indicates the analyte was analyzed for but not detected.

Metals

Qualifier	Qualifier Description
U	Indicates the analyte was analyzed for but not detected.

General Chemistry

Qualifier	Qualifier Description
*-	LCS and/or LCSD is outside acceptance limits, low biased.
F1	MS and/or MSD recovery exceeds control limits.
H	Sample was prepped or analyzed beyond the specified holding time. This does not meet regulatory requirements.
HF	Parameter with a holding time of 15 minutes. Test performed by laboratory at client's request. Sample was analyzed outside of hold time.
J	Result is less than the RL but greater than or equal to the MDL and the concentration is an approximate value.
s	Seeded Control Blank (SCB) Recovery Low
U	Indicates the analyte was analyzed for but not detected.

Glossary

Abbreviation	These commonly used abbreviations may or may not be present in this report.
☼	Listed under the "D" column to designate that the result is reported on a dry weight basis
%R	Percent Recovery
CFL	Contains Free Liquid
CFU	Colony Forming Unit
CNF	Contains No Free Liquid
DER	Duplicate Error Ratio (normalized absolute difference)
Dil Fac	Dilution Factor
DL	Detection Limit (DoD/DOE)
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample
DLC	Decision Level Concentration (Radiochemistry)
EDL	Estimated Detection Limit (Dioxin)
LOD	Limit of Detection (DoD/DOE)
LOQ	Limit of Quantitation (DoD/DOE)
MCL	EPA recommended "Maximum Contaminant Level"
MDA	Minimum Detectable Activity (Radiochemistry)
MDC	Minimum Detectable Concentration (Radiochemistry)
MDL	Method Detection Limit
ML	Minimum Level (Dioxin)
MPN	Most Probable Number
MQL	Method Quantitation Limit
NC	Not Calculated
ND	Not Detected at the reporting limit (or MDL or EDL if shown)
NEG	Negative / Absent
POS	Positive / Present
PQL	Practical Quantitation Limit
PRES	Presumptive
QC	Quality Control
RER	Relative Error Ratio (Radiochemistry)
RL	Reporting Limit or Requested Limit (Radiochemistry)
RPD	Relative Percent Difference, a measure of the relative difference between two points
TEF	Toxicity Equivalent Factor (Dioxin)

Glossary (Continued)

Abbreviation	These commonly used abbreviations may or may not be present in this report.
TEQ	Toxicity Equivalent Quotient (Dioxin)
TNTC	Too Numerous To Count

Job Narrative
880-55835-1

Analytical test results meet all requirements of the associated regulatory program listed on the Accreditation/Certification Summary Page unless otherwise noted under the individual analysis. Data qualifiers and/or narrative comments are included to explain any exceptions, if applicable.

- Matrix QC may not be reported if insufficient sample is provided or site-specific QC samples were not submitted. In these situations, to demonstrate precision and accuracy at a batch level, a LCS/LCSD may be performed, unless otherwise specified in the method.
- Surrogate and/or isotope dilution analyte recoveries (if applicable) which are outside of the QC window are confirmed unless attributed to a dilution or otherwise noted in the narrative.

Regulated compliance samples (e.g. SDWA, NPDES) must comply with the associated agency requirements/permits.

Receipt
The sample was received on 3/20/2025 12:08 PM. Unless otherwise noted below, the sample arrived in good condition, and, where required, properly preserved and on ice. The temperature of the cooler at receipt time was 3.2°C.

GC/MS VOA
No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

HPLC/IC
Method 300_ORGFM_28D: The instrument blank/CCB for analytical batch 860-224029 contained Sulfate greater than the method detection limit (MDL), and were not reanalyzed because associated sample(s) results were greater than 10X the value found in the instrument blank/CCB. The data have been reported.

Method 300_ORGFM_28D: The following sample was diluted to bring the concentration of target analytes within the calibration range: Effluent (880-55835-1). Elevated reporting limits (RLs) are provided.

Method 300_ORGFM_28D: The instrument blank/CCB for analytical batch 860-224029 contained Chloride and Sulfate greater than the method detection limit (MDL), and were not reanalyzed because associated sample(s) results were greater than 10X the value found in the instrument blank/CCB. The data have been qualified and reported.

Method 300_ORGFMS: The following sample was diluted due to the abundance of non-target analytes: Effluent (880-55835-1). Elevated reporting limits (RLs) are provided.

No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

Metals
No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

General Chemistry
Method 1664B_NP: Insufficient sample volume was available to perform a matrix spike/matrix spike duplicate/sample duplicate (MS/MSD/DUP) associated with analytical batch 860-226800.

Method 2540D: The following sample was analyzed outside of analytical holding time due to sample custody error : Effluent (880-55835-1).

Method 350.1: Origin sample had suspected carry-over creating artificially high results, causing the MS/D to fail.

(880-55835-C-1 MS) and (880-55835-C-1 MSD)

Method 4500_CN_G_NonAm: The following sample was analyzed outside of analytical holding time due to PM added the analysis on 4/4/2025: Effluent (880-55835-1).

Method SM5210B_Calc: The correction factor for the Seeded Control Blank (SCB) for batch 860-225326 was outside the method range of 0.6 to 1.0 mg/L. Thus, there is added uncertainty for the associated sample results.

Job ID: 880-55835-1 (Continued)

Method SM5210B_Calc: The glucose-glutamic acid standard (LCS) recovered outside the recovery limits specified in the method in batch 860-225326. The method holding time had expired, therefore the analysis was not repeated. The data was qualified and reported.

No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

Client: Study Butte WSC
Project/Site: WW Permit Testing

Job ID: 880-55835-1

Client Sample ID: Effluent

Date Collected: 03/20/25 06:45
Date Received: 03/20/25 12:08

Lab Sample ID: 880-55835-1
Matrix: Water

Method: EPA 624.1 - Volatile Organic Compounds (GC/MS)

Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Bromodichloromethane	<0.00100	U	0.00100	mg/L			03/26/25 04:06	1
Bromoform	<0.00500	U	0.00500	mg/L			03/26/25 04:06	1
Chloroform	<0.00100	U	0.00100	mg/L			03/26/25 04:06	1
Dibromochloromethane	<0.00500	U	0.00500	mg/L			03/26/25 04:06	1
Trihalomethanes, Total	<0.00500	U	0.00500	mg/L			03/26/25 04:06	1

Surrogate	*%Recovery*	*Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
1,2-Dichloroethane-d4 (Surr)	*114*		*63 - 144*		*03/26/25 04:06*	*1*
4-Bromofluorobenzene (Surr)	*93*		*74 - 124*		*03/26/25 04:06*	*1*
Dibromofluoromethane (Surr)	*97*		*75 - 131*		*03/26/25 04:06*	*1*
Toluene-d8 (Surr)	*97*		*80 - 120*		*03/26/25 04:06*	*1*

Method: EPA 300.0 - Anions, Ion Chromatography

Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Chloride	**934**		2.50	mg/L			03/21/25 21:14	5
Nitrate as N	<0.500	U	0.500	mg/L			03/21/25 21:14	5
Fluoride	**6.41**		2.50	mg/L			03/21/25 21:14	5
Nitrite as N	<0.500	U	0.500	mg/L			03/21/25 21:14	5
Sulfate	**846**		2.50	mg/L			03/21/25 21:14	5

Method: EPA 200.7 Rev 4.4 - Metals (ICP) - Total Recoverable

Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Aluminum	<0.200	U	0.200	mg/L		03/25/25 14:00	03/26/25 11:46	1
Antimony	<0.0200	U	0.0200	mg/L		03/25/25 14:00	03/26/25 11:46	1
Arsenic	**0.0113**		0.0100	mg/L		03/25/25 14:00	03/26/25 11:46	1
Barium	**0.118**		0.0100	mg/L		03/25/25 14:00	03/26/25 11:46	1
Beryllium	<0.00400	U	0.00400	mg/L		03/25/25 14:00	03/26/25 11:46	1
Cadmium	<0.00500	U	0.00500	mg/L		03/25/25 14:00	03/26/25 11:46	1
Chromium	<0.0100	U	0.0100	mg/L		03/25/25 14:00	03/26/25 11:46	1
Copper	<0.0200	U	0.0200	mg/L		03/25/25 14:00	03/26/25 11:46	1
Lead	<0.0100	U	0.0100	mg/L		03/25/25 14:00	03/26/25 11:46	1
Nickel	<0.0100	U	0.0100	mg/L		03/25/25 14:00	03/26/25 11:46	1
Selenium	<0.0300	U	0.0300	mg/L		03/25/25 14:00	03/26/25 11:46	1
Thallium	<0.0200	U	0.0200	mg/L		03/25/25 14:00	03/26/25 11:46	1
Zinc	<0.0300	U	0.0300	mg/L		03/25/25 14:00	03/26/25 11:46	1

Method: EPA 245.1 - Mercury (CVAA)

Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Mercury	<0.000200	U	0.000200	mg/L		03/24/25 06:32	03/24/25 20:04	1

General Chemistry

Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Oil & Grease (HEM) (1664B)	<5.88	U	5.88	mg/L			04/03/25 16:22	1
Ammonia (as N) (EPA 350.1)	<0.100	U	0.100	mg/L			04/03/25 17:39	1
TKN (EPA 351.2)	<0.200	U	0.200	mg/L		03/27/25 13:36	03/28/25 13:13	1
Phosphorus as P (EPA 365.1)	**0.153**		0.0200	mg/L			03/21/25 18:41	1
Phosphorus Pentoxide (EPA 365.1)	**0.351**		0.0458	mg/L			03/21/25 18:41	1
Cyanide, Non-amenable (SM 4500 CN G NonAm)	<0.00500	U H	0.00500	mg/L		04/07/25 19:25	04/07/25 21:13	1

Client: Study Butte WSC
Project/Site: WW Permit Testing

Job ID: 880-55835-1

Client Sample ID: Effluent
Date Collected: 03/20/25 06:45
Date Received: 03/20/25 12:08

Lab Sample ID: 880-55835-1
Matrix: Water

General Chemistry (Continued)

Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Hexavalent Chromium (CrVI) (SW846 7196A)	<0.0100	U	0.0100	mg/L			03/20/25 20:58	1
Chemical Oxygen Demand (Hach 8000)	<20.0	U	20.0	mg/L			04/02/25 21:37	1
pH (SW846 9040C)	**7.93**	**HF**		SU			03/24/25 12:31	1
Temperature (SW846 9040C)	**18.9**	**HF**		Degrees C			03/24/25 12:31	1
Corrosivity (SW846 9040C)	**7.93**	**HF**		SU			03/24/25 12:31	1
Cyanide, Total (EPA Kelada 01)	**0.0523**		0.00500	mg/L			03/24/25 17:22	1
Nitrogen, Total Organic (EPA Nitrogen,Org)	<0.200	U	0.200	mg/L			03/28/25 15:07	1
Alkalinity (SM 2320B)	**539**		4.00	mg/L			03/25/25 13:37	1
Bicarbonate Alkalinity as CaCO3 (SM 2320B)	**539**		4.00	mg/L			03/25/25 13:37	1
Carbonate Alkalinity as CaCO3 (SM 2320B)	<4.00	U	4.00	mg/L			03/25/25 13:37	1
Hydroxide Alkalinity (SM 2320B)	<4.00	U	4.00	mg/L			03/25/25 13:37	1
Phenolphthalein Alkalinity (SM 2320B)	<4.00	U	4.00	mg/L			03/25/25 13:37	1
Total Dissolved Solids (SM 2540C)	**3660**		40.0	mg/L			03/26/25 10:49	1
Total Suspended Solids (SM 2540D)	<4.00	U H	4.00	mg/L			03/28/25 11:18	1
Trivalent Chrom (SM 3500 CR B)	<0.0100	U	0.0100	mg/L			04/03/25 17:48	1
Chlorine, Total Residual (SM 4500 Cl G)	<0.0500	U HF F1	0.0500	mg/L			03/27/25 16:45	1
Cyanide - Available (SM 4500 CN G)	**0.0523**		0.00500	mg/L			04/07/25 22:18	1
Biochemical Oxygen Demand (SM 5210B)	<3.00	U *-	3.00	mg/L		03/21/25 13:01	03/21/25 14:59	1
Total Organic Carbon (SM 5310C)	<1.00	U	1.00	mg/L			03/26/25 14:25	1

Surrogate Summary

Client: Study Butte WSC
Project/Site: WW Permit Testing

Job ID: 880-55835-1

Method: 624.1 - Volatile Organic Compounds (GC/MS)

Matrix: Water

Prep Type: Total/NA

		Percent Surrogate Recovery (Acceptance Limits)			
		DCA	BFB	DBFM	TOL
Lab Sample ID	Client Sample ID	(63-144)	(74-124)	(75-131)	(80-120)
880-55835-1	Effluent	114	93	97	97
LCS 860-224754/3	Lab Control Sample	103	91	98	100
LCSD 860-224754/4	Lab Control Sample Dup	105	91	98	99
MB 860-224754/9	Method Blank	106	88	95	96

Surrogate Legend

DCA = 1,2-Dichloroethane-d4 (Surr)
BFB = 4-Bromofluorobenzene (Surr)
DBFM = Dibromofluoromethane (Surr)
TOL = Toluene-d8 (Surr)

Method: 624.1 - Volatile Organic Compounds (GC/MS)

