Administrative Package Cover Page

This file contains the following documents:

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

Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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/STORMWATER

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

Brazoria County Municipal Utility District No. 21 (CN600736367) operates Brazoria County MUD No.21 Water Supply Plant (RN110749132), a Reverse Osmosis (RO) Water Treatment Plant. The facility is located at 1530 County Road 58, in Rosharon, Brazoria County, Texas 77583. Renewal of existing discharge permit.The facility treats groundwater (approximately 650 mg/l TDS) and produces drinking water for municipal use. The concentrate stream produced from the RO process is discharged with a daily average flow of 0.72 MGD.

Discharges from the facility are expected to contain no pollutant in the discharge. Wastewater is concentrate from the RO process, washwater from occasional cleaning of the raw water pipeline. This is raw well water chlorinated, then dechlorinated prior to discharge. Acid cleaning of the membranes (every 3-6 months) can be either sent to the Brazoria County MUD No. 21 Wastewater Treatment Plant or blended with the RO concentrate. Discharge from cleaning is treated by neutralization to pH 7-7.5 prior to discharge.

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

AGUAS RESIDUALES INDUSTRIALES /AGUAS PLUVIALES

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

Brazoria County Municipal Utility District No. 21 (CN600736367) opera Brazoria County MUD No. 21 Water Supply Plant RN110749132, una Planta Tratadora de Agua por Osmosis Inversa. La instalación está ubicada en 1530 County Road 58, en Rosharon, Condado de Brazoria, Texas 77583. Renovación del permiso existente de descarga. Las instalaciones tratan aguas subterraneas (aproximadamente 650 mg/1 TDS) y producen agua potable para uso municipal. El flujo de concentrado producido por el proceso de Osmosis Inversa es descargado con un flujo promedio de 0.72 MGD.

Se espera que las descargas de la instalación contengan ningun tipo de contaminantes. Los tipos de agua residuals son, el concentrado del proceso de Osmosis Inversa, agua de limpieza occasional de la tuberia de agua no tratada. Esta es agua del pozo con cloro, despues el cloro es removido antes de su descarga. Acido para la limpieza de las membranas (de 3-6 meses) puede ser mandado a Brazoria County MUD No.21 Wastewater Treatment Plant o ser mezclado con el concentrado del proceso de Osmosis Inversa. La descarga de la limpieza es tratada a traves de neutralizacion a un pH de 7-7.5 antes de su descarga.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0005271000

APPLICATION. Brazoria County Municipal Utility District No. 21, 3200 Southwest Freeway, Suite 2600, Houston, Texas 77027, which owns Brazoria County Municipal Utility District (BCMUD) No. 21 Water Treatment Plant, a reverse osmosis water treatment facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0005271000 (EPA I.D. No. TX0139211) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 720,000 gallons per day. The water treatment facility is located at 1530 County Road 58, near Rosharon, in Brazoria County, Texas 77583. The discharge route is from the plant site via Outfall 001 to BCMUD No. 21 drainage ditch "Channel B", thence to Detention Pond #1, thence to BCMUD No. 21 drainage ditch "Channel B", thence to Detention Pond #2, thence to BCMUD No. 21 drainage ditch "Channel B", thence to West Fork Chocolate Bayou, thence to Chocolate Bayou Above Tidal. TCEQ received this application on August 20, 2025. The permit application will be available for viewing and copying at Manvel Branch Library, 20514B Highway 6, Manvel, in Brazoria County, Texas. 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=-95.43238,29.510275&level=18

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

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

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

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

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

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

The Commission may only grant a request for a contested case hearing on issues the requestor submitted in their timely comments that were not subsequently withdrawn. **If a hearing is granted, the subject of a hearing will be limited to disputed issues of fact or mixed questions of fact and law relating to relevant and material water quality concerns submitted during the comment period. TCEQ may act on an application to renew a permit for discharge of wastewater without providing an opportunity for a contested case hearing if certain criteria are met.**

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

If you wish to be placed on the permanent and/or the county mailing list, clearly specify which list(s) and send your request to TCEQ Office of the Chief Clerk at the address below.

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

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

Further information may also be obtained from Brazoria County Municipal Utility District No. 21 at the address stated above or by calling Mr. Jesus Leal, P.E., NorrisLeal, LLC, at 956-423-7409.

Issuance Date: September 22, 2025

Comisión de Calidad Ambiental del Estado de Texas

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

PERMISO NO. WQ0005271000

SOLICITUD. Brazoria County Municipal Utility District No. 21, 3200 Southwest Freeway, Suite 2600, Houston, Texas 77027, que opera Brazoria County Municipal Utility District (BCMUD) No. 21 Water Treatment Plant, una planta tratadora de agua por osmosis inversa ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0005271000 (EPA I.D. No. TX0139211) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 720,000 galones por día. La planta está ubicada en 1530 County Road 58, cerca de Rosharon, en el Condado de Brazoria, Texas 77583. La ruta de descarga es del sitio de la planta a través de la desembocadura 001 a BCMUD No. 21 Drainage Ditch Channel B; de ahí al estanque de detención #1; de ahí a BCMUD No. 21 Drainage Ditch Channel B; De ahí al estanque de detención #2; de ahí a BCMUD No. 21 Drainage Ditch Channel B; de ahí a West Fork Chocolate Bayou; de ahí a Chocolate Bayou Above Tidal. TCEQ recibió esta solicitud el 20 de agosto de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en Manvel Branch Library, 20514B Highway 6, Manvel, en el Condado de Brazoria, Texas. Antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.43238,29.510275&level=18

AVISO DE IDIOMA ALTERNATIVO. El aviso de idioma alternativo en español está disponible en https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications.

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

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

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

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

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

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

puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.

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

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

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

También se puede obtener información adicional del Brazoria County Municipal Utility District No.21 a la dirección indicada arriba o llamando a Jesus Leal, P.E., NorrisLeal, LLC, al 956-423-7409.

