



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
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 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

City of McAllen (CN600343743) proposes to operate North McAllen Brackish Desalination Facility (RN109824375), a brackish groundwater treatment facility. The facility will be located on North Bentsen Road, approximately a quarter of a mile northeast of the intersection of North Bentsen Road and Auburn Avenue, in McAllen, Hidalgo County, Texas 78504. This application is for a new permit to discharge brine via an outfall.

Discharges from the facility are expected to contain concentrated minerals. Brine from groundwater will be treated by reverse osmosis.

Ciudad de McAllen (CN600343743) propone operar Northwest McAllen Brackish Desalination Facility (RN109824375), una instalación de tratamiento de aguas subterráneas salobres. La instalación estará ubicada en Norte Bentsen Road, aproximadamente a un cuarto de milla al noreste de la intersección de Norte Bentsen Road y Auburn Avenue, en McAllen, Condado de Hidalgo, Texas 78504.. Esta solicitud es para un nuevo permiso para descargar salmuera a través de un emisario.

Se espera que las descargas de la instalación contengan minerales concentrados. Salmuera de aguas subterráneas. estará tratado por ósmosis inversa.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PROPOSED PERMIT NO. WQ0005490000

APPLICATION. City of McAllen, 1300 West Houston Avenue, McAllen, Texas 78501, which will own a brackish groundwater treatment facility, has applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0005490000 (EPA I.D. No. TX0147931) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 2,810,000 gallons per day. The facility will be located at 8313 North Bentsen Road, in the city of McAllen, Hidalgo County, Texas 78504. The discharge route will be from the plant site to Mission Mc-Allen Lateral drainage ditch, thence to West Main Drain II, thence to West Main Drain I, thence to North Main Drain III, thence to Santa Cruz Canal, thence to the Donna Drain, thence to North Floodway, thence to Laguna Madre. TCEQ received this application on June 4, 2025. The permit application will be available for viewing and copying at McAllen City Hall, 2nd Floor, Utility Administration Office, 1300 West Houston Avenue, McAllen, in Hidalgo County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

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

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-98.25444,26.2825&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.**

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 City of McAllen at the address stated above or by calling Mr. Carlos Gonzalez, P.E., Utility Engineer, at 956-681-1770.

Issuance Date: July 8, 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 PERMISO

PERMISO PROPUESTO NO. WQ0005490000

SOLICITUD. City of McAllen, 1300 West Houston Avenue, McAllen, Texas 78501, que posee una planta de tratamiento de agua salobre subterránea, ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) para el propuesto Permiso No. WQ0005490000 (EPA I.D. No. TX0147931) 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 2,810,000 galones per día. La planta estará ubicada 8313 North Bentsen Road, McAllen, en el Condado de Hidalgo, Texas 78504. La ruta de descarga estará del sitio de la planta a la zanja de drenaje lateral de Mission McAllen, de allí al Drenaje Principal Oeste II, de allí al Drenaje Principal Oeste I, de allí al Drenaje Principal Norte III, de allí al Canal de Santa Cruz, de allí al Drenaje Donna, de allí al Canal de Inundación Norte, de allí a Laguna Madre. La TCEQ recibió esta solicitud el día 4 de junio, 2025. La solicitud para el permiso estará disponible para leerla y copiarla en McAllen City Hall, 2nd Floor, Utility Administration Office, 1300 West Houston Avenue, McAllen, condado de Hidalgo, 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=-98.25444,26.2825&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.**

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas

correos siguientes (1) la lista de correo permanente para recibir los avisos del solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

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

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

También se puede obtener información adicional del City of McAllen a la dirección indicada arriba o llamando a Carlos Gonzalez, PE, Utility Engineer al (956)681-1770.

Fecha de emisión: 8 de julio de 2025

Brooke T. Paup, *Chairwoman*
Bobby Janecka, *Commissioner*
Catarina R. Gonzales, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

June 4, 2025

Re: Confirmation of Submission of the New Reverse Osmosis Water Treatment Individual Permit Application

Dear Applicant:

This is an acknowledgement that you have successfully completed Reverse Osmosis Water Treatment Individual Permit Application.