Lab Sample ID: MB 860-224754/9
Matrix: Water
Analysis Batch: 224754

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Bromodichloromethane	<0.00100	U	0.00100	mg/L			03/25/25 22:59	1
Bromoform	<0.00500	U	0.00500	mg/L			03/25/25 22:59	1
Chloroform	<0.00100	U	0.00100	mg/L			03/25/25 22:59	1
Dibromochloromethane	<0.00500	U	0.00500	mg/L			03/25/25 22:59	1
Trihalomethanes, Total	<0.00500	U	0.00500	mg/L			03/25/25 22:59	1

Surrogate	*MB %Recovery*	*MB Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
1,2-Dichloroethane-d4 (Surr)	*106*		*63 - 144*		*03/25/25 22:59*	*1*
4-Bromofluorobenzene (Surr)	*88*		*74 - 124*		*03/25/25 22:59*	*1*
Dibromofluoromethane (Surr)	*95*		*75 - 131*		*03/25/25 22:59*	*1*
Toluene-d8 (Surr)	*96*		*80 - 120*		*03/25/25 22:59*	*1*

Lab Sample ID: LCS 860-224754/3
Matrix: Water
Analysis Batch: 224754

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Bromodichloromethane	0.0500	0.04876		mg/L		98	75 - 125
Bromoform	0.0500	0.03808		mg/L		76	70 - 130
Chloroform	0.0500	0.05210		mg/L		104	70 - 121
Dibromochloromethane	0.0500	0.04667		mg/L		93	73 - 125

Surrogate	*LCS %Recovery*	*LCS Qualifier*	*Limits*
1,2-Dichloroethane-d4 (Surr)	*103*		*63 - 144*
4-Bromofluorobenzene (Surr)	*91*		*74 - 124*
Dibromofluoromethane (Surr)	*98*		*75 - 131*
Toluene-d8 (Surr)	*100*		*80 - 120*

Lab Sample ID: LCSD 860-224754/4
Matrix: Water
Analysis Batch: 224754

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Bromodichloromethane	0.0500	0.04767		mg/L		95	75 - 125	2	25
Bromoform	0.0500	0.03852		mg/L		77	70 - 130	1	25
Chloroform	0.0500	0.04995		mg/L		100	70 - 121	4	25
Dibromochloromethane	0.0500	0.04684		mg/L		94	73 - 125	0	25

Surrogate	*LCSD %Recovery*	*LCSD Qualifier*	*Limits*
1,2-Dichloroethane-d4 (Surr)	*105*		*63 - 144*
4-Bromofluorobenzene (Surr)	*91*		*74 - 124*
Dibromofluoromethane (Surr)	*98*		*75 - 131*
Toluene-d8 (Surr)	*99*		*80 - 120*

Method: 300.0 - Anions, Ion Chromatography

Lab Sample ID: MB 860-224029/3
Matrix: Water
Analysis Batch: 224029

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Chloride	<0.500	U	0.500	mg/L			03/21/25 09:56	1
Fluoride	<0.500	U	0.500	mg/L			03/21/25 09:56	1
Sulfate	<0.500	U	0.500	mg/L			03/21/25 09:56	1

Lab Sample ID: MB 860-224029/77
Matrix: Water
Analysis Batch: 224029

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Chloride	<0.500	U	0.500	mg/L			03/21/25 18:04	1
Fluoride	<0.500	U	0.500	mg/L			03/21/25 18:04	1
Sulfate	<0.500	U	0.500	mg/L			03/21/25 18:04	1

Lab Sample ID: LCS 860-224029/78
Matrix: Water
Analysis Batch: 224029

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Chloride	10.0	9.565		mg/L		96	90 - 110
Fluoride	10.0	10.29		mg/L		103	90 - 110
Sulfate	10.0	9.636		mg/L		96	90 - 110

Lab Sample ID: LCSD 860-224029/79
Matrix: Water
Analysis Batch: 224029

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Chloride	10.0	9.490		mg/L		95	90 - 110	1	20
Fluoride	10.0	10.37		mg/L		104	90 - 110	1	20
Sulfate	10.0	9.613		mg/L		96	90 - 110	0	20

Lab Sample ID: LLCS 860-224029/7
Matrix: Water
Analysis Batch: 224029

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Chloride	0.500	0.6272		mg/L		125	50 - 150
Fluoride	0.500	0.4822	J	mg/L		96	50 - 150
Sulfate	0.500	0.6904		mg/L		138	50 - 150

Lab Sample ID: MB 860-224030/3
Matrix: Water
Analysis Batch: 224030

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Nitrate as N	<0.100	U	0.100	mg/L			03/21/25 09:56	1
Nitrite as N	<0.100	U	0.100	mg/L			03/21/25 09:56	1

Method: 300.0 - Anions, Ion Chromatography (Continued)

Lab Sample ID: MB 860-224030/77
Matrix: Water
Analysis Batch: 224030

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Nitrate as N	<0.100	U	0.100	mg/L			03/21/25 18:04	1
Nitrite as N	<0.100	U	0.100	mg/L			03/21/25 18:04	1

Lab Sample ID: LCS 860-224030/78
Matrix: Water
Analysis Batch: 224030

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Nitrate as N	10.0	10.81		mg/L		108	90 - 110
Nitrite as N	10.0	9.924		mg/L		99	90 - 110

Lab Sample ID: LCSD 860-224030/79
Matrix: Water
Analysis Batch: 224030

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Nitrate as N	10.0	10.81		mg/L		108	90 - 110	0	20
Nitrite as N	10.0	9.920		mg/L		99	90 - 110	0	20

Lab Sample ID: LLCS 860-224030/6
Matrix: Water
Analysis Batch: 224030

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Nitrate as N	0.100	0.08872	J	mg/L		89	50 - 150
Nitrite as N	0.100	0.09093	J	mg/L		91	50 - 150

Method: 200.7 Rev 4.4 - Metals (ICP)

Lab Sample ID: MB 860-224745/1-A
Matrix: Water
Analysis Batch: 224970

Client Sample ID: Method Blank
Prep Type: Total Recoverable
Prep Batch: 224745

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Aluminum	<0.200	U	0.200	mg/L		03/25/25 14:00	03/26/25 10:34	1
Antimony	<0.0200	U	0.0200	mg/L		03/25/25 14:00	03/26/25 10:34	1
Arsenic	<0.0100	U	0.0100	mg/L		03/25/25 14:00	03/26/25 10:34	1
Barium	<0.0100	U	0.0100	mg/L		03/25/25 14:00	03/26/25 10:34	1
Beryllium	<0.00400	U	0.00400	mg/L		03/25/25 14:00	03/26/25 10:34	1
Cadmium	<0.00500	U	0.00500	mg/L		03/25/25 14:00	03/26/25 10:34	1
Chromium	<0.0100	U	0.0100	mg/L		03/25/25 14:00	03/26/25 10:34	1
Copper	<0.0200	U	0.0200	mg/L		03/25/25 14:00	03/26/25 10:34	1
Lead	<0.0100	U	0.0100	mg/L		03/25/25 14:00	03/26/25 10:34	1
Nickel	<0.0100	U	0.0100	mg/L		03/25/25 14:00	03/26/25 10:34	1
Selenium	<0.0300	U	0.0300	mg/L		03/25/25 14:00	03/26/25 10:34	1
Thallium	<0.0200	U	0.0200	mg/L		03/25/25 14:00	03/26/25 10:34	1
Zinc	<0.0300	U	0.0300	mg/L		03/25/25 14:00	03/26/25 10:34	1

Method: 200.7 Rev 4.4 - Metals (ICP) (Continued)

Lab Sample ID: LCS 860-224745/2-A
Matrix: Water
Analysis Batch: 224970

Client Sample ID: Lab Control Sample
Prep Type: Total Recoverable
Prep Batch: 224745

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Aluminum	5.00	4.870		mg/L		97	85 - 115
Antimony	1.00	0.9770		mg/L		98	85 - 115
Arsenic	1.00	0.9680		mg/L		97	85 - 115
Barium	1.00	1.000		mg/L		100	85 - 115
Beryllium	1.00	1.010		mg/L		101	85 - 115
Cadmium	1.00	0.9730		mg/L		97	85 - 115
Chromium	1.00	0.9680		mg/L		97	85 - 115
Copper	1.00	0.9710		mg/L		97	85 - 115
Lead	1.00	0.9670		mg/L		97	85 - 115
Nickel	1.00	0.9720		mg/L		97	85 - 115
Selenium	1.00	0.9900		mg/L		99	85 - 115
Thallium	1.00	0.9900		mg/L		99	85 - 115
Zinc	1.00	0.9940		mg/L		99	85 - 115

Lab Sample ID: LCSD 860-224745/3-A
Matrix: Water
Analysis Batch: 224970

Client Sample ID: Lab Control Sample Dup
Prep Type: Total Recoverable
Prep Batch: 224745

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Aluminum	5.00	4.840		mg/L		97	85 - 115	1	20
Antimony	1.00	0.9890		mg/L		99	85 - 115	1	20
Arsenic	1.00	0.9690		mg/L		97	85 - 115	0	20
Barium	1.00	0.9960		mg/L		100	85 - 115	0	20
Beryllium	1.00	1.000		mg/L		100	85 - 115	1	20
Cadmium	1.00	0.9680		mg/L		97	85 - 115	1	20
Chromium	1.00	0.9640		mg/L		96	85 - 115	0	20
Copper	1.00	0.9680		mg/L		97	85 - 115	0	20
Lead	1.00	0.9670		mg/L		97	85 - 115	0	20
Nickel	1.00	0.9660		mg/L		97	85 - 115	1	20
Selenium	1.00	1.000		mg/L		100	85 - 115	1	20
Thallium	1.00	1.000		mg/L		100	85 - 115	1	20
Zinc	1.00	0.9890		mg/L		99	85 - 115	1	20

Method: 245.1 - Mercury (CVAA)

Lab Sample ID: MB 860-224318/1-A
Matrix: Water
Analysis Batch: 224560

Client Sample ID: Method Blank
Prep Type: Total/NA
Prep Batch: 224318

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Mercury	<0.000200	U	0.000200	mg/L		03/24/25 06:31	03/24/25 19:56	1

Lab Sample ID: LCS 860-224318/2-A
Matrix: Water
Analysis Batch: 224560

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 224318

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Mercury	0.00200	0.001830		mg/L		91	85 - 115

Method: 245.1 - Mercury (CVAA) (Continued)

Lab Sample ID: LCSD 860-224318/3-A
Matrix: Water
Analysis Batch: 224560

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA
Prep Batch: 224318

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Mercury	0.00200	0.001838		mg/L		92	85 - 115	0	20

Lab Sample ID: LLCS 860-224318/4-A
Matrix: Water
Analysis Batch: 224560

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 224318

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Mercury	0.000200	0.0002090		mg/L		105	50 - 150

Lab Sample ID: 880-55835-1 MS
Matrix: Water
Analysis Batch: 224560

Client Sample ID: Effluent
Prep Type: Total/NA
Prep Batch: 224318

Analyte	Sample Result	Sample Qualifier	Spike Added	MS Result	MS Qualifier	Unit	D	%Rec	%Rec Limits
Mercury	<0.000200	U	0.00200	0.001712		mg/L		86	70 - 130

Lab Sample ID: 880-55835-1 MSD
Matrix: Water
Analysis Batch: 224560

Client Sample ID: Effluent
Prep Type: Total/NA
Prep Batch: 224318

Analyte	Sample Result	Sample Qualifier	Spike Added	MSD Result	MSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Mercury	<0.000200	U	0.00200	0.001607		mg/L		80	70 - 130	6	20

Method: 1664B - HEM and SGT-HEM

Lab Sample ID: MB 860-226800/1
Matrix: Water
Analysis Batch: 226800

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Oil & Grease (HEM)	<5.00	U	5.00	mg/L			04/03/25 16:03	1

Lab Sample ID: LCS 860-226800/2
Matrix: Water
Analysis Batch: 226800

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Oil & Grease (HEM)	40.0	33.50		mg/L		84	78 - 114

Lab Sample ID: LCSD 860-226800/3
Matrix: Water
Analysis Batch: 226800

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Oil & Grease (HEM)	40.0	35.30		mg/L		88	78 - 114	5	18

Method: 350.1 - Nitrogen, Ammonia

Lab Sample ID: MB 860-226473/16
Matrix: Water
Analysis Batch: 226473

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Ammonia (as N)	<0.100	U	0.100	mg/L			04/01/25 17:50	1

Lab Sample ID: MB 860-226473/56
Matrix: Water
Analysis Batch: 226473

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Ammonia (as N)	<0.100	U	0.100	mg/L			04/01/25 19:50	1

Lab Sample ID: LCS 860-226473/57
Matrix: Water
Analysis Batch: 226473

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Ammonia (as N)	1.00	1.028		mg/L		103	90 - 110

Lab Sample ID: LCSD 860-226473/58
Matrix: Water
Analysis Batch: 226473

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Ammonia (as N)	1.00	1.001		mg/L		100	90 - 110	3	20

Lab Sample ID: LLCS 860-226473/19
Matrix: Water
Analysis Batch: 226473

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Ammonia (as N)	0.100	0.1029		mg/L		103	50 - 150