Fecha de emisión: 22 de septiembre de 2025

NORRISLEAL
ENGINEERING WATER

1222 E. Tyler Avenue
Harlingen, Texas 78550
O: 956.423.7409

4451 S. Jackson Road, Ste D
Edinburg, TX 78539

Texas Firm Registration No. 14803

August 20, 2025 BCMUD 2501

Executive Director
Applications Review and Processing Team, MC-148
Texas Commission on Environmental Quality
12100 Park 35 Circle
Austin, Texas 78753

Re: Submittal of TPDES Discharge Permit Renewal Application
Brazoria County Municipal Utility District No. 21
Permit No. WQ0005271000

Enclosed please find one (1) original copy of the permit renewal application for the above referenced Facility. An application fee of $315.00 has been paid on the TCEQ ePay website for processing of this application (see attached copy of Voucher, *Attachment AR1.0-1(h)*).

Please advise if you have any questions or require additional information.
You can reach me at (956) 827-0161 or jose.leal@norrisleal.com

Sincerely,

Jesus Leal, P.E.
Principal

cc: TCEQ Financial Administration Division

Brazoria County
M.U.D. #21

August 2025

BRAZORIA COUNTY MUNICIPAL UTILITIES DISTRICT NO. 21
INDUSTRIAL DISCHARGE PERMIT

Prepared By :

NL Engineering Water
1222 E. Tyler Avenue
Harlingen, Texas 78550
TBPE Firm No. 14803

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: Brazoria County Municipal Utility District

PERMIT NUMBER (If new, leave blank): WQ00 05271000

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: Brazoria County Municipal Utility District No.21

Permit No.: WQ0005271000

EPA ID No.: TX00139211

Expiration Date:

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: N/A

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.: Click to enter text.

Check or money order amt.: Click to enter text.

Named printed on check or money order: Click to enter text.

Epay

Voucher number: 779881,779882

Copy of voucher attachment: AR1.0-1(h)

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: CN600736367

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: Brazoria County Municipal Utility District No. 21

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: Ms. Full Name (Last/First Name): Jones Fatiyauh

Title: President Credential: N/A

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: AR1.0-4(a)

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: Mr. Full Name (Last/First Name): Leal Jesus

Title: Principal Credential: P.E.

Organization Name: NorrisLeal, LLC

Mailing Address: 1222 E. Tyler Avenue, Suite C City/State/Zip: Harlingen, TX 78550

Phone No:(956) 423-7409 Email: jleal@norrisleal.com

b. ☒ Administrative Contact ☒ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Leal Jose

Title: Senior Project Manager Credential: P.E.

Organization Name: NorrisLeal, LLC

Mailing Address: 1222 E. Tyler Avenue, Suite C City/State/Zip: Harlingen 78550

Phone No: (956) 423-7409 Email: jose.leal@norrisleal.com

Attachment: N/A

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): Jones Fatiyauh

Title: President Credential: N/A

Organization Name: Brazoria County Municipal Utility District No.21

Mailing Address: 3200 Southwest Freeway, Suite 2600 City/State/Zip: Houston,TX 77027

Phone No: (713) 860-6400 Email: eventsatlos@gmail.com

b. Prefix: Ms. Full Name (Last/First Name): Carner Katie

Title: District Attorney Credential: Attorney

Organization Name: Allen Boone Humphries Robinson, LLP

Mailing Address: 3200 Southwest Freeway, Suite 2600 City/State/Zip: Houston,TX 77027

Phone No: (713) 860-6482 Email: kcarner@abhr.com

Attachment: N/A

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

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

Organization Name: Myrtle Cruz Inc

Mailing Address: 3401 Louisiana St #400 City/State/Zip: Houston, TX 77002

Phone No: (713) 759-1368 Email: amy_carpenter@mcruz.com

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

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

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

Title: Assistant Vice President Regulatory Affairs Credential:

Organization Name: Municipal District Services, LLC

Mailing Address: 406 W. Grand Parkway S., Suite 260 City/State/Zip: Katy, Texas 77494

Phone No: (281)290 -6500 Email: syoung@mdswater.com

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Leal Jesus

Title: Principal Credential: P.E.

Organization Name: NorrisLeal, LLC

Mailing Address: 1222 E. Tyler Avenue, Suite C City/State/Zip: Harlingen, Texas 78550

Phone No: (956) 423-7409 Email: jleal@norrisleal.com

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

☒ E-mail: jleal@norrisleal.com

☐ Fax: Click to enter text.

☒ Regular Mail (USPS)

Mailing Address: 1222 E. Tyler Avenue, Suite C

City/State/Zip Code: Harlingen, TX 78550

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Leal Jesus

Title: Principal Credential: P.E.

Organization Name: NorrisLeal, LLC

Phone No: (956) 423-7409 Email: jleal@norrisleal.com

d. Public Viewing Location Information

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

Public building name: Manvel Branch Library Location within the building: Computer Room

Physical Address of Building: 20514B Highway 6, Manvel, TX 77578

City: Manvel County: Brazoria

e. Bilingual Notice Requirements

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

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

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

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

☒ Yes ☐ No

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

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

   ☒ Yes ☐ No

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No ☐ N/A

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

f. 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: AR1.0-9(f)

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

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

a. TCEQ issued Regulated Entity Number (RN), if available: RN110749132

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): Brazoria County MUD No.21 Water Supply 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: Brazoria County Municipal Utility District No.21

Mailing Address: 3200 Southwest Freeway, Suite 2600 City/State/Zip: Houston, TX 77027

Phone No: (713) 860-6482 Email: kcarner@abhr.com

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

f. Owner of land where treatment facility is or will be: Same as facility owner.

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

or Organization Name: Click to enter text.