ER Account Number: ER113809
Application Reference Number: 790969
Authorization Number: WQ0005490000
Site Name: North Mcallen Brackish Desalination Facility
Regulated Entity: RN109824375 - MCALLEN WCS - NORTH WTP
Customer(s): CN600343743 - City of Mcallen

Please be aware that TCEQ staff may contact your designated contact for any additional information.

If you have any questions, you may contact the Applications Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by telephone at (512) 239-4671.

Sincerely,
Applications Review and Processing Team
Water Quality Division

Texas Commission on Environmental Quality
New Domestic or Industrial Individual Permit

Site Information (Regulated Entity)

What is the name of the site to be authorized?	North McAllen Brackish Desalination Facility
Does the site have a physical address?	Yes
Physical Address	
Number and Street	8313 N BENTSEN RD
City	MCALLEN
State	TX
ZIP	78504
County	HIDALGO
Latitude (N) (##.#####)	26.28255
Longitude (W) (-###.#####)	-98.254361
Primary SIC Code	3589
Secondary SIC Code	
Primary NAICS Code	221310
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN109824375
What is the name of the Regulated Entity (RE)?	MCALLEN WCS - NORTH WTP
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	8313 N BENTSEN RD
City	MCALLEN
State	TX
ZIP	78504
County	HIDALGO
Latitude (N) (##.#####)	26.284177
Longitude (W) (-###.#####)	-98.257737
Facility NAICS Code	333318
What is the primary business of this entity?	

City of-Customer (Applicant) Information (Owner Operator)

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN600343743
Type of Customer	City Government
Full legal name of the applicant:	
Legal Name	City of McAllen
Texas SOS Filing Number	
Federal Tax ID	746001650
State Franchise Tax ID	
State Sales Tax ID	
Local Tax ID	
DUNS Number	83955245
Number of Employees	501+
Independently Owned and Operated?	Yes
I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.	Yes
Responsible Authority Contact	
Organization Name	City of McAllen
Prefix	
First	Marco
Middle	A
Last	Vega
Suffix	
Credentials	PE
Title	General Manager
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	1300 W HOUSTON AVE
Routing (such as Mail Code, Dept., or Attn:)	
City	MCALLEN
State	TX
ZIP	78501
Phone (###-###-####)	9566811630
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	mvega@mcallen.net

Billing Contact

Responsible contact for receiving billing statements:	
Select the permittee that is responsible for payment of the annual fee.	CN600343743, City of McAllen
Organization Name	City of McAllen
Prefix	MR
First	Marco
Middle	A
Last	Vega
Suffix	
Credentials	PE
Title	General Manager
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	1300 W HOUSTON AVE
Routing (such as Mail Code, Dept., or Attn:)	
City	MCALLEN
State	TX
ZIP	78501
Phone (###-###-####)	9566811630
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	mvega@mcallen.net

Application Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	CN600343743, City of McAllen
Organization Name	City of McAllen
Prefix	MR
First	Marco
Middle	A
Last	Vega
Suffix	

Credentials	PE
Title	General Manager
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	1300 W HOUSTON AVE
Routing (such as Mail Code, Dept., or Attn:)	
City	MCALLEN
State	TX
ZIP	78501
Phone (###-###-####)	9566811630
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	mvega@mcallen.net

Technical Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	Application Contact
Organization Name	City of McAllen
Prefix	MR
First	Carlos
Middle	
Last	Gonzalez
Suffix	
Credentials	PE
Title	Utility Engineer
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	1300 W HOUSTON AVE
Routing (such as Mail Code, Dept., or Attn:)	
City	MCALLEN
State	TX
ZIP	78501
Phone (###-###-####)	9566811777

Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	cagonzalez@mcallen.net

DMR Contact

Person responsible for submitting Discharge Monitoring Report Forms:

Same as another contact?	
Organization Name	City of McAllen
Prefix	
First	Edward
Middle	
Last	Gonzalez
Suffix	
Credentials	
Title	Water Operations Manager
Enter new address or copy one from list:	
Mailing Address:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	2501 W EXPRESSWAY 83
Routing (such as Mail Code, Dept., or Attn:)	
City	MCALLEN
State	TX
ZIP	78503
Phone (###-###-####)	9566811700
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	Egonzalez@mcallen.net

Section 1# Permit Contact

Permit Contact#: 1

Person TCEQ should contact throughout the permit term.

1) Same as another contact?	Application Contact
2) Organization Name	City of McAllen

3) Prefix	MR
4) First	Marco
5) Middle	A
6) Last	Vega
7) Suffix	
8) Credentials	PE
9) Title	General Manager
Mailing Address	
10) Enter new address or copy one from list	
11) Address Type	Domestic
11.1) Mailing Address (include Suite or Bldg. here, if applicable)	1300 W HOUSTON AVE
11.2) Routing (such as Mail Code, Dept., or Attn:)	
11.3) City	MCALLEN
11.4) State	TX
11.5) ZIP	78501
12) Phone (###-###-####)	9566811630
13) Extension	
14) Alternate Phone (###-###-####)	
15) Fax (###-###-####)	
16) E-mail	mvega@mcallen.net

Public Notice Information

Individual Publishing the Notices	
1) Prefix	MR
2) First and Last Name	Carlos Gonzalez
3) Credential	PE
4) Title	Utility Engineer
5) Organization Name	City of McAllen
6) Mailing Address	1300 W HOUSTON AVE
7) Address Line 2	
8) City	MCALLEN
9) State	TX
10) Zip Code	78501
11) Phone (###-###-####)	9566811770
12) Extension	
13) Fax (###-###-####)	

14) Email

Cagonzalez@mcallen.net

Contact person to be listed in the Notices

15) Prefix

MR

16) First and Last Name

Marco A. Vega

17) Credential

PE

18) Title

General Manager

19) Organization Name

City of McAllen

20) Phone (###-###-####)

9566811630

21) Fax (###-###-####)

22) Email

mvega@mcallen.net

Bilingual Notice Requirements

23) 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

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

Yes

23.2) Do the students at these schools attend a bilingual education program at another location?

No

23.3) 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)?

No

23.4) Which language is required by the bilingual program?

Spanish

Section 1# Public Viewing Information

County#: 1

1) County

HIDALGO

2) Public building name

McAllen City Hall

3) Location within the building

2nd Floor, Utility Administration Office

4) Physical Address of Building

1300 Houston Ave

5) City

McAllen

6) Contact Name

Marco A. Vega

7) Phone (###-###-####)

9566811630

8) Extension

9) Is the location open to the public?

Yes

Owner Information

Owner of Treatment Facility

1) Prefix

2) First and Last Name	
3) Organization Name	City of McAllen
4) Mailing Address	1300 Houston Ave
5) City	McAllen
6) State	TX
7) Zip Code	78501
8) Phone (###-###-####)	9566811630
9) Extension	
10) Email	mvega@mcallen.net
11) What is ownership of the treatment facility?	Public
Owner of Land (where treatment facility is or will be)	
12) Prefix	
13) First and Last Name	
14) Organization Name	City of McAllen
15) Mailing Address	1300 Houston Ave
16) City	McAllen
17) State	TX
18) Zip Code	78501
19) Phone (###-###-####)	9566811630
20) Extension	
21) Email	mvega@mcallen.net
22) Is the landowner the same person as the facility owner or co-applicant?	Yes