Lab Sample ID: 880-55835-1 MS
Matrix: Water
Analysis Batch: 226473

Client Sample ID: Effluent
Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	Spike Added	MS Result	MS Qualifier	Unit	D	%Rec	%Rec Limits
Ammonia (as N)	1.95	F1	1.00	1.290	F1	mg/L		-66	90 - 110

Lab Sample ID: 880-55835-1 MSD
Matrix: Water
Analysis Batch: 226473

Client Sample ID: Effluent
Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	Spike Added	MSD Result	MSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Ammonia (as N)	1.95	F1	1.00	1.333	F1	mg/L		-62	90 - 110	3	20

Lab Sample ID: MB 860-226852/16
Matrix: Water
Analysis Batch: 226852

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Ammonia (as N)	<0.100	U	0.100	mg/L			04/03/25 15:24	1

Method: 350.1 - Nitrogen, Ammonia

Lab Sample ID: LCS 860-226852/17
Matrix: Water
Analysis Batch: 226852

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Ammonia (as N)	1.00	0.9306		mg/L		93	90 - 110

Lab Sample ID: LCSD 860-226852/18
Matrix: Water
Analysis Batch: 226852

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Ammonia (as N)	1.00	0.9273		mg/L		93	90 - 110	0	20

Lab Sample ID: LLCS 860-226852/19
Matrix: Water
Analysis Batch: 226852

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Ammonia (as N)	0.100	0.08240	J	mg/L		82	50 - 150

Method: 351.2 - Nitrogen, Total Kjeldahl

Lab Sample ID: MB 860-225287/4-A
Matrix: Water
Analysis Batch: 225568

Client Sample ID: Method Blank
Prep Type: Total/NA
Prep Batch: 225287

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
TKN	<0.200	U	0.200	mg/L		03/27/25 13:36	03/28/25 13:05	1

Lab Sample ID: LCS 860-225287/6-A
Matrix: Water
Analysis Batch: 225568

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 225287

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
TKN	2.00	2.048		mg/L		102	90 - 110

Lab Sample ID: LCSD 860-225287/7-A
Matrix: Water
Analysis Batch: 225568

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA
Prep Batch: 225287

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
TKN	2.00	1.870		mg/L		93	90 - 110	9	20

Lab Sample ID: LLCS 860-225287/5-A
Matrix: Water
Analysis Batch: 225568

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 225287

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
TKN	0.200	0.2901		mg/L		145	50 - 150

Method: 365.1 - Phosphorus, Total

Lab Sample ID: MB 860-224430/17
Matrix: Water
Analysis Batch: 224430

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Phosphorus as P	<0.0200	U	0.0200	mg/L			03/21/25 18:13	1
Phosphorus Pentoxide	<0.0458	U	0.0458	mg/L			03/21/25 18:13	1

Lab Sample ID: LCS 860-224430/18
Matrix: Water
Analysis Batch: 224430

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Phosphorus as P	0.250	0.2450		mg/L		98	90 - 110
Total Phosphorus as PO4	0.766	0.7512		mg/L		98	90 - 110

Lab Sample ID: LCSD 860-224430/19
Matrix: Water
Analysis Batch: 224430

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Phosphorus as P	0.250	0.2430		mg/L		97	90 - 110	1	20
Total Phosphorus as PO4	0.766	0.7450		mg/L		97	90 - 110	1	20

Lab Sample ID: LLCS 860-224430/20
Matrix: Water
Analysis Batch: 224430

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Phosphorus as P	0.0200	0.02400		mg/L		120	50 - 150
Total Phosphorus as PO4	0.0613	0.07358		mg/L		120	50 - 150

Method: 4500 CN G NonAm - Cyanide, Non-amenable

Lab Sample ID: MB 860-227440/12-A
Matrix: Water
Analysis Batch: 227461

Client Sample ID: Method Blank
Prep Type: Total/NA
Prep Batch: 227440

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Cyanide, Non-amenable	<0.00500	U	0.00500	mg/L		04/07/25 19:25	04/07/25 21:06	1

Lab Sample ID: 880-55835-1 DU
Matrix: Water
Analysis Batch: 227461

Client Sample ID: Effluent
Prep Type: Total/NA
Prep Batch: 227440

Analyte	Sample Result	Sample Qualifier	DU Result	DU Qualifier	Unit	D	RPD	RPD Limit
Cyanide, Non-amenable	<0.00500	U H	<0.00500	U	mg/L		NC	20

Method: 7196A - Chromium, Hexavalent

Lab Sample ID: MB 880-105786/3
Matrix: Water
Analysis Batch: 105786

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL		Unit	D	Prepared	Analyzed	Dil Fac
Hexavalent Chromium (CrVI)	<0.0100	U	0.0100		mg/L			03/20/25 20:58	1

Lab Sample ID: LCS 880-105786/4
Matrix: Water
Analysis Batch: 105786

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte			Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits		
Hexavalent Chromium (CrVI)			0.0400	0.03882		mg/L		97	85 - 115		

Lab Sample ID: LCSD 880-105786/5
Matrix: Water
Analysis Batch: 105786

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte			Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Hexavalent Chromium (CrVI)			0.0400	0.03882		mg/L		97	85 - 115	0	20

Lab Sample ID: 880-55835-1 MS
Matrix: Water
Analysis Batch: 105786

Client Sample ID: Effluent
Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	Spike Added	MS Result	MS Qualifier	Unit	D	%Rec	%Rec Limits		
Hexavalent Chromium (CrVI)	<0.0100	U	0.200	0.2036		mg/L		102	85 - 115		

Lab Sample ID: 880-55835-1 MSD
Matrix: Water
Analysis Batch: 105786

Client Sample ID: Effluent
Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	Spike Added	MSD Result	MSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Hexavalent Chromium (CrVI)	<0.0100	U	0.200	0.2036		mg/L		102	85 - 115	0	20

Method: 8000 - COD

Lab Sample ID: MB 860-226591/3
Matrix: Water
Analysis Batch: 226591

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL		Unit	D	Prepared	Analyzed	Dil Fac
Chemical Oxygen Demand	<20.0	U	20.0		mg/L			04/02/25 21:37	1

Lab Sample ID: MB 860-226591/37
Matrix: Water
Analysis Batch: 226591

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL		Unit	D	Prepared	Analyzed	Dil Fac
Chemical Oxygen Demand	<20.0	U	20.0		mg/L			04/02/25 21:37	1

Method: 8000 - COD (Continued)

Lab Sample ID: LCS 860-226591/4
Matrix: Water
Analysis Batch: 226591

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Chemical Oxygen Demand	100	104.0		mg/L		104	90 - 110

Lab Sample ID: LCSD 860-226591/39
Matrix: Water
Analysis Batch: 226591

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Chemical Oxygen Demand	100	104.0		mg/L		104	90 - 110	0	20

Lab Sample ID: LLCS 860-226591/5
Matrix: Water
Analysis Batch: 226591

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Chemical Oxygen Demand	20.0	24.00		mg/L		120	

Method: 9040C - pH

Lab Sample ID: 880-55835-1 DU
Matrix: Water
Analysis Batch: 224452

Client Sample ID: Effluent
Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	DU Result	DU Qualifier	Unit	D	RPD	RPD Limit
pH	7.93	HF	7.930		SU		0	20
Temperature	18.9	HF	19.50		Degrees C		3	20
Corrosivity	7.93	HF	7.930		SU		0	

Method: Kelada 01 - Cyanide, Total, Acid Dissociable and Thiocyanate

Lab Sample ID: MB 860-224702/24
Matrix: Water
Analysis Batch: 224702

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Cyanide, Total	<0.00500	U	0.00500	mg/L			03/24/25 14:09	1

Lab Sample ID: MB 860-224702/66
Matrix: Water
Analysis Batch: 224702

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Cyanide, Total	<0.00500	U	0.00500	mg/L			03/24/25 16:15	1

Lab Sample ID: LCS 860-224702/67
Matrix: Water
Analysis Batch: 224702

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Cyanide, Total	0.100	0.1039		mg/L		104	90 - 110

Method: Kelada 01 - Cyanide, Total, Acid Dissociable and Thiocyanate (Continued)

Lab Sample ID: LCSD 860-224702/68
Matrix: Water
Analysis Batch: 224702

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Cyanide, Total	0.100	0.1063		mg/L		106	90 - 110	2	20

Lab Sample ID: LLCS 860-224702/27
Matrix: Water
Analysis Batch: 224702

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Cyanide, Total	0.00500	0.005767		mg/L		115	50 - 150

Method: SM 2320B - Alkalinity

Lab Sample ID: MB 860-224787/3
Matrix: Water
Analysis Batch: 224787

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Alkalinity	<4.00	U	4.00	mg/L			03/25/25 11:32	1
Bicarbonate Alkalinity as CaCO3	<4.00	U	4.00	mg/L			03/25/25 11:32	1
Carbonate Alkalinity as CaCO3	<4.00	U	4.00	mg/L			03/25/25 11:32	1
Hydroxide Alkalinity	<4.00	U	4.00	mg/L			03/25/25 11:32	1
Phenolphthalein Alkalinity	<4.00	U	4.00	mg/L			03/25/25 11:32	1

Lab Sample ID: LCS 860-224787/4
Matrix: Water
Analysis Batch: 224787

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Alkalinity	250	246.3		mg/L		99	85 - 115

Lab Sample ID: LCSD 860-224787/5
Matrix: Water
Analysis Batch: 224787

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Alkalinity	250	246.2		mg/L		98	85 - 115	0	20

Method: SM 2540C - Solids, Total Dissolved (TDS)

Lab Sample ID: MB 860-224959/1
Matrix: Water
Analysis Batch: 224959

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Dissolved Solids	<5.00	U	5.00	mg/L			03/26/25 10:48	1

Method: SM 2540C - Solids, Total Dissolved (TDS) (Continued)

Lab Sample ID: LCS 860-224959/2
Matrix: Water
Analysis Batch: 224959

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Total Dissolved Solids	1000	925.0		mg/L		93	80 - 120

Method: SM 2540D - Solids, Total Suspended (TSS)

Lab Sample ID: MB 860-225492/1
Matrix: Water
Analysis Batch: 225492

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	<4.00	U	4.00	mg/L			03/28/25 11:17	1

Lab Sample ID: LCS 860-225492/2
Matrix: Water
Analysis Batch: 225492

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Total Suspended Solids	1000	980.0		mg/L		98	80 - 120

Method: SM 4500 Cl G - Chlorine, Residual

Lab Sample ID: MB 860-225344/3
Matrix: Water
Analysis Batch: 225344

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Chlorine, Total Residual	<0.0500	U	0.0500	mg/L			03/27/25 16:45	1

Lab Sample ID: LCS 860-225344/4
Matrix: Water
Analysis Batch: 225344

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Chlorine, Total Residual	0.250	0.2585		mg/L		103	85 - 115

Lab Sample ID: LCSD 860-225344/5
Matrix: Water
Analysis Batch: 225344

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Chlorine, Total Residual	0.250	0.2549		mg/L		102	85 - 115	1	20

Lab Sample ID: 880-55835-1 MS
Matrix: Water
Analysis Batch: 225344

Client Sample ID: Effluent
Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	Spike Added	MS Result	MS Qualifier	Unit	D	%Rec	%Rec Limits
Chlorine, Total Residual	<0.0500	U HF F1	0.250	0.2622		mg/L		105	90 - 110

Method: SM 4500 Cl G - Chlorine, Residual (Continued)

Lab Sample ID: 880-55835-1 MSD
Matrix: Water
Analysis Batch: 225344

Client Sample ID: Effluent
Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	Spike Added	MSD Result	MSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Chlorine, Total Residual	<0.0500	U HF F1	0.250	0.2585		mg/L		103	90 - 110	1	20

Method: SM 5210B - BOD, 5-Day

Lab Sample ID: SCB 860-225326/2
Matrix: Water
Analysis Batch: 225326

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	SCB Result	SCB Qualifier	RL		Unit	D	Prepared	Analyzed	Dil Fac
Biochemical Oxygen Demand	0.4020	s	0.0000020		mg/L			03/21/25 13:18	1
			0						

Lab Sample ID: USB 860-225326/1
Matrix: Water
Analysis Batch: 225326

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	USB Result	USB Qualifier	RL		Unit	D	Prepared	Analyzed	Dil Fac
Biochemical Oxygen Demand	0.1230		0.0000020		mg/L			03/21/25 13:16	1
			0						

Lab Sample ID: LCS 860-225326/3
Matrix: Water
Analysis Batch: 225326

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Biochemical Oxygen Demand	198	152.8	*-	mg/L		77	85 - 115

Method: SM 5310C - TOC

Lab Sample ID: MB 860-225112/5
Matrix: Water
Analysis Batch: 225112

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL		Unit	D	Prepared	Analyzed	Dil Fac
Total Organic Carbon	<1.00	U	1.00		mg/L			03/26/25 09:40	1

Lab Sample ID: LCS 860-225112/6
Matrix: Water
Analysis Batch: 225112

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Total Organic Carbon	5.00	5.152		mg/L		103	90 - 110

Lab Sample ID: LCSD 860-225112/7
Matrix: Water
Analysis Batch: 225112

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Total Organic Carbon	5.00	5.151		mg/L		103	90 - 110	0	15

Method: SM 5310C - TOC (Continued)

Lab Sample ID: LLCS 860-225112/8
Matrix: Water
Analysis Batch: 225112

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Total Organic Carbon	1.00	0.9219	J	mg/L		92	50 - 150