Mailing Address: 3200 Southwest Freeway, Suite 2600 City/State/Zip: Houston,TX 77027

Phone No: (713) 860-6482 Email: kcarner@abhr.com

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

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

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

or Organization Name: N/A

Mailing Address: N/A City/State/Zip: N/A

Phone No: N/A Email: N/A

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

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

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

or Organization Name: N/A

Mailing Address: N/A City/State/Zip: N/A

Phone No: N/A Email: N/A

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

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

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

☐ Yes ☒ No

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

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

Attachment: AR1.0-11(b)

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): Rosharon, Texas

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

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

☐ Yes ☒ No

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

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

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

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: N/A

k. County in which the disposal site is located: N/A

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

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

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: WQ0005271000

Applicant Name: Brazoria County Municipal Utility District 21

Certification: I, Fatiyauh Jones, 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): Fatiyauh Jones

Signatory title: President

Signature: Fatiyauh Jones Date: 7/21/25
(Use blue ink)

Subscribed and Sworn to before me by the said Fatiyauh Jones/BRTS

on this 21st day of July, 2025.

My commission expires on the 12th day of Aug, 2027.

Notary Public

KIMBERLY CANNON
Notary Public, State of Texas
Comm. Expires 08-12-2027
Notary ID 130329330

[SEAL]

Harris
County, Texas

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

N/A

INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

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

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

☐ The applicant's property boundaries.

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

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

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

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

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

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

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

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

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

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

Attachment:

b. ☐ that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).

c. Check this box to confirm a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.Provide the source of the landowners' names and mailing addresses:

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:

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: AR-SPIF

N/A

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP **Permit No:** WQ000Click to enter text.

1. Check or Money Order Number: Click to enter text.
2. Check or Money Order Amount: Click to enter text.
3. Date of Check or Money Order: Click to enter text.
4. Name on Check or Money Order: Click to enter text.
5. APPLICATION INFORMATION

   Name of Project or Site: Click to enter text.

   Physical Address of Project or Site: Click to enter text.

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

Staple Check or Money Order in This Space

N/A

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.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

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

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

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

REVERSE OSMOSIS (RO) WATER TREATMENT PLANT. THE FACILITY WILL TREAT GROUNDWATER (APPROXIMATELY 650 MG/L TDS) AND PRODUCE DRINKING WATER FOR MUNICIPAL USE. THE CONCENTRATE STREAM WILL BE DISCHARGED, WHICH IS THE REASON FOR THIS PERMIT. THE ANALYSIS RESULTS ON TABLES 1,2,3 AND 6 ARE FROM THE CONCENTRATE STREAM. THE CHEMICALS USED IN THE PROCESS DO NOT SIGNIFICANTLY AFFECT THE QUALITY OF THE WATER. (SEE 1.c).

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

THE FOLLOWING REJECT WATERS WILL BE PRODUCED:

1) CONCENTRATE FROM THE RO PROCESS. THIS IS THE VAST MAJORITY OF THE REJECT WATER VOLUME.
2) RAW WELL WATER, INCLUDING WATER FROM OVER- PRESSURE RELIEF VALVES.
3) WASHWATER FROM OCCASIONAL (RARE) CLEANING OF THE RAW WATER PIPELINE.THIS IS RAW WELL WATER CHLORINATED, THEN DECHLORINATED PRIOR TO DISCHARGE.
4) ACID CLEANING OF THE MEMBRANES (EVERY 3-6 MONTHS) CAN BE EITHER SENT TO THE BRAZORIA COUNTY MUD No. 21 WASTEWATER TREATMENT PLANT OR BLENDED WITH THE RO CONCENTRATE. DISCHARGE FROM CLEANING IS NEUTRALIZED TO Ph 7-7.5 PRIOR TO DISCHARGE.

[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
ANTISCALANT	N/A	POTABLE WATER
CHLORINE		
MEMBRANE CLEANER		
SODIUM HYDROXIDE		

Attachment: N/A

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

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

Attachment: TR1.0-1(d)

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

☐ Yes ☒ No

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

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

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: FEMA Map 48039C0020H

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

Attachment: Click to enter text.

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

☐ Yes ☐ No ☒ N/A (renewal only)

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

☐ Yes ☐ No

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

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

Item 2. Treatment System (Instructions, Page 40)

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

1) CHLORINATION AND DECHLORINATION OF WATER FROM CLEANING OF RAW WATER PIPELINE (RARE).

2)ACID-CLEANED MEMBRANE WASHWATER NEUTRALIZED WITH SODIUM HYDROXIDE PRIOR TO DISCHARGE (NORMALLY GOES TO WWTP, BUT COULD BE DISCHARGED VIA OUTFALL 001)

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: TR1.0-2(b)

Item 3. Impoundments (Instructions, Page 40)

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

☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

Impoundment Information

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

Attachment: Click to enter text.

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

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

1. Liner data

☐ Yes ☐ No ☐ Not yet designed

2. Leak detection system or groundwater monitoring data

☐ Yes ☐ No ☐ Not yet designed

3. Groundwater impacts

☐ Yes ☐ No ☐ Not yet designed

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

Attachment: Click to enter text.

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

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

Attachment: Click to enter text.

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

Attachment: Click to enter text.

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

Attachment: Click to enter text.

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

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

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

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

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
001	29.510000	-95.431389

Outfall Location Description

Outfall No.	Location Description
001	Outfall 001 discharge pipe before manhole going to outfall.

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

Outfall No.	Description of sampling point
N/A	N/A

Outfall Flow Information – Permitted and Proposed

Outfall No.	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	0.72	2.16			

Outfall Discharge – Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	N	Y	Totalizer 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)
001	N	Y	N	24	30	12

Outfall Wastestream Contributions

Outfall No. 001

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
RO Concentrate	0.72	100
Raw Groundwater		
Raw water pipeline washwater		
Membrane washwater		

Outfall No. Click to enter text.

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

Outfall No. Click to enter text.

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

Attachment: Click to enter text.

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

a. Indicate if the facility currently or proposes to:

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

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

☐ Yes ☒ No Discharge once-through cooling water

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

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

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

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

Attachment: Click to enter text.

c. Cooling Towers and Boilers

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

Cooling Towers and Boilers

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

Item 6. Stormwater Management (Instructions, Page 44)

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

☐ Yes ☒ No

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

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

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

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

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

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

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

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

☐ Facility is a POTW. Complete Worksheet 5.0.

☐ Domestic sewage is not generated on-site.