Admin General Information

1) Is the facility located on or does the treated effluent cross American Indian Land?	No
2) What is the authorization type that you are seeking?	Reverse Osmosis Water Treatment
2.1) Are the discharges at your facility subjected to federal effluent limitation guidelines (ELG) 40 CFR Part 400-471?	No
3) What is your facility operational status?	Inactive
4) What is the classification for your authorization?	TPDES
4.1) City nearest the outfall(s):	McAllen
4.2) County where the outfalls are located:	HIDALGO
4.3) 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
4.3.1) What is your right-of-way authorization status?	Authorization Pending
4.4) Is the daily average discharge at your facility of 5 MGD or more?	No

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

No

Plain Language

1) Plain Language

[File Properties]

File Name

LANG_App C_Plain Lang Summary.pdf

Hash

608DEC427BCDD511820A55B4283019643EEF772CE78AF549CD4AB25672C534B1

MIME-Type

application/pdf

Supplemental Permit Information Form

1) Supplemental Permit Information Form (SPIF)

[File Properties]

File Name

SPIF_App H_SPIF.pdf

Hash

8D95C0F9172ADF7FE7F988137F118BD9E81A92EAD89700B42B39C54C2AE4B39A

MIME-Type

application/pdf

Industrial Attachments

1) Have you clearly outlined and labeled the required information on the original full size USGS Topographic Map?

Yes

1.1) I certify that I have clearly outlined and labeled the required information on the Topographic map and attached here.

[File Properties]

File Name

MAP_App E_USGS Topo Map1.pdf

Hash

A903753EA5E7C28B69E80A6005C4749BF9DB358652E8A4638678DF9A4827684C

MIME-Type

application/pdf

[File Properties]

File Name

MAP_App E_USGS Topo Map2.pdf

Hash

4939DD9FC5DAC592CB8EF436C9982664DA5D587CA4685002D174451CD0FA8A92

MIME-Type

application/pdf

2) Copy of the proof of contact or approval letter for discharge to public ditch or right-of-way.

[File Properties]

File Name	DIS_App L_Proof of Contact.pdf
Hash	7B2242C97B7311D99CF6F19981BEF6032ED555063054984B2B29160BFD5520C0
MIME-Type	application/pdf

3) Public Involvement Plan (TCEQ Form 20960)

[File Properties]

File Name	PIP_App D_Public Involv Plan.pdf
Hash	B9A4319423D4B3CCDECE17CE25192CF2091B576460A4DF835A8383E06E0C9F87
MIME-Type	application/pdf

4) Administrative Report 1.1

[File Properties]

File Name	ARPT_Admin Report.pdf
Hash	DDE7B6F746EF94AD7BFF7BC629D0645FFB5C6A119CEED6B151092FCE7B766C33
MIME-Type	application/pdf

5) I confirm that all required sections of Technical Report 1.0 are complete and will be included in the Technical Attachment.	Yes
--	-----

5.1) I confirm that Worksheet 4.0 (Receiving Waters) is complete and included in the Technical Attachment.	Yes
--	-----

5.2) Are you planning to include Worksheet 4.1 (Waterbody Physical Characteristics) in the Technical Attachment?	Yes
--	-----

5.3) Are you planning to include Worksheet 6.0 (Industrial Waste Contribution) in the Technical Attachment?	Yes
---	-----

5.4) Are you planning to include Worksheet 7.0 (Stormwater Discharges Associated with Industrial Activities) to the Technical Attachment?	No
---	----

5.5) Are you planning to include Worksheet 8.0 (Aquaculture) in the Technical Attachment?	No
---	----

5.6) Are you planning to include Worksheet 9.0 (Class V Injection Well Inventory/Authorization) in the Technical Attachment?	No
--	----

5.7) Are you planning to include Worksheet 10.0 (Quarries in the John Graves Scenic Riverway) in the Technical Attachment?	No
--	----

5.8) Are you planning to include Worksheet 11.0 (Cooling Water System Information) in the Technical Attachment?	No
---	----

5.9) Are you planning to include Worksheet 11.1 (Impingement Mortality) in the Technical Attachment?	No
--	----

5.10) Are you planning to include Worksheet 11.2 (Source Water Biological Data) in the Technical Attachment?	No
--	----