GC/MS VOA

Analysis Batch: 224754

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	624.1	
MB 860-224754/9	Method Blank	Total/NA	Water	624.1	
LCS 860-224754/3	Lab Control Sample	Total/NA	Water	624.1	
LCSD 860-224754/4	Lab Control Sample Dup	Total/NA	Water	624.1	

HPLC/IC

Analysis Batch: 224029

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	300.0	
MB 860-224029/3	Method Blank	Total/NA	Water	300.0	
MB 860-224029/77	Method Blank	Total/NA	Water	300.0	
LCS 860-224029/78	Lab Control Sample	Total/NA	Water	300.0	
LCSD 860-224029/79	Lab Control Sample Dup	Total/NA	Water	300.0	
LLCS 860-224029/7	Lab Control Sample	Total/NA	Water	300.0	

Analysis Batch: 224030

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	300.0	
MB 860-224030/3	Method Blank	Total/NA	Water	300.0	
MB 860-224030/77	Method Blank	Total/NA	Water	300.0	
LCS 860-224030/78	Lab Control Sample	Total/NA	Water	300.0	
LCSD 860-224030/79	Lab Control Sample Dup	Total/NA	Water	300.0	
LLCS 860-224030/6	Lab Control Sample	Total/NA	Water	300.0	

Metals

Prep Batch: 224318

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	245.1	
MB 860-224318/1-A	Method Blank	Total/NA	Water	245.1	
LCS 860-224318/2-A	Lab Control Sample	Total/NA	Water	245.1	
LCSD 860-224318/3-A	Lab Control Sample Dup	Total/NA	Water	245.1	
LLCS 860-224318/4-A	Lab Control Sample	Total/NA	Water	245.1	
880-55835-1 MS	Effluent	Total/NA	Water	245.1	
880-55835-1 MSD	Effluent	Total/NA	Water	245.1	

Analysis Batch: 224560

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	245.1	224318
MB 860-224318/1-A	Method Blank	Total/NA	Water	245.1	224318
LCS 860-224318/2-A	Lab Control Sample	Total/NA	Water	245.1	224318
LCSD 860-224318/3-A	Lab Control Sample Dup	Total/NA	Water	245.1	224318
LLCS 860-224318/4-A	Lab Control Sample	Total/NA	Water	245.1	224318
880-55835-1 MS	Effluent	Total/NA	Water	245.1	224318
880-55835-1 MSD	Effluent	Total/NA	Water	245.1	224318

Prep Batch: 224745

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total Recoverable	Water	200.7	
MB 860-224745/1-A	Method Blank	Total Recoverable	Water	200.7	
LCS 860-224745/2-A	Lab Control Sample	Total Recoverable	Water	200.7	

Metals (Continued)

Prep Batch: 224745 (Continued)

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
LCSD 860-224745/3-A	Lab Control Sample Dup	Total Recoverable	Water	200.7	

Analysis Batch: 224970

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total Recoverable	Water	200.7 Rev 4.4	224745
MB 860-224745/1-A	Method Blank	Total Recoverable	Water	200.7 Rev 4.4	224745
LCS 860-224745/2-A	Lab Control Sample	Total Recoverable	Water	200.7 Rev 4.4	224745
LCSD 860-224745/3-A	Lab Control Sample Dup	Total Recoverable	Water	200.7 Rev 4.4	224745

General Chemistry

Analysis Batch: 105786

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	7196A	
MB 880-105786/3	Method Blank	Total/NA	Water	7196A	
LCS 880-105786/4	Lab Control Sample	Total/NA	Water	7196A	
LCSD 880-105786/5	Lab Control Sample Dup	Total/NA	Water	7196A	
880-55835-1 MS	Effluent	Total/NA	Water	7196A	
880-55835-1 MSD	Effluent	Total/NA	Water	7196A	

Prep Batch: 224139

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	BOD Prep	

Analysis Batch: 224430

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	365.1	
MB 860-224430/17	Method Blank	Total/NA	Water	365.1	
LCS 860-224430/18	Lab Control Sample	Total/NA	Water	365.1	
LCSD 860-224430/19	Lab Control Sample Dup	Total/NA	Water	365.1	
LLCS 860-224430/20	Lab Control Sample	Total/NA	Water	365.1	

Analysis Batch: 224452

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	9040C	
880-55835-1 DU	Effluent	Total/NA	Water	9040C	

Analysis Batch: 224702

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	Kelada 01	
MB 860-224702/24	Method Blank	Total/NA	Water	Kelada 01	
MB 860-224702/66	Method Blank	Total/NA	Water	Kelada 01	
LCS 860-224702/67	Lab Control Sample	Total/NA	Water	Kelada 01	
LCSD 860-224702/68	Lab Control Sample Dup	Total/NA	Water	Kelada 01	
LLCS 860-224702/27	Lab Control Sample	Total/NA	Water	Kelada 01	

Analysis Batch: 224787

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	SM 2320B	
MB 860-224787/3	Method Blank	Total/NA	Water	SM 2320B	
LCS 860-224787/4	Lab Control Sample	Total/NA	Water	SM 2320B	

General Chemistry (Continued)

Analysis Batch: 224787 (Continued)

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
LCSD 860-224787/5	Lab Control Sample Dup	Total/NA	Water	SM 2320B	

Analysis Batch: 224959

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	SM 2540C	
MB 860-224959/1	Method Blank	Total/NA	Water	SM 2540C	
LCS 860-224959/2	Lab Control Sample	Total/NA	Water	SM 2540C	

Analysis Batch: 225090

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	SM 3500 CR B	

Analysis Batch: 225112

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	SM 5310C	
MB 860-225112/5	Method Blank	Total/NA	Water	SM 5310C	
LCS 860-225112/6	Lab Control Sample	Total/NA	Water	SM 5310C	
LCSD 860-225112/7	Lab Control Sample Dup	Total/NA	Water	SM 5310C	
LLCS 860-225112/8	Lab Control Sample	Total/NA	Water	SM 5310C	

Prep Batch: 225287

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	351.2	
MB 860-225287/4-A	Method Blank	Total/NA	Water	351.2	
LCS 860-225287/6-A	Lab Control Sample	Total/NA	Water	351.2	
LCSD 860-225287/7-A	Lab Control Sample Dup	Total/NA	Water	351.2	
LLCS 860-225287/5-A	Lab Control Sample	Total/NA	Water	351.2	

Analysis Batch: 225326

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	SM 5210B	224139
SCB 860-225326/2	Method Blank	Total/NA	Water	SM 5210B	
USB 860-225326/1	Method Blank	Total/NA	Water	SM 5210B	
LCS 860-225326/3	Lab Control Sample	Total/NA	Water	SM 5210B	

Analysis Batch: 225344

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	SM 4500 Cl G	
MB 860-225344/3	Method Blank	Total/NA	Water	SM 4500 Cl G	
LCS 860-225344/4	Lab Control Sample	Total/NA	Water	SM 4500 Cl G	
LCSD 860-225344/5	Lab Control Sample Dup	Total/NA	Water	SM 4500 Cl G	
880-55835-1 MS	Effluent	Total/NA	Water	SM 4500 Cl G	
880-55835-1 MSD	Effluent	Total/NA	Water	SM 4500 Cl G	

Analysis Batch: 225492

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	SM 2540D	
MB 860-225492/1	Method Blank	Total/NA	Water	SM 2540D	
LCS 860-225492/2	Lab Control Sample	Total/NA	Water	SM 2540D	

General Chemistry

Analysis Batch: 225568

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	351.2	225287
MB 860-225287/4-A	Method Blank	Total/NA	Water	351.2	225287
LCS 860-225287/6-A	Lab Control Sample	Total/NA	Water	351.2	225287
LCSD 860-225287/7-A	Lab Control Sample Dup	Total/NA	Water	351.2	225287
LLCS 860-225287/5-A	Lab Control Sample	Total/NA	Water	351.2	225287

Analysis Batch: 225587

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	Nitrogen,Org	

Analysis Batch: 226156

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	SM 4500 CN G	

Analysis Batch: 226473

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
MB 860-226473/16	Method Blank	Total/NA	Water	350.1	
MB 860-226473/56	Method Blank	Total/NA	Water	350.1	
LCS 860-226473/57	Lab Control Sample	Total/NA	Water	350.1	
LCSD 860-226473/58	Lab Control Sample Dup	Total/NA	Water	350.1	
LLCS 860-226473/19	Lab Control Sample	Total/NA	Water	350.1	
880-55835-1 MS	Effluent	Total/NA	Water	350.1	
880-55835-1 MSD	Effluent	Total/NA	Water	350.1	

Analysis Batch: 226591

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	8000	
MB 860-226591/3	Method Blank	Total/NA	Water	8000	
MB 860-226591/37	Method Blank	Total/NA	Water	8000	
LCS 860-226591/4	Lab Control Sample	Total/NA	Water	8000	
LCSD 860-226591/39	Lab Control Sample Dup	Total/NA	Water	8000	
LLCS 860-226591/5	Lab Control Sample	Total/NA	Water	8000	

Analysis Batch: 226800

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	1664B	
MB 860-226800/1	Method Blank	Total/NA	Water	1664B	
LCS 860-226800/2	Lab Control Sample	Total/NA	Water	1664B	
LCSD 860-226800/3	Lab Control Sample Dup	Total/NA	Water	1664B	

Analysis Batch: 226852

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	350.1	
MB 860-226852/16	Method Blank	Total/NA	Water	350.1	
LCS 860-226852/17	Lab Control Sample	Total/NA	Water	350.1	
LCSD 860-226852/18	Lab Control Sample Dup	Total/NA	Water	350.1	
LLCS 860-226852/19	Lab Control Sample	Total/NA	Water	350.1	

Prep Batch: 227440

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	Distill/CN	

General Chemistry (Continued)

Prep Batch: 227440 (Continued)

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
MB 860-227440/12-A	Method Blank	Total/NA	Water	Distill/CN	
LCS 860-227440/13-A	Lab Control Sample	Total/NA	Water	Distill/CN	
LCSD 860-227440/14-A	Lab Control Sample Dup	Total/NA	Water	Distill/CN	
880-55835-1 DU	Effluent	Total/NA	Water	Distill/CN	

Analysis Batch: 227461

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-55835-1	Effluent	Total/NA	Water	4500 CN G NonAm	227440
MB 860-227440/12-A	Method Blank	Total/NA	Water	4500 CN G NonAm	227440
LCS 860-227440/13-A	Lab Control Sample	Total/NA	Water	4500 CN G NonAm	227440
LCSD 860-227440/14-A	Lab Control Sample Dup	Total/NA	Water	4500 CN G NonAm	227440
880-55835-1 DU	Effluent	Total/NA	Water	4500 CN G NonAm	227440

Lab Chronicle

Client: Study Butte WSC
Project/Site: WW Permit Testing

Job ID: 880-55835-1

Client Sample ID: Effluent

Date Collected: 03/20/25 06:45
Date Received: 03/20/25 12:08

Lab Sample ID: 880-55835-1

Matrix: Water

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Analysis	624.1		1	5 mL	5 mL	224754	03/26/25 04:06	A1S	EET HOU
Total/NA	Analysis	300.0		5			224029	03/21/25 21:14	HN	EET HOU
Total/NA	Analysis	300.0		5			224030	03/21/25 21:14	WP	EET HOU
Total Recoverable	Prep	200.7			50 mL	50 mL	224745	03/25/25 14:00	MD	EET HOU
Total Recoverable	Analysis	200.7 Rev 4.4		1			224970	03/26/25 11:46	JDM	EET HOU
Total/NA	Prep	245.1			50 mL	50 mL	224318	03/24/25 06:32	AGR	EET HOU
Total/NA	Analysis	245.1		1			224560	03/24/25 20:04	SHZ	EET HOU
Total/NA	Analysis	1664B		1	850 mL	1000 mL	226800	04/03/25 16:22	TB	EET HOU
Total/NA	Analysis	350.1		1	10 mL	10 mL	226852	04/03/25 17:39	YG	EET HOU
Total/NA	Prep	351.2			20 mL	20 mL	225287	03/27/25 13:36	MK	EET HOU
Total/NA	Analysis	351.2		1			225568	03/28/25 13:13	MLEI	EET HOU
Total/NA	Analysis	365.1		1	10 mL	10 mL	224430	03/21/25 18:41	BW	EET HOU
Total/NA	Prep	Distill/CN			6 mL	6 mL	227440	04/07/25 19:25	ALL	EET HOU
Total/NA	Analysis	4500 CN G NonAm		1			227461	04/07/25 21:13	ALL	EET HOU
Total/NA	Analysis	7196A		1	97 mL	100 mL	105786	03/20/25 20:58	SMC	EET MID
Total/NA	Analysis	8000		1	2 mL	2 mL	226591	04/02/25 21:37	ALL	EET HOU
Total/NA	Analysis	9040C		1			224452	03/24/25 12:31	MR	EET HOU
Total/NA	Analysis	Kelada 01		1	10 mL	10 mL	224702	03/24/25 17:22	BW	EET HOU
Total/NA	Analysis	Nitrogen,Org		1			225587	03/28/25 15:07	MC	EET HOU
Total/NA	Analysis	SM 2320B		1			224787	03/25/25 13:37	MR	EET HOU
Total/NA	Analysis	SM 2540C		1	25 mL	200 mL	224959	03/26/25 10:49	TR	EET HOU
Total/NA	Analysis	SM 2540D		1	1000 mL	1000 mL	225492	03/28/25 11:18	AP	EET HOU
Total/NA	Analysis	SM 3500 CR B		1			225090	04/03/25 17:48	DP	EET HOU
Total/NA	Analysis	SM 4500 Cl G		1	10 mL	10 mL	225344	03/27/25 16:45	SCI	EET HOU
Total/NA	Analysis	SM 4500 CN G		1			226156	04/07/25 22:18	MC	EET HOU
Total/NA	Prep	BOD Prep					224139	03/21/25 13:01	TV	EET HOU
Total/NA	Analysis	SM 5210B		1	200 mL	300 mL	225326	03/21/25 14:59	TV	EET HOU
Total/NA	Analysis	SM 5310C		1	40 mL	40 mL	225112	03/26/25 14:25	PSC	EET HOU

Laboratory References:

EET HOU = Eurofins Houston, 4145 Greenbriar Dr, Stafford, TX 77477, TEL (281)240-4200

EET MID = Eurofins Midland, 1211 W. Florida Ave, Midland, TX 79701, TEL (432)704-5440

Accreditation/Certification Summary

Client: Study Butte WSC
Project/Site: WW Permit Testing

Job ID: 880-55835-1

Laboratory: Eurofins Midland

All accreditations/certifications held by this laboratory are listed. Not all accreditations/certifications are applicable to this report.