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

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

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	**Permit/Registration No.**
Brazoria County MUD No. 21 WWTP	WQ0014222001

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)
N/A	N/A

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

☐ Yes ☒ No

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

Radioactive Materials Present in the Discharge

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

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.

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

☐ Yes ☒ No

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

Click to enter text.

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

☐ Yes ☒ No

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

Click to enter text.

Item 14. Laboratory Accreditation (Instructions, Page 49)

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

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

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

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

CERTIFICATION:

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

Printed Name: Fatiyauh Jones

Title: President

Signature: _____

Date: 7/21/25

N/A

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.

Click to enter text.

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): 08/11/2025

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:** WS2.0-1(C)

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:**

TABLE 1 and TABLE 2 (Instructions, Page 58)

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

Table 1 for Outfall No.: 001 **Samples are (check one):** ☐ **Composite** ☒ **Grab**

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

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

Table 2 for Outfall No.: 001 **Samples are (check one):** ☐ **Composite** ☒ **Grab**

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3
Beryllium, total					0.5
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide, available					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5
Zinc, total					5.0

TABLE 3 (Instructions, Page 58)

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

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

Table 3 for Outfall No.: 001 **Samples are (check one):** ☐ **Composite** ☒ **Grab**

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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
1,1-Dichloroethene [1,1-Dichloroethylene]					10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10
2,4-Dimethylphenol					10
Di-n-Butyl phthalate					10
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)					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.: 001 **Samples are (check one):** ☐ **Composite** ☒ **Grab**

Pollutants	**Believed Present**	**Believed Absent**	**Sample 1 (mg/L)**	**Sample 2 (mg/L)**	**Sample 3 (mg/L)**	**Sample 4 (mg/L)**	**MAL (µg/L)***
Bromide	☐	☐					400
Color (PCU)	☐	☐					—
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.: Click to enter text. **Samples are (check one):** ☐ **Composite** ☐ **Grab**

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

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

TABLE 13 (HAZARDOUS SUBSTANCES)

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Table 13 for Outfall No.: Click to enter text. **Samples are (check one):** ☐ **Composite** ☐ **Grab**

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

N/A

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

N/A

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.

N/A

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: CHANNEL B

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: USGS Juliff Quad

d. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point: None

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: Storm water treatment pond ~ 0.6 miles downstream

f. General observations of the water body during normal dry weather conditions: Drainage ditch containing primarily agriculture return flows

Date and time of observation: August 18, 2025; 3:30PM

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: Discharge is at the ditch headwaters

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

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

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

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

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

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

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

N/A

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.

N/A

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

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

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

Item 1. All POTWs (Instructions, Page 86)

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

Industrial User Information

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

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

☐ Yes ☐ No

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

c. Provide a description of the principal products(s) or service(s) performed: Click to enter text.

d. Flow rate information

Flow Rate Information

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

e. Pretreatment Standards

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

   ☐ Yes ☐ No

2. Is the SIU subject to categorical pretreatment standards?

   ☐ Yes ☐ No

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

SIUs Subject to Categorical Pretreatment Standards

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

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

☐ Yes ☐ No

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

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:

N/A

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.

N/A

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.

N/A

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.

N/A

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.

N/A

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.

N/A

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.

Attachment AR1.0-1(h)

EPAY

Your transaction is complete. Thank you for using TCEQ ePay.

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt and the vouchers for your records. An email receipt has also been sent.

Transaction Information

Trace Number:	582EA000681536
Date:	08/18/2025 03:02 PM
Payment Method:	CC - Authorization 0000266902
ePay Actor:	ARMANDO SOSA
Actor Email:	asosa@norrisleal.com
IP:	97.77.252.118
TCEQ Amount:	$315.00
Texas.gov Fee:	$7.34
Texas.gov Price:	$322.34*

* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Contact Information

Name:	ARMANDO SOSA
Company:	NORRISLEAL
Address:	1222 E TYLER AVE, HARLINGEN, TX 78550
Phone:	956-714-3732

Cart Items

Click on the voucher number to see the voucher details.

Voucher	Fee Description	AR Number	Amount
779881	WW PERMIT - MINOR FACILITY NOT SUBJECT TO 40 CFR 400-471 - RENEWAL		$300.00
779882	30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE		$15.00
		TCEQ Amount:	$315.00

ePay Again | Exit ePay

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt for your records.

Attachment AR1.0-4(a)
CORE DATA FORM

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	**3. Regulated Entity Reference Number** *(if issued)*
CN 600736367		**RN 110749132**

SECTION II: Customer Information

4. General Customer Information	**5. Effective Date for Customer Information Updates** (mm/dd/yyyy)	7/21/2025

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

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:*
Brazoria County MUD 21	

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

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

12. Number of Employees	**13. Independently Owned and Operated?**
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher	☐ **Yes** ☐ **No**

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

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

15. Mailing Address:								
	3200 Southwest Freeway, Suite 2600							
	City	Houston	**State**	TX	**ZIP**	77027	**ZIP + 4**	7537

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

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(713) 860-6482		( ) -

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.)*

Brazoria County MUD No. 21 Water Supply Plant

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	1530 County Road 58							
	City	Rosharon	**State**	TX	**ZIP**	77583	**ZIP + 4**	
24. County	Brazoria							

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

25. Description to Physical Location:	N/A

26. Nearest City	State	Nearest ZIP Code
N/A	NA	N/A

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

27. Latitude (N) In Decimal:			28. Longitude (W) In Decimal:		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
29	30	36	95	25	53

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		237110	

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

Potable Water Treatment Facility

34. Mailing Address:	**3200 Southwest Freeway, Suite 2600**							
	City	**Houston**	**State**	**TX**	**ZIP**	**77027**	**ZIP + 4**	
35. E-Mail Address:	**eventsatlos@gmail.com**							

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(713) 860-6482		( ) -

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:	Jesus Leal		**41. Title:**	Principal
42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**	
(956) 423-7409	225	(956) 423-7482	jleal@norrisleal.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:	Brazoria County MUD No.21	**Job Title:**	President	
Name *(In Print):*	Fatiyauh Jones		**Phone:**	(713) 860- **6482**
Signature:	Fatiyauh Jones		**Date:**	7/21/25

Attachment AR1.0-9(f)
PLAIN LANGUAGE SUMMARY

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/STORMWATER

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

Brazoria County Municipal Utility District No. 21 (CN600736367) operates Brazoria County MUD No.21 Water Supply Plant (RN110749132), a Reverse Osmosis (RO) Water Treatment Plant. The facility is located at 1530 County Road 58, in Rosharon, Brazoria County, Texas 77583. Renewal of existing discharge permit.The facility treats groundwater (approximately 650 mg/l TDS) and produces drinking water for municipal use. The concentrate stream produced from the RO process is discharged with a daily average flow of 0.72 MGD.