5.11) Are you planning to include Worksheet 11.3 (Entrainment) in the Technical Attachment?	No
---	----

5.12) Technical Attachment

[File Properties]

File Name	TECH_Tech Report.pdf
Hash	7C2310C1590CDBE4F46E822EF213AB499325E003A74B385EE9784033821A51BF
MIME-Type	application/pdf
6) Affected Landowners Map	
[File Properties]	
File Name	LANDMP_App F_Landowners Map.pdf
Hash	E6C45661FDE9C241B3BF0A5B489BA793DFA71C003E935FEF30ADCC0F016D481F
MIME-Type	application/pdf
7) Landowners Cross Reference List	
[File Properties]	
File Name	LANDCRL_App F_Landowners Cross Reference List.pdf
Hash	B476EAD7699691E84D1C161AD6E4B30E83558C199DFBA180B4762F7AB697BE8E
MIME-Type	application/pdf
8) Landowner Avery Template	
[File Properties]	
File Name	LANDAT_App F_Landowners Avery Temp.pdf
Hash	EDD5A5293AAE40275B422C9FCCAAAE82FE143A38659E9501EACE37CF6A9DFB2A
MIME-Type	application/pdf
9) Flow Diagram	
[File Properties]	
File Name	FLDIA_App N_Outfall Location.pdf
Hash	7DF36FCB85EC9CA256470BD861579976BE238ED8493EEEE0121627C6697F8353A
MIME-Type	application/pdf
10) Site Drawing	
[File Properties]	
File Name	SITEDR_App J_Facility Map.pdf
Hash	2AE5EFEE6AB9C8028AEF4EE43B8DD9729197AD0B80B3994073275CDC843268A4
MIME-Type	application/pdf
11) Original Photographs	
[File Properties]	
File Name	ORIGPH_App G_Original Photographs.pdf
Hash	EC6D0501CF9017CE4B706776F9CAAA8E8B4C5F4A9BBCE97F9F707827900E866C

MIME-Type	application/pdf
12) Design Calculations	
13) Solids Management Plan	
14) Water Balance	
[File Properties]	
File Name	WB_App K_Water Balance.pdf
Hash	C7AB4C12660EFA4F2C3B09CC92F97B7084862515AAB35E4708A12AF04B0E0D65
MIME-Type	application/pdf
15) Other Attachments	
[File Properties]	
File Name	OTHER_App M_Floodplain Map.pdf
Hash	5C4CD81F629FFEF6262BD083FE5C8AF7AB8EA8AB52BCF6C1A59691A8CEF6DB1E
MIME-Type	application/pdf
[File Properties]	
File Name	OTHER_App O_Radioactive Constituents in Feed.pdf
Hash	5A55B46C8DCF47EB9F7741584EF7F2F7A6019E27427748CBEF1A13B2013296B1
MIME-Type	application/pdf
[File Properties]	
File Name	OTHER_Facility Narrative.pdf
Hash	9E37FF95A42E02E1E25E5F169C63AACD0DB2BC5660F96D71EB6B01F4BAD2506F
MIME-Type	application/pdf

Certification

I certify that I am authorized under 30 Texas Administrative Code 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

I 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.

1. I am Carlos Gonzalez, the owner of the STEERS account ER113817.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.

6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing New Domestic or Industrial Individual Permit.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER OPERATOR Signature: Carlos Gonzalez OWNER OPERATOR

Customer Number:CN600343743

Legal Name:City of McAllen

Account Number:ER113817

Signature IP Address:192.135.204.4

Signature Date:2025-06-03

Signature Hash:4712B0FC98F173CF54208B2F55EC3679F531ED8BFDADD107C4AB3F16AC43D9B0

Form Hash Code at time of Signature:9DBDFD0AD1124EDFC73C72A1F266B589AC201623B4A47146D0840F40D842C60F

Fee Payment

Transaction by:The application fee payment transaction was made by ER113809/Maria V Pruneda