Authority	Program	Identification Number	Expiration Date
Texas	NELAP	T104704400	06-30-25

Laboratory: Eurofins Houston

Unless otherwise noted, all analytes for this laboratory were covered under each accreditation/certification below.

Authority	Program	Identification Number	Expiration Date
Texas	NELAP	T104704215	07-01-26

The following analytes are included in this report, but the laboratory is not certified by the governing authority. This list may include analytes for which the agency does not offer certification.

Analysis Method	Prep Method	Matrix	Analyte
200.7 Rev 4.4	200.7	Water	Thallium
365.1		Water	Phosphorus Pentoxide
4500 CN G NonAm	Distill/CN	Water	Cyanide, Non-amenable
624.1		Water	Trihalomethanes, Total
9040C		Water	Corrosivity
9040C		Water	Temperature
Nitrogen,Org		Water	Nitrogen, Total Organic
SM 2320B		Water	Bicarbonate Alkalinity as CaCO3
SM 2320B		Water	Carbonate Alkalinity as CaCO3
SM 2320B		Water	Hydroxide Alkalinity
SM 2320B		Water	Phenolphthalein Alkalinity
SM 2540D		Water	Total Suspended Solids
SM 3500 CR B		Water	Trivalent Chrom
SM 4500 CN G		Water	Cyanide - Available

Method Summary

Client: Study Butte WSC
Project/Site: WW Permit Testing

Job ID: 880-55835-1

Method	Method Description	Protocol	Laboratory
624.1	Volatile Organic Compounds (GC/MS)	EPA	EET HOU
300.0	Anions, Ion Chromatography	EPA	EET HOU
200.7 Rev 4.4	Metals (ICP)	EPA	EET HOU
245.1	Mercury (CVAA)	EPA	EET HOU
1664B	HEM and SGT-HEM	1664B	EET HOU
350.1	Nitrogen, Ammonia	EPA	EET HOU
351.2	Nitrogen, Total Kjeldahl	EPA	EET HOU
365.1	Phosphorus, Total	EPA	EET HOU
4500 CN G NonAm	Cyanide, Non-amenable	SM	EET HOU
7196A	Chromium, Hexavalent	SW846	EET MID
8000	COD	Hach	EET HOU
9040C	pH	SW846	EET HOU
Kelada 01	Cyanide, Total, Acid Dissociable and Thiocyanate	EPA	EET HOU
Nitrogen,Org	Nitrogen, Organic	EPA	EET HOU
SM 2320B	Alkalinity	SM	EET HOU
SM 2540C	Solids, Total Dissolved (TDS)	SM	EET HOU
SM 2540D	Solids, Total Suspended (TSS)	SM	EET HOU
SM 3500 CR B	Chromium, Trivalent	SM	EET HOU
SM 4500 Cl G	Chlorine, Residual	SM	EET HOU
SM 4500 CN G	Cyanide, Amenable	SM	EET HOU
SM 5210B	BOD, 5-Day	SM	EET HOU
SM 5310C	TOC	SM	EET HOU
200.7	Preparation, Total Recoverable Metals	EPA	EET HOU
245.1	Preparation, Mercury	EPA	EET HOU
351.2	Nitrogen, Total Kjeldahl	EPA	EET HOU
BOD Prep	Preparation, BOD	SM	EET HOU
Distill/CN	Distillation, Cyanide	None	EET HOU

Protocol References:

1664B = EPA-821-98-002
EPA = US Environmental Protection Agency
Hach = Hach Company
None = None
SM = "Standard Methods For The Examination Of Water And Wastewater"
SW846 = "Test Methods For Evaluating Solid Waste, Physical/Chemical Methods", Third Edition, November 1986 And Its Updates.

Laboratory References:

EET HOU = Eurofins Houston, 4145 Greenbriar Dr, Stafford, TX 77477, TEL (281)240-4200
EET MID = Eurofins Midland, 1211 W. Florida Ave, Midland, TX 79701, TEL (432)704-5440

Sample Summary

Client: Study Butte WSC
Project/Site: WW Permit Testing

Job ID: 880-55835-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received
880-55835-1	Effluent	Water	03/20/25 06:45	03/20/25 12:08

Eurofins Midland
1211 W. Florida Ave
Midland, TX 79701
Phone: 432-704-5440

Chain of Custody Record

eurofins | Environment Testing

Client Information	Sampler:	Lab PM: Taylor, Holly	Carrier Tracking No(s):	COC No: 880-12275-1794.2
Client Contact: Jorge Garcia	Phone:	E-Mail: Holly.Taylor@et.eurofinsus.com	State of Origin:	Page:
Company: Study Butte WSC	PWSID:			
Address: PO BOX 148	Due Date Requested:			
City: Terlingua	TAT Requested (days):			
State, Zip: TX, 79852	Compliance Project: Δ Yes Δ No			
Phone: 432-371-2913(Tel)	PO #: Purchase Order not required			
Email: sbwaterops@bigbend.net	WO #:			
Project Name: WW Permit Testing	Project #: 88000762			
Site:	SSOW#:			

880-55835 Chain of Custody

Analysis Requested

Sample Identification	Sample Date	Sample Time	Sample Type (C=comp, G=grab)	Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	Perform MS/MSD (Yes or No)	1664B_NP - Oil & Grease	7196A - Hexavalent Chromium	Total Number of Containers	Other:	Special Instructions/Note:
			Preservation Code:		X	X	A	N	X		
Effluent #1	3/20/25	06:45	G	Water							
Effluent #2	3/20/25	06:15	G	water							
Effluent #3	3/20/25	06:45	G	water							
Effluent #4	3/20/25	06:55	G	water							
Effluent #5	3/20/25	06:55	G	water							
Effluent #6	3/20/25	07:05	G	water							
Effluent #7	3/20/25	07:05	G	water							
Effluent #8	3/20/25	07:05	G	water							
Effluent #9	3/20/25	07:05	G	water							
Effluent #10	3/20/25	07:05	G	water							
Effluent #11	3/20/25	07:05	G	water							

Possible Hazard Identification
☐ Non-Hazard ☐ Flammable ☐ Skin Irritant ☐ Poison B ☐ Unknown ☐ Radiological

Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)
☐ Return To Client ☐ Disposal By Lab ☐ Archive For _____ Months

Deliverable Requested: I, II, III, IV, Other (specify)

Special Instructions/QC Requirements:

Empty Kit Relinquished by:	Date:	Time:	Method of Shipment:		
Relinquished by: Jorge J	Date/Time: 3/20/25 12:08	Company	Received by: Lesley Faubell Lee	Date/Time: 3/20/25 12:08	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company

Custody Seals Intact: Δ Yes Δ No	Custody Seal No.:	Cooler Temperature(s) °C and Other Remarks: 3.1/3.2 °C IR-8 (0.1)

Ver: 10/10/2024

Eurofins Midland
1211 W. Florida Ave
Midland, TX 79701
Phone: 432-704-5440

Chain of Custody Record

eurofins | Environment Testing

Client Information	Sampler:	Lab PM: Taylor, Holly	Carrier Tracking No(s):	COC No: 880-12275-1794.2
Client Contact: Jorge Garcia	Phone:	E-Mail: Holly.Taylor@et.eurofinsus.com	State of Origin	Page: Page 2 of 2
Company: Study Butte WSC	PWSID:			Job #:
Address: PO BOX 148	Due Date Requested:			
City: Terlingua	TAT Requested (days):			
State, Zip: TX, 79852	Compliance Project: Δ Yes Δ No			
Phone: 432-371-2913(Tel)	PO #: Purchase Order not required			
Email: sbwaterops@bigbend.net	WO #:			
Project Name: WW Permit Testing	Project #: 88000762			
Site:	SSOW#:			

Analysis Requested

Preservation Codes:
A - HCL
N - None
Other:

Sample Identification	Sample Date	Sample Time	Sample Type (C=Comp, G=grab)	Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	1664B_NP - Oil & Grease	7196A - Hexavalent Chromium	See Attached	Total Number of containers	Special Instructions/Note:
Preservation Code:					X	X	A	N	X	
Effluent #12	3/20/25	07:05	G	Water						
Effluent #13	3/20/25	06:45	G	water						
Effluent #14	3/20/25	06:45	G	water						
Effluent #15	3/20/25	06:45	G	water						
Effluent #16	3/20/25	06:55	G	water						
Effluent #17	3/20/25	06:55	G	water						
Effluent #18	3/20/25	06:55	G	water						

Possible Hazard Identification
☐ Non-Hazard ☐ Flammable ☐ Skin Irritant ☐ Poison B ☐ Unknown ☐ Radiological

Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)
☐ Return To Client ☐ Disposal By Lab ☐ Archive For _____ Months

Deliverable Requested: I, II, III, IV, Other (specify)

Special Instructions/QC Requirements:

Empty Kit Relinquished by:	Date:	Time:	Method of Shipment:				
Relinquished by: Jorge Garcia	Date/Time: 3/20/25 12:08	Company	Received by: Teddy Randell Lee	Date/Time: 3/20/25 12:08	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company

Custody Seals Intact: Δ Yes Δ No | Custody Seal No.:

Cooler Temperature(s) °C and Other Remarks: 3.3/3.2°C IR-8 (-0.1)

Ver: 10/10/2024

Bottle Order Information

Bottle Order: RO #2 Effluent
Bottle Order #: 1794
Request From Client: 3/5/2025
Date Order Posted: 3/4/2025 1:46:28PM
Order Status: Ready To Process
Prepared By: Holly Taylor
Deliver By Date: ***3/6/2025 11:59:00AM***
Lab Project Number: 88000762
PWSID:

Order Completion Information

Creator: Holly Taylor
Filled by:
Sent Date:
Sent Via:
Tracking #:

Sets	Bottles/Set	Qty	Bottle Type Description	Preservative	Method	Matrix	Sample Type	Comments	Lot #
1	1	1	Plastic 500ml- Ascorbic Acid w/NAOH #14	Ascorbic Acid and Sodium Hydroxide	SM4500CN_G_Calc - Amenable Cyanide	Water	Normal		
1	1	1	Plastic 250ml - with EDTA #15	EDTA	HACH8000_NP - COD	Water	Normal		
					350.1 - Ammonia	Water	Normal		
					351.2 - Total Kjeldahl Nitrogen (TKN)	Water	Normal		
1	1	1	Plastic 250ml - with Sulfuric Acid #2	Sulfuric Acid	365.1_NP - Phosphorus	Water	Normal		
1	1	1	Plastic 250ml - unpreserved #1	None	300_ORGFM_28D - Cl, F, SO4	Water	Normal		
					300_ORGFMS - (MOD) NO3, NO2	Water	Normal		
					2320B - Alkalinity	Water	Normal		
					9040C - pH	Water	Normal		
1	1	1	Plastic 250ml - unpreserved #2	None	4500_CL_G - Chlorine	Water	Normal		
					3500_CR3_B - Trivalent Chromium	Water	Normal		
1	1	1	Plastic 250ml - with Nitric Acid #4	Nitric Acid	200.7 - Metals (13)	Water	Normal		
					245.1 - Mercury	Water	Normal		
1	3	3	Voa Vial 40ml - Hydrochloric Acid #5	Hydrochloric Acid	624.1 - TTHM	Water	Normal		
1	1	1	Plastic 1 liter - unpreserved #11	None	2540D - TSS	Water	Normal		
1	1	1	Plastic 500ml - unpreserved #3	None	2540C_Calcd - TDS	Water	Normal		
1	1	1	Plastic 500ml - unpreserved #16 #12	None	SM5210B_Calc - BOD, 5-Day	Water	Normal		
1	1	1	Plastic 500ml - unpreserved #18	None	SM5210B_CBODCal - CBOD	Water	Normal		
1	1	1	Plastic 250ml - with Sodium Hydroxide #13	Sodium Hydroxide	Kelada_01 - Cyanide	Water	Normal		
1	2	2	Voa Vial 40mL Amber - H3PO4 #7	Phosphoric Acid	5310C - Total Organic Carbon (TOC)	Water	Normal		
1	1	1	Amber Glass 1 liter - Hydrochloric #12	Hydrochloric Acid	1664B_NP - Oil & Grease	Water	Normal		
1	1	1	Plastic 250ml - unpreserved #15	None	7196A - Hexavalent Chromium	Water	Normal		

Please notify your PM immediately if an error is found in shipment. When returning samples, please return all provided QC samples.