Discharges from the facility are expected to contain no pollutant in the discharge. Wastewater is concentrate from the RO process, washwater from occasional cleaning of the raw water pipeline. This is raw well water chlorinated, then dechlorinated prior to discharge. Acid cleaning of the membranes (every 3-6 months) can be either sent to the Brazoria County MUD No. 21 Wastewater Treatment Plant or blended with the RO concentrate. Discharge from cleaning is treated by neutralization to pH 7-7.5 prior to discharge.

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

AGUAS RESIDUALES INDUSTRIALES /AGUAS PLUVIALES

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

Brazoria County Municipal Utility District No. 21 (CN600736367) opera Brazoria County MUD No. 21 Water Supply Plant RN110749132, una Planta Tratadora de Agua por Osmosis Inversa. La instalación está ubicada en 1530 County Road 58, en Rosharon, Condado de Brazoria, Texas 77583. Renovación del permiso existente de descarga. Las instalaciones tratan aguas subterraneas (aproximadamente 650 mg/1 TDS) y producen agua potable para uso municipal. El flujo de concentrado producido por el proceso de Osmosis Inversa es descargado con un flujo promedio de 0.72 MGD.

Se espera que las descargas de la instalación contengan ningun tipo de contaminantes. Los tipos de agua residuals son, el concentrado del proceso de Osmosis Inversa, agua de limpieza occasional de la tuberia de agua no tratada. Esta es agua del pozo con cloro, despues el cloro es removido antes de su descarga. Acido para la limpieza de las membranas (de 3-6 meses) puede ser mandado a Brazoria County MUD No.21 Wastewater Treatment Plant o ser mezclado con el concentrado del proceso de Osmosis Inversa. La descarga de la limpieza es tratada a traves de neutralizacion a un pH de 7-7.5 antes de su descarga.

Attachment AR1.0-11(b)
USGS QUAD MAP

ATTACHMENT AR1.0-11(b)
(1 OF 2)

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

The National Map US Topo

ALMEDA QUADRANGLE
TEXAS
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 15R
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 - 2019
Names.....GNIS, 1979 - 2022
Hydrography.....National Hydrography Dataset, 2002 - 2018
Contours.....National Elevation Dataset, 2010
Boundaries.....Multiple sources; see metadata file 2019 - 2021

Wetlands.....FWS National Wetlands Inventory Not Available

MN
GN
2°25'
43 MILS
1°12'
21 MILS
UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000 - m Square ID
TN
Grid Zone Designation
15R

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 5 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

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

TEXAS
QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

1 Alief
2 Bellaire
3 Park Place
4 Missouri City
5 Pearland
6 Thompsons
7 Juliff
8 Manvel
ADJOINING QUADRANGLES

ROAD CLASSIFICATION

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

ALMEDA, TX
2022

NSN. 7643016394825
NGA REF NO. USGSX24K663

ATTACHMENT AR1.0–11(b)
(2 OF 2)

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

JULIFF QUADRANGLE
TEXAS
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 15R

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Hydrography.....National Hydrography Dataset, 2003 - 2018
Contours.....National Elevation Dataset, 2021
Boundaries.....Multiple sources; see metadata file 2019 - 2021

Wetlands.....FWS National Wetlands Inventory Not Available

UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000-m Square ID
TN
Grid Zone Designation
15R

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 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

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

TEXAS
QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

ADJOINING QUADRANGLES

1 Missouri City
2 Almeda
3 Pearland
4 Thompsons
5 Manvel
6 Otey
7 Rosharon
8 Liverpool

ROAD CLASSIFICATION

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

JULIFF, TX
2022

NSN. 7643016396740
NGA REF NO. USGSX24K22869

Attachment AR-SPIF

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

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

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

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

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

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

The following applies to all applications:

1. Permittee: Brazoria County Municipal Utility District No. 21

   Permit No. WQ00 05271000 EPA ID No. TX 0139211

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

   1530 County Road 58, Rosharon, Texas, 77583

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: Jesus Leal

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

Title: Principal

Mailing Address: 1222 E. Tyler Ave, Suite C

City, State, Zip Code: Harlingen, TX, 78550

Phone No.: (956) 423-7409 Ext.: Click here to enter text Fax No.: (956) 423-7482

E-mail Address: jleal@norrisleal.com

2. List the county in which the facility is located: Brazoria
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.

Outfall 001 discharges to a storm sewer on the facility property, thence to BCMUD No. 21 drainage ditch "Channel B", thence to West Fork Chocolate Bayou, thence to Chocolate Bayou above Tidal, Segment 1108 of the San Jacinto-Brazos Coastal Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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:

N/A

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

N/A

Attachment AR-SPIF-5

ATTACHMENT SPIF
(1 OF 2)

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

The National Map US Topo

ALMEDA QUADRANGLE
TEXAS
7.5-MINUTE SERIES

Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
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Names.....GNIS, 1979 - 2022
Hydrography.....National Hydrography Dataset, 2002 - 2018
Contours.....National Elevation Dataset, 2010
Boundaries.....Multiple sources; see metadata file 2019 - 2021

Wetlands.....FWS National Wetlands Inventory Not Available

MN
GN
2°25' 43 MILS
1°12' 21 MILS
UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000 - m Square ID
TN
Grid Zone Designation 15R