Paid by:The application fee was paid by MARIA VANESSA PRUNEDA

Fee Amount:\$300.00

Paid Date:The application fee was paid on 2025-06-04

Transaction/Voucher number:The transaction number is 582EA000670915 and the voucher number is 769451

Submission

Reference Number:The application reference number is 790969

Submitted by:The application was submitted by ER113809/Maria V Pruneda

Submitted Timestamp:The application was submitted on 2025-06-04 at 09:22:07 CDT

Submitted From:The application was submitted from IP address 4.14.62.58

Confirmation Number:The confirmation number is 656882

Steers Version:The STEERS version is 6.91

Additional Information

Application Creator: This account was created by Maria V Pruneda



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: City of McAllen

PERMIT NUMBER (If new, leave blank): WQ00 [Click to enter text.](#)

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

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

For TCEQ Use Only

Segment Number _____ County _____
Expiration Date _____ Region _____
Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION

ADMINISTRATIVE REPORT 1.0

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

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

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

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

Applicant Name: City of McAllen

Permit No.: WQ000 [Click to enter text.](#)

EPA ID No.: TX0 [Click to enter text.](#)

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

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

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

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

☐ Active

☒ Inactive

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

☒ TPDES Permit

☐ TLAP

☐ TPDES with TLAP component

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

☒ New

☐ Renewal with changes

☐ Renewal without changes

☐ Major amendment with renewal

☐ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

- f. If applying for an amendment or modification, describe the request: 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)	<input checked="" type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$315	<input type="checkbox"/> \$150
Minor facility subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,215	<input type="checkbox"/> \$150
Major facility	N/A ²	<input type="checkbox"/> \$2,050	<input type="checkbox"/> \$2,015	<input type="checkbox"/> \$450

h. Payment Information

Mailed

Check or money order No.: [Click to enter text.](#)

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

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

Epay

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

Copy of voucher attachment: [Appendix A.](#)

Item 2. Applicant Information (Instructions, Pages 26)

- a. Customer Number, if applicant is an existing customer: [CN600343743](#)

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: [City of McAllen](#)

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

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

Prefix: [Mr.](#) Full Name (Last/First Name): [Vega, Marco A.](#)

Title: [General Manager](#) Credential: [P.E.](#)

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

☒ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

Prefix: Click to enter text.

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

Title: Click to enter text.

Credential: Click to enter text.

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

☐ Yes ☐ No

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

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

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

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

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

a. ☒ Administrative Contact ☐ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Vega, Marco A.

Title: General Manager Credential: P.E.

Organization Name: City of McAllen

Mailing Address: 1300 Houston Ave

City/State/Zip: McAllen, Texas, 78501

Phone No: (956)681-1630

Email: mvega@mcallen.net

b. ☐ Administrative Contact ☒ Technical Contact

Prefix: Mr. Full Name (Last/First Name): Gonzalez, Carlos

Title: Utility Engineer Credential: P.E.

Organization Name: City of McAllen

Mailing Address: 1300 Houston Ave

City/State/Zip: McAllen, Texas, 78501

Phone No: (956)681-1770

Email: cagonzalez@mcallen.net

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

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

a. Prefix: Mr. Full Name (Last/First Name): Vega, Marco A.

Title: General Manager Credential: P.E.

Organization Name: City of McAllen

Mailing Address: 1300 Houston Ave

City/State/Zip: McAllen, Texas, 78501

Phone No: (956)681-1630

Email: mvega@mcallen.net

b. Prefix: Mr. Full Name (Last/First Name): Gonzalez, Carlos

Title: Utility Engineer Credential: P.E.

Organization Name: City of McAllen

Mailing Address: 1300 Houston Ave

City/State/Zip: McAllen, Texas, 78501

Phone No: (956)681-1770

Email: cagonzalez@mcallen.net

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

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

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

Prefix: Mr. Full Name (Last/First Name): Vega, Marco A.