Total Bottle Summary

Bottle Type Description	Preservative	Bottle Count
Normal		**18**
Amber Glass 1 liter - Hydrochloric	Hydrochloric Acid	1
Plastic 1 liter - unpreserved	None	1
Plastic 250ml - unpreserved	None	3
Plastic 250ml - with EDTA	EDTA	1
Plastic 250ml - with Nitric Acid	Nitric Acid	1
Plastic 250ml - with Sodium Hydroxide	Sodium Hydroxide	1
Plastic 250ml - with Sulfuric Acid	Sulfuric Acid	1
Plastic 500ml - unpreserved	None	3
Plastic 500ml- Ascorbic Acid w/NAOH	Ascorbic Acid and Sodium Hydroxide	1
Voa Vial 40ml - Hydrochloric Acid	Hydrochloric Acid	3
Voa Vial 40mL Amber - H3PO4	Phosphoric Acid	2
	Total Bottles:	**18**

Notes to Field Staff:

Scan QR code for field sampler instructions

Health and Safety Notes:

Preservative	Comment
Ascorbic Acid and Sodium Hydroxide	Contains 25mg/ml Ascorbic Acid. May cause mild irritation to skin and eyes. CAUTION! STRONG CAUSTIC! CONTAINS SODIUM HYDROXIDE PELLETS. Avoid skin and eye contact. If contact is made, FLUSH IMMEDIATELY with water.
EDTA	CAUTION! CONTAINS EDTA. Harmful if inhaled. Use adequate ventilation. Avoid skin and eye contact. If contact is made, FLUSH IMMEDIATELY with water.
Hydrochloric Acid	CAUTION! CONTAINS 1:1 HYDROCHLORIC ACID. Avoid skin and eye contact. If contact is made, FLUSH IMMEDIATELY with water.
Nitric Acid	CAUTION! STRONG OXIDIZER! CONTAINS 1:1 NITRIC ACID. Avoid skin and eye contact. If contact is made, FLUSH IMMEDIATELY with water.
Phosphoric Acid	CAUTION! CONTAINS 1:1 PHOSPHORIC ACID. Avoid skin and eye contact. If contact is made, FLUSH IMMEDIATELY with water.
Sodium Hydroxide	CAUTION! STRONG CAUSTIC! CONTAINS SODIUM HYDROXIDE PELLETS. Avoid skin and eye contact. If contact is made, FLUSH IMMEDIATELY with water.
Sulfuric Acid	CAUTION! CONTAINS 1:1 SULFURIC ACID. Avoid skin and eye contact. If contact is made, FLUSH IMMEDIATELY with water.

Relinquished By	Company	Date	Time	Received By	Company	Seal#:
						Seal#:
						Seal#:
Relinquished By	Company	Date	Time	Received By	Company	Seal#:
						Seal#:
						Seal#:

Please notify your PM immediately if an error is found in shipment. When returning samples, please return all provided QC samples.

Eurofins Midland
1211 W Florida Ave
Midland, TX 79701
Phone: 432-704-5440

Chain of Custody Record

eurofins | Environment Testing

Client Information (Sub Contract Lab)	Sampler: N/A	Lab PM: Taylor Holly	Carrier Tracking No(s): N/A	COC No: 880-12899.1
Client Contact: Shipping/Receiving	Phone: N/A	E-Mail: Holly Taylor@et.eurofinsus.com	State of Origin: Texas	Page: Page 1 of 2
Company: Eurofins Environment Testing South Centr		Accreditations Required (See note): NELAP Texas		Job #: 880-55835-1
Address: 4145 Greenbriar Dr	Due Date Requested: 3/27/2025			
City: Stafford	TAT Requested (days): N/A			
State, Zip: TX, 77477				
Phone: 281-240-4200(Tel)	PO #: N/A			
Email: N/A	WO #: N/A			
Project Name: WW Permit Testing	Project #: 88000762			
Site: N/A	SSOW#: N/A			

Sample Identification - Client ID (Lab ID)	Sample Date	Sample Time	Sample Type (C=Comp, G=grab)	Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	Perform MS/MSD (Yes or No)	SM5210B_Calc/BOD_Prep BOD, 5-Day	HACH8000_NP	5310C/ Total Organic Carbon (TOC)	350.1/ Ammonia	2540D	300_ORGFM_28D/ Cl, F, SO4	300_ORGFMS/ (MOD) NO3, NO2	351.2/351.2_Prep Total Kjeldahl Nitrogen (TKN)	Nitrogen,Org/ Organic Nitrogen	1664B_NP/ Oil & Grease	4500_CL_G/ Chlorine	2540C_Calcd/ TDS	2320B	Total Number of containers	Special Instructions/Note:
			Preservation Code:		X	X															
Effluent (880-55835-1)	3/20/25	06:45 Central	G	Water			X	X	X	X	X	X	X	X	X	X	X	X	X	16	

Analysis Requested

Preservation Codes:

Other: N/A

Note: Since laboratory accreditations are subject to change, Eurofins Environment Testing South Central, LLC places the ownership of method, analyte & accreditation compliance upon our subcontract laboratories. This sample shipment is forwarded under chain-of-custody. If the laboratory does not currently maintain accreditation in the State of Origin listed above for analysis/tests/matrix being analyzed, the samples must be shipped back to the Eurofins Environment Testing South Central, LLC laboratory or other instructions will be provided. Any changes to accreditation status should be brought to Eurofins Environment Testing South Central, LLC attention immediately. If all requested accreditations are current to date, return the signed Chain of Custody attesting to said compliance to Eurofins Environment Testing South Central, LLC.

Possible Hazard Identification	Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)
Unconfirmed	☐ Return To Client ☐ Disposal By Lab ☐ Archive For _____ Months
Deliverable Requested: I, II, III, IV, Other (specify) Primary Deliverable Rank: 2	Special Instructions/QC Requirements:

Empty Kit Relinquished by:	Date:	Time:	Method of Shipment:

Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time: 3 2 25 5	Company

Custody Seals Intact: Δ Yes Δ No	Custody Seal No.	Cooler Temperature(s) °C and Other Remarks:

Eurofins Midland
1211 W Florida Ave
Midland, TX 79701
Phone: 432-704-5440

Chain of Custody Record

eurofins | Environment Testing

Client Information (Sub Contract Lab)	Sampler: N/A	Lab PM: Taylor Holly	Carrier Tracking No(s): N/A	COC No: 880-12899.2
Client Contact: Shipping/Receiving	Phone: N/A	E-Mail: Holly Taylor@et.eurofinsus.com	State of Origin: Texas	Page: Page 2 of 2
Company: Eurofins Environment Testing South Centr		Accreditations Required (See note): NELAP Texas		Job #: 880-55835-1
Address: 4145 Greenbriar Dr	Due Date Requested: 3/27/2025			Preservation Codes:
City: Stafford	TAT Requested (days): N/A			
State, Zip: TX, 77477				
Phone: 281-240-4200(Tel)	PO #: N/A			
Email: N/A	WO #: N/A			
Project Name: WW Permit Testing	Project #: 88000762			
Site: N/A	SSOW#: N/A			Other: N/A

Sample Identification - Client ID (Lab ID)	Sample Date	Sample Time	Sample Type (C=Comp, G=grab)	Matrix (W=water, S=solid, O=wastelol BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	Perform MS/MSD (Yes or No)	9040C	200.7/200.7_P_TR (MOD) Custom List	245.1/245.1_Prep Mercury	365.1_NP/ Phosphorus	Kelada_01/ Cyanide	SM4500CN_G_Calc/ Amenable Cyanide	3500_CR3_B/ Trivalent Chromium	624.1/624_Prep TTHM	Total Number of containers	Special Instructions/Note:
			Preservation Code:													
Effluent (880-55835-1)	3/20/25	06:45 Central	G	Water			X	X	X	X	X	X	X	X	16	

Analysis Requested

Note: Since laboratory accreditations are subject to change, Eurofins Environment Testing South Central, LLC places the ownership of method, analyte & accreditation compliance upon our subcontract laboratories. This sample shipment is forwarded under chain-of-custody If the laboratory does not currently maintain accreditation in the State of Origin listed above for analysis/tests/matrix being analyzed, the samples must be shipped back to the Eurofins Environment Testing South Central, LLC laboratory or other instructions will be provided. Any changes to accreditation status should be brought to Eurofins Environment Testing South Central, LLC attention immediately If all requested accreditations are current to date, return the signed Chain of Custody attesting to said compliance to Eurofins Environment Testing South Central LLC.

Possible Hazard Identification	Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)
Unconfirmed	☐ Return To Client ☐ Disposal By Lab ☐ Archive For _____ Months
Deliverable Requested: I, II, III, IV Other (specify) Primary Deliverable Rank: 2	Special Instructions/QC Requirements:

Empty Kit Relinquished by:	Date:	Time:	Method of Shipment:

	Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company
	Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company
	Relinquished by:	Date/Time:	Company	Received by:	Date/Time: 3 21 25 0?5	Company

Custody Seals Intact: Δ Yes Δ No	Custody Seal No.	Cooler Temperature(s) °C and Other Remarks:

Login Sample Receipt Checklist

Client: Study Butte WSC

Job Number: 880-55835-1

Login Number: 55835
List Number: 1
Creator: Vasquez, Julisa

List Source: Eurofins Midland

Question	Answer	Comment
The cooler's custody seal, if present, is intact.	N/A	
Sample custody seals, if present, are intact.	N/A	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <6mm (1/4").	True	

Login Sample Receipt Checklist

Client: Study Butte WSC

Job Number: 880-55835-1

Login Number: 55835
List Number: 2
Creator: Grandits, Corey

List Source: Eurofins Houston
List Creation: 03/21/25 11:07 AM

Question	Answer	Comment
The cooler's custody seal, if present, is intact.	N/A	
Sample custody seals, if present, are intact.	N/A	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <6mm (1/4").	True	

eurofins | Environment Testing

ANALYTICAL REPORT

PREPARED FOR

Attn: Jorge Garcia
Study Butte WSC
PO BOX 148
Terlingua, Texas 79852

Generated 4/7/2025 3:44:26 PM

JOB DESCRIPTION

WW Permit Testing

JOB NUMBER

880-56304-1

Eurofins Midland
1211 W. Florida Ave
Midland TX 79701

See page two for job notes and contact information.

my EOL

Eurofins Midland

Job Notes

This report may not be reproduced except in full, and with written approval from the laboratory. The results relate only to the samples tested. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

Analytical test results meet all requirements of the associated regulatory program (i.e., NELAC (TNI), DoD, and ISO 17025) unless otherwise noted under the individual analysis.

Authorization

Holly Taylor

Generated
4/7/2025 3:44:26 PM

Authorized for release by
Holly Taylor, Project Manager
Holly.Taylor@et.eurofinsus.com
(806)794-1296

Table of Contents

Qualifiers

General Chemistry

Qualifier	Qualifier Description
U	Indicates the analyte was analyzed for but not detected.

Glossary

Abbreviation	These commonly used abbreviations may or may not be present in this report.
☼	Listed under the "D" column to designate that the result is reported on a dry weight basis
%R	Percent Recovery
CFL	Contains Free Liquid
CFU	Colony Forming Unit
CNF	Contains No Free Liquid
DER	Duplicate Error Ratio (normalized absolute difference)
Dil Fac	Dilution Factor
DL	Detection Limit (DoD/DOE)
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample
DLC	Decision Level Concentration (Radiochemistry)
EDL	Estimated Detection Limit (Dioxin)
LOD	Limit of Detection (DoD/DOE)
LOQ	Limit of Quantitation (DoD/DOE)
MCL	EPA recommended "Maximum Contaminant Level"
MDA	Minimum Detectable Activity (Radiochemistry)
MDC	Minimum Detectable Concentration (Radiochemistry)
MDL	Method Detection Limit
ML	Minimum Level (Dioxin)
MPN	Most Probable Number
MQL	Method Quantitation Limit
NC	Not Calculated
ND	Not Detected at the reporting limit (or MDL or EDL if shown)
NEG	Negative / Absent
POS	Positive / Present
PQL	Practical Quantitation Limit
PRES	Presumptive
QC	Quality Control
RER	Relative Error Ratio (Radiochemistry)
RL	Reporting Limit or Requested Limit (Radiochemistry)
RPD	Relative Percent Difference, a measure of the relative difference between two points
TEF	Toxicity Equivalent Factor (Dioxin)
TEQ	Toxicity Equivalent Quotient (Dioxin)
TNTC	Too Numerous To Count

Job Narrative
880-56304-1

Analytical test results meet all requirements of the associated regulatory program listed on the Accreditation/Certification Summary Page unless otherwise noted under the individual analysis. Data qualifiers and/or narrative comments are included to explain any exceptions, if applicable.

- Matrix QC may not be reported if insufficient sample is provided or site-specific QC samples were not submitted. In these situations, to demonstrate precision and accuracy at a batch level, a LCS/LCSD may be performed, unless otherwise specified in the method.
- Surrogate and/or isotope dilution analyte recoveries (if applicable) which are outside of the QC window are confirmed unless attributed to a dilution or otherwise noted in the narrative.