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 5 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

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

TEXAS
QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

1 Alief
2 Bellaire
3 Park Place
4 Missouri City
5 Pearland
6 Thompsons
7 Juliff
8 Manvel
ADJOINING QUADRANGLES

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

ALMEDA, TX
2022

NSN. 7643016394825
NGA REF NO. USGSX24K663

ATTACHMENT SPIF
(2 OF 2)

USGS science for a changing world

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

The National Map US Topo

JULIFF QUADRANGLE
TEXAS
7.5-MINUTE SERIES

Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
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1 000-meter grid:Universal Transverse Mercator, Zone 15R

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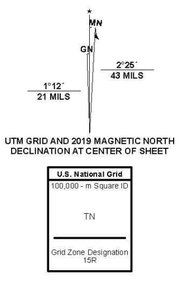
Hydrography	National Hydrography Dataset, 2003 - 2018
Contours	National Elevation Dataset, 2021
Boundaries	Multiple sources; see metadata file 2019 - 2021
Wetlands	FWS National Wetlands Inventory Not Available



UTM GRID AND 2019 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

U.S. National Grid
100,000-m Square ID
TN
Grid Zone Designation
15R

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 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

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

QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

1 Missouri City
2 Almeda
3 Pearland
4 Thompsons
5 Manvel
6 Otey
7 Rosharon
8 Liverpool

ADJOINING QUADRANGLES

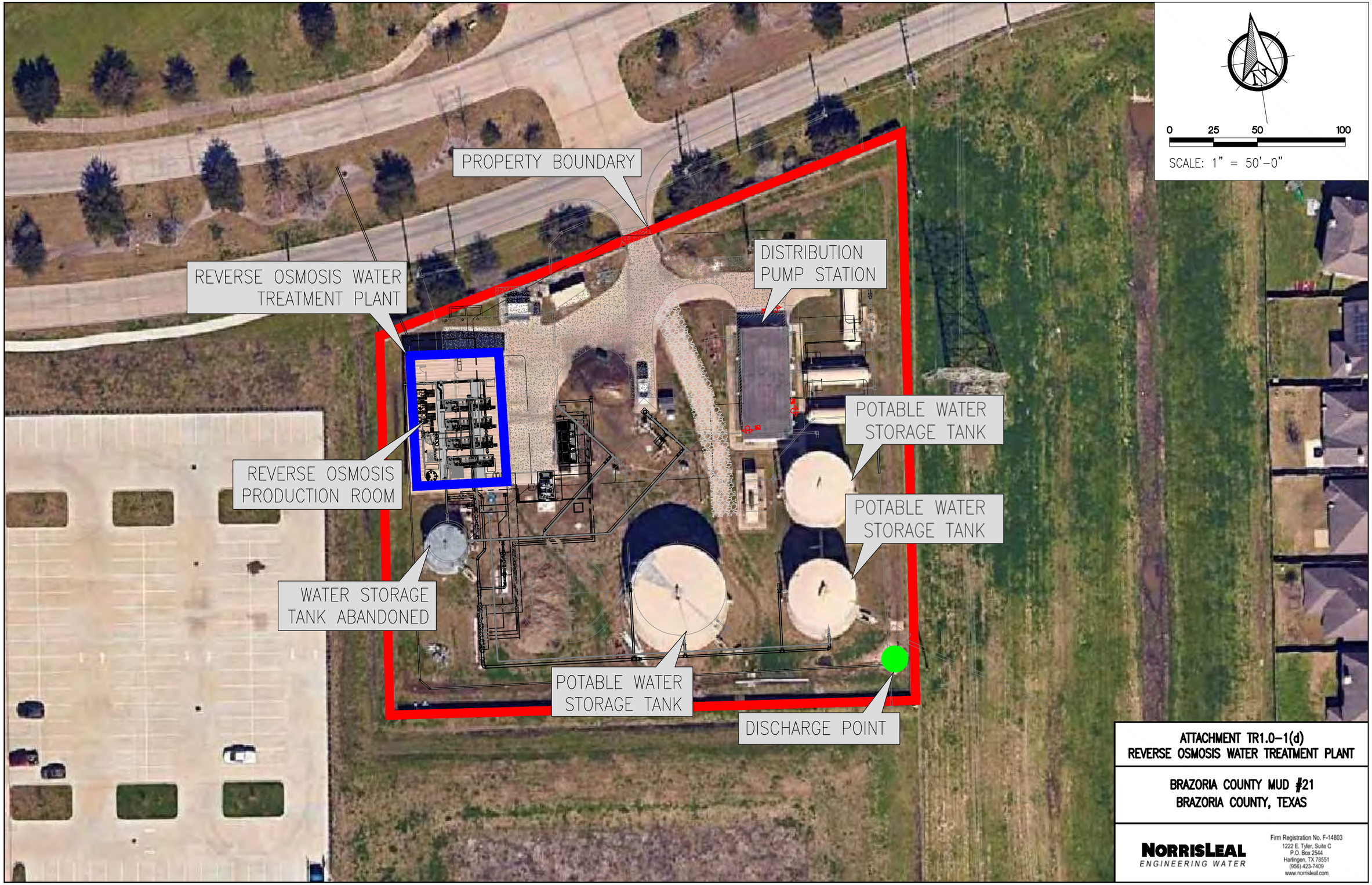
ROAD CLASSIFICATION

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

JULIFF, TX
2022

NSN. 7643016396740
NGA REF NO. USGSX24K22869

Attachment TR1.0-1(d)
PROCESS ROOM LAYOUT



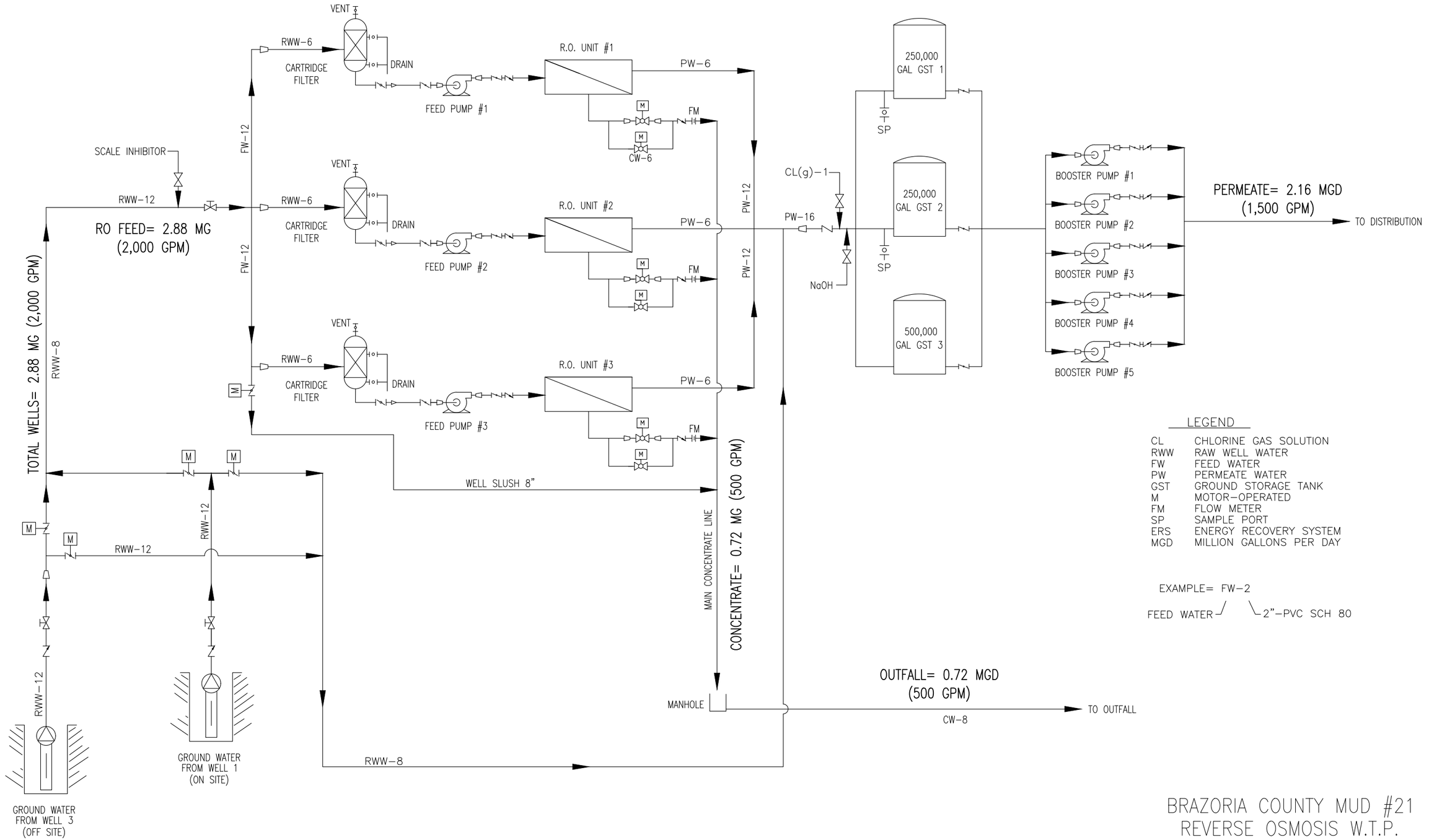
ATTACHMENT TR1.0-1(d)
REVERSE OSMOSIS WATER TREATMENT PLANT

BRAZORIA COUNTY MUD #21
BRAZORIA COUNTY, TEXAS

NORRISLEAL
ENGINEERING WATER

Firm Registration No. F-14803
1222 E. Tyler, Suite C
P.O. Box 2544
Harlingen, TX 78551
(956) 423-7409
www.norrisleal.com

Attachment TR1.0-2(b)
PROCESS FLOW SCHEMATIC



LEGEND

CL	CHLORINE GAS SOLUTION
RWW	RAW WELL WATER
FW	FEED WATER
PW	PERMEATE WATER
GST	GROUND STORAGE TANK
M	MOTOR-OPERATED
FM	FLOW METER
SP	SAMPLE PORT
ERS	ENERGY RECOVERY SYSTEM
MGD	MILLION GALLONS PER DAY

EXAMPLE= FW-2

FEED WATER / \ 2"-PVC SCH 80

BRAZORIA COUNTY MUD #21
REVERSE OSMOSIS W.T.P.
FLOW SCHEMATIC

ATTACHMENT TR1.0-2(b)

Attachment WS2.0-1(c)
CONTRACT LABORATORY

BRAZORIA MUD 21
RO CONCENTRATE DISCHARGE PERMIT

WORKSHEET 2.0 POLLUTANT ANALYSES REQUIREMENTS
ATTACHMENT: WS2.0-1(C)
CHEMICAL ANALYSIS LIST

CONTRACT LABORATORY: SPL
CONTACT INFO: JOEL MANJARREZ
Joel.Manjarrez@spllabs.com
(956) 238-0208

POLLUTANTS ANALYZED:

TABLE I

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 2

Aluminum, total
Antimony, total
Arsenic, total
Barium, total
Beryllium, total
Cadmium, total
Chromium, total
Chromium, hexavalent
Chromium, trivalent
Copper, total
Cyanide, available

Lead, total
Mercury, total
Nickel, total
Selenium, total
Silver, total
Thallium, total
Zinc, total