Regulated compliance samples (e.g. SDWA, NPDES) must comply with the associated agency requirements/permits.

Receipt
The sample was received on 4/1/2025 1:14 PM. Unless otherwise noted below, the sample arrived in good condition, and, where required, properly preserved and on ice. The temperature of the cooler at receipt time was 3.3°C.

General Chemistry
Method SM5210B_CBCalc: All the dilutions failed to deplete the method-required 2 mgO2/L for the following samples: Effluent #18 for CBOD (880-56304-1) and (880-56304-A-1-B DU). Only a "less than" result could be calculated from the least dilute preparation.

No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

Client: Study Butte WSC
Project/Site: WW Permit Testing

Job ID: 880-56304-1

Client Sample ID: Effluent #18 for CBOD
Date Collected: 04/01/25 06:55
Date Received: 04/01/25 13:14

Lab Sample ID: 880-56304-1
Matrix: Water

General Chemistry

Analyte	Result	Qualifier	RL		Unit	D	Prepared	Analyzed	Dil Fac
Carbonaceous Biochemical Oxygen Demand (SM 5210B)	<3.00	U	3.00		mg/L		04/02/25 16:52	04/02/25 18:21	1

Method: 5210B - CBOD, 5-Day

Lab Sample ID: 880-56304-1 DU
Matrix: Water
Analysis Batch: 227369

Client Sample ID: Effluent #18 for CBOD
Prep Type: Total/NA
Prep Batch: 226554

Analyte	Sample Result	Sample Qualifier	DU Result	DU Qualifier	Unit	D	RPD	RPD Limit
Carbonaceous Biochemical Oxygen Demand	<3.00	U	<3.00	U	mg/L		NC	25

Lab Sample ID: SCB 860-227369/2
Matrix: Water
Analysis Batch: 227369

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	SCB Result	SCB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Carbonaceous Biochemical Oxygen Demand	0.7470		0.0000020 0	mg/L			04/02/25 18:15	1

Lab Sample ID: USB 860-227369/1
Matrix: Water
Analysis Batch: 227369

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	USB Result	USB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Carbonaceous Biochemical Oxygen Demand	<0.00000200	U	0.0000020 0	mg/L			04/02/25 18:13	1

Lab Sample ID: LCS 860-227369/3
Matrix: Water
Analysis Batch: 227369

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Carbonaceous Biochemical Oxygen Demand	198	174.6		mg/L		88	85 - 115

QC Association Summary

Client: Study Butte WSC
Project/Site: WW Permit Testing

Job ID: 880-56304-1

General Chemistry

Prep Batch: 226554

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-56304-1	Effluent #18 for CBOD	Total/NA	Water	CBOD Prep	
880-56304-1 DU	Effluent #18 for CBOD	Total/NA	Water	CBOD Prep	

Analysis Batch: 227369

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
880-56304-1	Effluent #18 for CBOD	Total/NA	Water	5210B	226554
SCB 860-227369/2	Method Blank	Total/NA	Water	5210B	
USB 860-227369/1	Method Blank	Total/NA	Water	5210B	
LCS 860-227369/3	Lab Control Sample	Total/NA	Water	5210B	
880-56304-1 DU	Effluent #18 for CBOD	Total/NA	Water	5210B	226554

Lab Chronicle

Client: Study Butte WSC
Project/Site: WW Permit Testing

Job ID: 880-56304-1

Client Sample ID: Effluent #18 for CBOD
Date Collected: 04/01/25 06:55
Date Received: 04/01/25 13:14

Lab Sample ID: 880-56304-1
Matrix: Water

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	CBOD Prep					226554	04/02/25 16:52	TV	EET HOU
Total/NA	Analysis	5210B		1	200 mL	300 mL	227369	04/02/25 18:21	MR	EET HOU

Laboratory References:

EET HOU = Eurofins Houston, 4145 Greenbriar Dr, Stafford, TX 77477, TEL (281)240-4200

Accreditation/Certification Summary

Client: Study Butte WSC
Project/Site: WW Permit Testing

Job ID: 880-56304-1

Laboratory: Eurofins Houston

Unless otherwise noted, all analytes for this laboratory were covered under each accreditation/certification below.

Authority	Program	Identification Number	Expiration Date
Texas	NELAP	T104704215	07-01-26

The following analytes are included in this report, but the laboratory is not certified by the governing authority. This list may include analytes for which the agency does not offer certification.

Analysis Method	Prep Method	Matrix	Analyte
5210B	CBOD Prep	Water	Carbonaceous Biochemical Oxygen Demand

Method Summary

Client: Study Butte WSC
Project/Site: WW Permit Testing

Job ID: 880-56304-1

Method	Method Description	Protocol	Laboratory
5210B	CBOD, 5-Day	SM	EET HOU
CBOD Prep	Preparation, CBOD	SM	EET HOU

Protocol References:

SM = "Standard Methods For The Examination Of Water And Wastewater"

Laboratory References:

EET HOU = Eurofins Houston, 4145 Greenbriar Dr, Stafford, TX 77477, TEL (281)240-4200

Sample Summary

Client: Study Butte WSC
Project/Site: WW Permit Testing

Job ID: 880-56304-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received
880-56304-1	Effluent #18 for CBOD	Water	04/01/25 06:55	04/01/25 13:14

Eurofins Midland
1211 W. Florida Ave
Midland, TX 79701
Phone: 432-704-5440

Chain of Custody Record

880-56304 Chain of Custody

Page 2 of 2

Client Information	Sampler:	Lab PM: Taylor, Holly	Carrier Tra
Client Contact: Jorge Garcia	Phone:	E-Mail: Holly.Taylor@et.eurofinsus.com	State of Ori
Company: Study Butte WSC	PWSID:	Analysis Requested	Job #:
Address: PO BOX 148	Due Date Requested:		Preservation Codes: A - HCL N - None
City: Terlingua	TAT Requested (days):		
State, Zip: TX, 79852	Compliance Project: Δ Yes Δ No		
Phone: 432-371-2913(Tel)	PO #: Purchase Order not required		
Email: sbwaterops@bigbend.net	WO #:		
Project Name: WW Permit Testing	Project #: 88000762		
Site:	SSOW#:		Other:

Sample Identification	Sample Date	Sample Time	Sample Type (C=comp, G=grab)	Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	1664B_NP - Oil & Grease	218A - Hexavalent Chromium	BOD	Total Number of Containers	Special Instructions/Note:
			Preservation Code:		X	A	A		X	
EFFLUENT # 18 FOR CBOD	4/01/25	06:55	G	Water				X		

Possible Hazard Identification
☐ Non-Hazard ☐ Flammable ☐ Skin Irritant ☐ Poison B ☐ Unknown ☐ Radiological

Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)
☐ Return To Client ☐ Disposal By Lab ☐ Archive For _____ Months

Deliverable Requested: I, II, III, IV, Other (specify)

Special Instructions/QC Requirements:

Empty Kit Relinquished by:	Date:	Time:	Method of Shipment: FedEx

	Relinquished by	Date/Time	Company	Received by	Date/Time	Company
	[signature]	4/01/25 13:14		[signature]	4/1/25 13:14	
	Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company
	Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company

Custody Seals Intact: Δ Yes Δ No | Custody Seal No.:

Cooler Temperature(s) °C and Other Remarks: 3.4/3.3 IR-8 (-0.1)

Ver: 10/10/2024

Login Sample Receipt Checklist

Client: Study Butte WSC

Job Number: 880-56304-1

Login Number: 56304
List Number: 1
Creator: Lee, Randell

List Source: Eurofins Midland

Question	Answer	Comment
The cooler's custody seal, if present, is intact.	N/A	
Sample custody seals, if present, are intact.	True	
The cooler or samples do not appear to have been compromised or tampered with.	N/A	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	N/A	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <6mm (1/4").	N/A	

Login Sample Receipt Checklist

Client: Study Butte WSC

Job Number: 880-56304-1

Login Number: 56304
List Number: 2
Creator: Grandits, Corey

List Source: Eurofins Houston
List Creation: 04/02/25 01:53 PM

Question	Answer	Comment
The cooler's custody seal, if present, is intact.	N/A	
Sample custody seals, if present, are intact.	N/A	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <6mm (1/4").	True	

Sample Login Acknowledgement

Job 880-56304-1

Project Description:	RO #2 Effluent	**Report To:**	Study Butte WSC
Client Job Description:	WW Permit Testing		Jorge Garcia
Purchase Order #:	Purchase Order not required		PO BOX 148 Terlingua, TX 79852
Work Order #:			
Project Manager:	Holly Taylor		
Job Due Date:	4/10/2025		
Job TAT:	7 Days	**Bill To:**	Study Butte WSC
Max Deliverable Level:	II		Jorge Garcia
Earliest Deliverable Due:	4/10/2025		PO BOX 148 Terlingua, TX 79852

Login 880-56304

Sample Receipt:	4/1/2025 1:14:00 PM	**Number of Coolers:**	1
Method of Delivery:	Client Drop off	**Cooler Temperature(s) (C°):**	3.3;

Lab Sample #	Client Sample ID	Date Sampled	Matrix		
Method	Method Description / Work Location			Rpt Basis	Dry / Wet **
880-56304-1	Effluent #18 for CBOD	4/1/2025 6:55:00 AM	Water		
SM5210B_CBCalc	CBOD, 5-Day / Eurofins Houston			Total	Wet

* Method on-hold

** Wet/Dry indicates whether the reported results will be corrected for moisture content, and based on sample Wet weight or Dry weight.

Sample Login Acknowledgement

Job 880-56305-1

Project Description:	RO #2 Effluent	**Report To:**	Study Butte WSC Jorge Garcia PO BOX 148 Terlingua, TX 79852
Client Job Description:	RO #2 Effluent		
Purchase Order #:	Purchase Order not required		
Work Order #:			
Project Manager:	Holly Taylor		
Job Due Date:	4/30/2025		
Job TAT:	21 Days	**Bill To:**	Study Butte WSC Jorge Garcia PO BOX 148 Terlingua, TX 79852
Max Deliverable Level:	II		
Earliest Deliverable Due:	4/30/2025		

Login 880-56305

Sample Receipt:	4/1/2025 1:14:00 PM	**Number of Coolers:**	1
Method of Delivery:	Client Drop off	**Cooler Temperature(s) (C°):**	4.7;

Lab Sample #	Client Sample ID	Date Sampled	Matrix		
Method	**Method Description / Work Location**			**Rpt Basis**	**Dry / Wet ****
880-56305-1	**RO #2 Effluent**	**4/1/2025 6:50:00 AM**	**Drinking Water**		
200.8	Total Uranium / Eurofins Houston			Total Recoverable	Wet
903.0	Radium 226 / Eurofins St. Louis			Total	Wet
904.0	Radium 228 / Eurofins St. Louis			Total	Wet

* Method on-hold

** Wet/Dry indicates whether the reported results will be corrected for moisture content, and based on sample Wet weight or Dry weight.

Candice Calhoun

From: Sarah Fernandez <sfernandez@jacobmartin.com>
Sent: Monday, June 23, 2025 11:11 AM
To: Candice Calhoun; sbwateroffice@bigbend.net
Cc: David Hudson
Subject: RE: Application to Renew Permit No. WQ0004968000 - Notice of Deficiency
Attachments: 20971 (SPIF).pdf

Candice,
Apologies for the back and forth here is the SPIF Form, thank you.

Sarah Fernandez
JACOB | MARTIN
3465 Curry Lane
Abilene, TX 79606
Ofc) 325.695.1070

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Monday, June 23, 2025 8:57 AM
To: Sarah Fernandez <sfernandez@jacobmartin.com>; sbwateroffice@bigbend.net
Cc: David Hudson <dhudson@jacobmartin.com>
Subject: RE: Application to Renew Permit No. WQ0004968000 - Notice of Deficiency

Sarah,

The attached document is a USGS Map, I am needing the SPIF (Supplemental Permit Information Form). Also, thank you for the confirmation regarding the NORI language.

Please let me know if you have any questions.

Regards,

Candice Courville
License & Permit Specialist
ARP Team | Water Quality Division
Texas Commission on Environmental Quality
512-239-4312
candice.calhoun@tceq.texas.gov

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

From: Sarah Fernandez <sfernandez@jacobmartin.com>
Sent: Monday, June 23, 2025 8:33 AM
To: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>; sbwateroffice@bigbend.net
Cc: David Hudson <dhudson@jacobmartin.com>
Subject: RE: Application to Renew Permit No. WQ0004968000 - Notice of Deficiency

Good Morning Candice,
Please see attached the updated SPIF and let me know if it is legible, thank you! As for the NORI it looks good to me!

Sarah Fernandez
JACOB | MARTIN
3465 Curry Lane
Abilene, TX 79606
Ofc) 325.695.1070

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Friday, June 20, 2025 1:39 PM
To: Sarah Fernandez <sfernandez@jacobmartin.com>; sbwateroffice@bigbend.net
Cc: David Hudson <dhudson@jacobmartin.com>
Subject: RE: Application to Renew Permit No. WQ0004968000 - Notice of Deficiency

Good afternoon, Sarah,

It was good speaking with you as well. Thank you for the information you provided. The response to items 1, 2, 3, 4, 5, 6, and 8 is sufficient. There is some additional information needed, please see below.