TABLE 3

Acrylonitrile
Anthracene
Benzene
Benzidine
Benzo(a)anthracene
Benzo(a)pyrene
Bis(2-chloroethyl)ether
Bis(2-ethylhexyl)phthalate
Bromodichloromethane [Dichlorobromomethane]
Bromoform
Carbon tetrachloride
Chlorobenzene
Chlorodibromomethane [Dibromochloromethane]
Chloroform
Chrysene
m-Cresol [3-Methylphenol]
o-Cresol [2-Methylphenol]
p-Cresol [4-Methylphenol]
1,2-Dibromoethane
m-Dichlorobenzene [1,3-Dichlorobenzene]
o-Dichlorobenzene [1,2-Dichlorobenzene]
p-Dichlorobenzene [1,4-Dichlorobenzene]
3,3'-Dichlorobenzidine
1,2-Dichloroethane
1,1-Dichloroethene [1,1-Dichloroethylene]
Dichloromethane [Methylene chloride]
1,2-Dichloropropane
1,3-Dichloropropene [1,3-Dichloropropylene]
2,4-Dimethylphenol
Di-n-Butyl phthalate

Epichlorohydrin (1-Chloro-2,3-epoxypropane)
Ethylbenzene
Ethylene Glycol
Fluoride
Hexachlorobenzene
Hexachlorobutadiene
Hexachlorocyclopentadiene
Hexachloroethane
4,4'- Isopropylidenediphenol (bisphenol A)
Methyl ethyl ketone
Methyl tert-butyl ether (MTBE)
Nitrobenzene
N-Nitrosodiethylamine
N-Nitroso-di-n-butylamine
Nonylphenol
Pentachlorobenzene
Pentachlorophenol
Phenanthrene
Polychlorinated biphenyls (PCBs) (**)
Pyridine
1,2,4,5-Tetrachlorobenzene
1,1,2,2-Tetrachloroethane
Tetrachloroethene [Tetrachloroethylene]
Toluene
1,1,1-Trichloroethane
1,1,2-Trichloroethane
Trichloroethene [Trichloroethylene]
2,4,5-Trichlorophenol
TTHM (Total trihalomethanes)
Vinyl chloride

TABLE 6

Bromide
Color (PCU)
Nitrate-Nitrite (as N)
Sulfide (as S)
Sulfite (as SO3)
Surfactants
Boron, total
Cobalt, total
Iron, total
Magnesium, total
Manganese, total
Molybdenum, total

Tin, total
Titanium, total

Leah Whallon

From: Sosa, Armando <asosa@norrisleal.com>
Sent: Thursday, September 11, 2025 5:21 PM
To: Leah Whallon
Cc: Jesus Leal; Jose Leal; Roel Campos; Jennifer Perez
Subject: RE: Application to Renew Permit No. WQ0005271000; Brazoria County Municipal Utility District No. 21; Brazoria County MUD 21 WSP
Attachments: Industrial Discharge Renewal Spanish NORI.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Ms. Whallon,

After reviewing the portion of the NORI included in the Deficiency letter dated August 29, 2025, we find no errors or omissions.
As requested, please see attached the Spanish translation of the NORI in a word doc.

Please let us know if you have any questions or need additional information.

Regards,

NORRISLEAL
ENGINEERING WATER
NorrisLeal.com
Veteran-Owned Small Business

Armando Sosa, EIT
Project Manager
asosa@norrisleal.com
T: 956.423.7409
F: 956.423.7482
M: 956.714.3732
1222 E. Tyler Avenue
Harlingen, Texas 78550
Texas Engineering Firm 14803

From: Jesus Leal <jleal@norrisleal.com>
Sent: Friday, August 29, 2025 3:22 PM
To: Jose Leal <jose.leal@norrisleal.com>; Roel Campos <rcampos@norrisleal.com>; Sosa, Armando <asosa@norrisleal.com>; Jennifer Perez <jperez@norrisleal.com>
Subject: Fwd: Application to Renew Permit No. WQ0005271000; Brazoria County Municipal Utility District No. 21; Brazoria County MUD 21 WSP

Sent from my iPhone

Begin forwarded message:

> **From:** Leah Whallon <Leah.Whallon@tceq.texas.gov>
> **Date:** August 29, 2025 at 3:17:52 PM CDT
> **To:** Jesus Leal <jleal@norrisleal.com>

Subject: Application to Renew Permit No. WQ0005271000; Brazoria County Municipal Utility District No. 21; Brazoria County MUD 21 WSP

Good Afternoon,

Please see the attached Notice of Deficiency letter dated August 29, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response by September 12, 2025.

Please let me know if you have any questions.

Thank you,

Leah Whallon
Texas Commission on Environmental Quality
Water Quality Division
512-239-0084
leah.whallon@tceq.texas.gov

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

Comisión de Calidad Ambiental del Estado de Texas

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

PERMISO NO. WQ000

SOLICITUD. Brazoria County Municipal Utility District No. 21, 3200 Southwest Freeway, Suite 2600, Houston, Texas 77027, que opera Brazoria County Municipal Utility District (BCMUD) N0. 21 Water Treatment Plant, una planta tratadora de agua por osmosis inversa, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0005271000 (EPA I.D. No. TX0139211) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 720,000 galones por día. La planta está ubicada en 1530 County Road 58, cerca de Rosharon, en el Condado de Brazoria, Texas 77583. La ruta de descarga es del sitio de la planta a través de la desembocadura 001 a Brazoria County Municipal Utility District (BCMUD) No. 21 Drainage Ditch Channel B; de ahí al estanque de detención #1; de ahí a BCMUD No. 21 Drainage Ditch Channel B; De ahí al estanque de detención #2; de ahí a BCMUD No. 21 Drainage Ditch Channel B; de ahí a West Fork Chocolate Bayou; de ahí a Chocolate Bayou Above Tidal. TCEQ recibió esta solicitud el 20 de Agosto de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en Manvel Branch Library, 20514B Highway 6, Manvel, en el Condado de Brazoria, Texas. Antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.
https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.43238,29.510275&level=18

AVISO DE IDIOMA ALTERNATIVO. El aviso de idioma alternativo en español está disponible en https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications.

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

comentarios públicos.

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

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

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

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

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

puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.

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

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

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

También se puede obtener información adicional del Brazoria County Municipal Utility District No.21 a la dirección indicada arriba o llamando a *Jesus Leal, P.E., NorrisLeal, LLC,* al 956-423-7409.

Fecha de emisión: *[Date notice issued]*