1. Item 7 of the NOD (SPIF) – I did not see an updated SPIF in the attachments. The SPIF that was provided in the original application has a description to the facility. If you could please replace that with the 20 Ghost Town Road address, that would be great.

2. I updated the NORI to include the 20 Ghost Town Road address for the facility location as well as added in the new public viewing location. Could you please look it over and let me know if there are any errors or omissions, or if it looks good.

> APPLICATION. Study Butte Water Supply Corporation, P.O. Box 148, Terlingua, Texas 79852, which owns a reverse osmosis facility that provides treatment of well water for a public water supply, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0004968000 (EPA I.D. No. TX0133183) to authorize the discharge of treated water at a

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: Study Butte Water Supply Corporation (WSC)

   Permit No. WQ00 4968000 EPA ID No. TX 0133183

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

   The facility is located at 20 Ghost Town Road, near the city of Terlingua, in Brewster County, Texas 79852. The discharge route is from the plant site to The Long Draw; thence to Terlingua Creek; thence to Rio Grande Above Amistad Reservoir.

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: Gilles, William

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Board President

Mailing Address: P.O. Box 148

City, State, Zip Code: Terlingua, TX 79852

Phone No.: 432-371-2933 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: sbwateroffice@bigbend.net

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

N/A

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

To the Long Draw; thence to Terlingua Creek; thence to Rio Grande above Amistad Reservoir in Segment No. 2306 of the Rio Grande Basin

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

Click here to enter text.

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

Very dry desert region; little to no vegetation or land use.

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:

Click here to enter text.

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

Click here to enter text.

Candice Calhoun

From: Sarah Fernandez <sfernandez@jacobmartin.com>
Sent: Friday, June 20, 2025 12:03 PM
To: Candice Calhoun; sbwateroffice@bigbend.net
Cc: David Hudson
Subject: RE: Application to Renew Permit No. WQ0004968000 - Notice of Deficiency
Attachments: USGS-SPIF Map - 2025 email size.pdf; USGS Map email size.pdf; 10411_2024.pdf

Hi Candice,
It was good speaking with you this morning, attached is the requested response for the NOD. If anything, else is needed please let me know, thank you, have a great weekend!

Core Data Form – Section III, Item 23: the street name of the facility address seems like it may have changed. If an updated street address is available, please provide an updated section of the Core Data Form to show the updated address. Please also provide an updated PLS, in English language, to show the updated address, if applicable.
Correct.

Sarah Fernandez
JACOB | MARTIN
3465 Curry Lane
Abilene, TX 79606
Ofc) 325.695.1070

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Thursday, June 5, 2025 3:32 PM
To: sbwateroffice@bigbend.net
Cc: Sarah Fernandez <sfernandez@jacobmartin.com>
Subject: Application to Renew Permit No. WQ0004968000 - Notice of Deficiency
Importance: High

Good afternoon, Ms. De La Cruz,

The attached Notice of Deficiency (NOD) letter dated June 5, 2025, requests additional information needed to declare the application administratively complete. Please send complete response no later than June 20, 2025.

Please let me know if you have any questions.

Regards,

Candice Courville
License & Permit Specialist
ARP Team | Water Quality Division
Texas Commission on Environmental Quality
512-239-4312
candice.calhoun@tceq.texas.gov

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: Study Butte WSC

PERMIT NUMBER (If new, leave blank): WQ00 4968000

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

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

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

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

Applicant Name: Study Butte WSC

Permit No.: WQ0004968000

EPA ID No.: TX0133183

Expiration Date: 10/29/2025

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

☐ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

☒ Reverse Osmosis Water Treatment (reverse osmosis water treatment wastewaters only)

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

☒ Active ☐ Inactive

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

☒ TPDES Permit ☐ TLAP ☐ TPDES with TLAP component

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

☐ New

☐ Renewal with changes ☒ Renewal without changes

☐ Major amendment with renewal ☐ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region _____
Permit Number _____

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

g. Application Fee

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

h. Payment Information

Mailed

Check or money order No.: 16759

Check or money order amt.: 315.00

Named printed on check or money order: Study Butte Water Supply Corp

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: CN600651301

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: Study Butte Water Supply Corporation (WSC)

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): Gilles, William

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

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

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

a. ☒ Administrative Contact . ☐ Technical Contact

Prefix: Click to enter text. Full Name (Last/First Name): De La Cruz, Alisa

Title: Office Manager Credential: Click to enter text.

Organization Name: Study Butte Water Supply Corp

Mailing Address: PO Box 148 City/State/Zip: Terlingua, TX 79852

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.net

b. ☒ Administrative Contact ☐ Technical Contact

Prefix: Mrs Full Name (Last/First Name): Fernandez, Sarah

Title: Environmental Coordinator Credential: Click to enter text.

Organization Name: Jacob Martin

Mailing Address: 3465 Curry Lane City/State/Zip: Abilene, TX 79606

Phone No: 325-695-1070 Email: Click to enter text.

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: Ms Full Name (Last/First Name): De La Cruz, Alisa

Title: Office Manager Credential: Click to enter text.

Organization Name: Study Butte Water Supply Corp

Mailing Address: PO Box 148 City/State/Zip: Click to enter text.

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.net

b. Prefix: Mrs Full Name (Last/First Name): Fernandez, Sarah

Title: Environmental Coordinator Credential: Click to enter text.

Organization Name: Jacob Martin

Mailing Address: 3465 Curry Lane City/State/Zip: Abilene, TX 79606

Phone No: 325-695-1070 Email: sfernandez@jacobmartin.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: Ms Full Name (Last/First Name): De La Cruz, Alisa

Title: Office Manager Credential: Click to enter text.

Organization Name: Study Butte Water Supply Corp

Mailing Address: PO Box 148 City/State/Zip: Terlingua, TX 79852

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.net

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

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

Prefix: Ms Full Name (Last/First Name): De La Cruz, Alisa

Title: Office Manager Credential: Click to enter text.

Organization Name: Study Butte Water Supply Corp

Mailing Address: PO Box 148 City/State/Zip: Terlingua, TX 79852

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.net

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Ms Full Name (Last/First Name): De La Cruz, Alisa

Title: Office Manager Credential: Click to enter text.

Organization Name: Study Butte Water Supply Corp

Mailing Address: PO Box 148 City/State/Zip: Terlingua, TX 79852

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.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: sfernandez@jacobmartin.com

☐ Fax: Click to enter text.

☒ Regular Mail (USPS)

Mailing Address: PO Box 148

City/State/Zip Code: Terlingua, TX 79852

c. Contact in the Notice

Prefix: Ms Full Name (Last/First Name): De La Cruz, Alisa

Title: Office Manager Credential: Click to enter text.

Organization Name: Study Butte Water Supply Corp

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.net

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: Alpine Public Library Location within the building: Bulletin Board

Physical Address of Building: 805 W. Avenue E

City: Alpine County: Brewster

e. Bilingual Notice Requirements

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

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

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

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

☐ Yes ☒ No

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

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No ☐ N/A

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

f. Summary of Application in Plain Language Template – Complete and attach the Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS. Attachment: 1

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

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

a. TCEQ issued Regulated Entity Number (RN), if available: RN104707252

Note: If your business site is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search the TCEQ's Central Registry to determine the RN or to see if the larger site may already be registered as a Regulated Entity. If the site is found, provide the assigned RN.

b. Name of project or site (name known by the community where located): Terlingua Water Treatment Plant

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

☒ Yes ☐ No ☐ N/A (new permit)

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

d. Owner of treatment facility:

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

or Organization Name: Study Butte WSC

Mailing Address: PO Box 148 City/State/Zip: Terlingua TX 79852

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.net

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

f. Owner of land where treatment facility is or will be: Study Butte WSC

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

or Organization Name: Study Butte WSC

Mailing Address: PO Box 148, City/State/Zip: Click to enter text.

Phone No: 432.371.2933 Email: sbwateroffice@bigbend.net

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

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

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

or Organization Name: Click to enter text.

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

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

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

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

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

or Organization Name: Click to enter text.

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

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

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

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

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

☐ Yes ☒ No

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

☒ One-mile radius
☐ Three-miles downstream information
☒ Applicant's property boundaries
☒ Treatment facility boundaries
☒ Labeled point(s) of discharge
☐ Highlighted discharge route(s)
☐ Effluent disposal site boundaries
☐ All wastewater ponds
☐ Sewage sludge disposal site
☐ New and future construction

Attachment: 2

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): Terlingua, TX

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

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: David Hudson and Charles Keith

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: WQ0004968000

Applicant Name: Study Butte Water Supply Corporation

Certification: I, William Gilles, 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): William Gilles

Signatory title: Board of Director President

Signature: William J Gilles (Use blue ink) Date: 4/14/25

Subscribed and Sworn to before me by the said William Gilles

on this 14th day of April, 2025.

My commission expires on the 21st day of September, 2025.

Notary Public

ALISA DE LA CRUZ
Notary ID #133345478
My Commission Expires
September 21, 2025

[SEAL]

Brewster County, Texas

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

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

a. Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.

☐ The applicant's property boundaries.

☐ The facility site boundaries within the applicant's property boundaries.

☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone.

☐ The property boundaries of all landowners surrounding the applicant's property. (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)

☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream.

☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge.

☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides.

☐ The boundaries of the effluent disposal site (e.g., irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property.

☐ The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located.

☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners within one-quarter mile of the applicant's property boundaries where the sewage sludge land application site is located.

☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (e.g., sludge surface disposal site or sludge monofil) is located.

Attachment: Click to enter text.

b. ☐ that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).

Check this box to confirm a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.Provide the source of the landowners' names and mailing addresses: Click to enter text.

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

☐ Yes ☐ No

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

Item 2. Original Photographs (Instructions, Page 37)

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

☐ At least one original photograph of the new or expanded treatment unit location.

☐ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.

☐ At least one photograph of the existing/proposed effluent disposal site.

☐ A plot plan or map showing the location and direction of each photograph.

Attachment: Click to enter text.

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: 1

ATTACHMENT 1

INDIVIDUAL INFORMATION

Item 1. Individual information (Instructions, Page 38)

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

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

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

Driver's License or State Identification Number: Click to enter text.

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

City, State, and Zip Code: Click to enter text.

Phone No.: Click to enter text.

Fax No.: Click to enter text.

E-mail Address: Click to enter text.

CN: Click to enter text.

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

☒ Core Data Form (TCEQ Form No. 10400)
(Required for all applications types. Must be completed in its entirety and signed. Note: Form may be signed by applicant representative.)

☒ Correct and Current Industrial Wastewater Permit Application Forms
(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)

☒ Water Quality Permit Payment Submittal Form (Page 14)
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)

☒ 7.5 Minute USGS Quadrangle Topographic Map Attached
(Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments.)

☒ N/A ☐ Current/Non-Expired, Executed Lease Agreement or Easement Attached

☒ N/A ☐ Landowners Map
(See instructions for landowner requirements.)

Things to Know:

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

☒ N/A ☐ Landowners Labels and Cross Reference List
(See instructions for landowner requirements.)

☒ Electronic Application Submittal
(See application submittal requirements on page 23 of the instructions.)

☒ Original signature per 30 TAC § 305.44 – Blue Ink Preferred
(If signature page is not signed by an elected official or principle executive officer, a copy of signature authority/delegation letter must be attached.)

☒ Summary of Application (in Plain Language)

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

The National Map US Topo

TERLINGUA QUADRANGLE
TEXAS - BREWSTER COUNTY
7.5-MINUTE SERIES

-103.6250° 634000mE -103.5000°
29.3750° 3250000mN 29.3750°
29.2500° 645000mE 29.2500°

1 Mile Radius
WTP Facility / Applicant Property Boundary 20 Ghost Road Terlingia TX
Discharge Point
1 Mile Downstream
3 Miles Downstream

Study Butte WSC
WTP Permit Renewal
WQ0004968000
USGS Map
2025

JACOB MARTIN
8445 CURRY LANE
ABILENE, TEXAS 79606
325.695.1570
1508 SANTA FE DR, SUITE 204
WEATHERFORD, TEXAS 76086
817.864.9985
FIRM # P-2448

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 13R

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, October 2016 - November 2016
Roads..... U.S. Census Bureau, 2015 - 2018
Names.....GNIS, 1979 - 2018
Hydrography.....National Hydrography Dataset, 2002 - 2018
Contours.....National Elevation Dataset, 2006
Boundaries.....Multiple sources; see metadata file 2016 - 2017

Wetlands.....FWS National Wetlands Inventory 1986

MN
GN
0°42´ 12 MILS
6°34´ 117 MILS
UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000 - m Square ID
FN
Grid Zone Designation 13R

SCALE 1:24 000
1 0.5 0 KILOMETERS 1 2
1000 500 0 METERS 1000 2000
1 0.5 0 1
MILES
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000
FEET

CONTOUR INTERVAL 20 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.18

TEXAS
QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

ADJOINING QUADRANGLES
1 Yellow Hill
2 Hen Egg Mountain
3 Christmas Mountains
4 Amarilla Mountain
5 Tule Mountain
6 Mesa De Anguila
7 Castolon
8 Cerro Castellan

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

TERLINGUA, TX
2019

76430163985691
NSN. 7643016398569
NGA REF NO. USGSX24K71808