Title: General Manager Credential: P.E.

Organization Name: City of McAllen

Mailing Address: 1300 Houston Ave

City/State/Zip: McAllen, Texas, 78501

Phone No: (956)681-1630

Email: mvega@mcallen.net

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

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

Prefix: Mr. Full Name (Last/First Name): Gonzalez, Edward

Title: Water Operations Manager Credential: Class A License

Organization Name: City of McAllen

Mailing Address: 2501 W Expressway 83

City/State/Zip: McAllen, Texas, 78503

Phone No: (956)681-1700

Email: Egonzalez@mcallen.net

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Gonzalez, Carlos

Title: Utility Engineer Credential: P.E.

Organization Name: City of McAllen

Mailing Address: 1300 Houston Ave City/State/Zip: McAllen, Texas, 78501

Phone No: (956)681-1770 Email: cagonzalez@mcallen.net

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

☒ E-mail: Cagonzalez@mcallen.net

☐ Fax: Click to enter text.

☐ Regular Mail (USPS)

Mailing Address: Click to enter text.

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

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Vega, Marco A.

Title: General Manager Credential: P.E.

Organization Name: City of McAllen

Phone No: (956)681-1630 Email: mvega@mcallen.net

d. Public Viewing Location Information

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

Public building name: McAllen City Hall Location within the building: 2nd Floor, Utility Administration Office

Physical Address of Building: 1300 Houston Ave, McAllen, TX 78501

City: McAllen County: Hidalgo

e. Bilingual Notice Requirements

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

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

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

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ N/A

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

- f. Plain Language Summary Template – Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment. Attachment: Appendix C.
- g. Complete one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment and include as an attachment. Attachment: Appendix D.

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

- a. TCEQ issued Regulated Entity Number (RN), if available: RN109824375

Note: If your business site is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search the TCEQ's Central Registry to determine the RN or to see if the larger site may already be registered as a Regulated Entity. If the site is found, provide the assigned RN.

- b. Name of project or site (the name known by the community where located): North McAllen Brackish Desalination Facility

- 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: City of McAllen

Mailing Address: 1300 Houston Ave

City/State/Zip: McAllen, Texas, 78501

Phone No: (956) 681-1630

Email: mvega@mcallen.net

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

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

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

or Organization Name: City of McAllen

Mailing Address: 8313 N Bentsen

City/State/Zip: McAllen, Texas, 78504

Phone No: (956) 681-1700 Email: EHernandez@mcallen.net

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

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

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

or Organization Name: Click to enter text.

Mailing Address: Click to enter text.

City/State/Zip: Click to enter text.

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

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

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

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

or Organization Name: Click to enter text.

Mailing Address: Click to enter text.

City/State/Zip: Click to enter text.

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

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

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

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

☐ Yes ☒ No

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

☒ One-mile radius

☒ Three-miles downstream information

☒ Applicant's property boundaries

☒ Treatment facility boundaries

☒ Labeled point(s) of discharge

☒ Highlighted discharge route(s)

☒ Effluent disposal site boundaries

☐ All wastewater ponds

☐ Sewage sludge disposal site

☒ New and future construction

Attachment: Appendix E.

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: There will be no sewage disposal.

- 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: 26 °16'54"N, 98°15'15"W.

- 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: RO Concentrate will tie into existing product water storage tank overflow outfall to the Drainage Ditch

- f. City nearest the outfall(s): McAllen

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

- 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: Discussion meetings have been held in person, but will be provided proof later.

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 ☐ New Permit

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

- j. City nearest the disposal site: McAllen

- k. County in which the disposal site is located: Hidalgo

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

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

Item 12. Miscellaneous Information (Instructions, Page 33)

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

If yes, provide the following information:

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

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

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

☐ Yes ☒ No

If yes, provide the following information:

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

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

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ000[Click to enter text.](#)

Applicant Name: City of McAllen

Certification: I, Marco A. Vega, 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): Marco A. Vega

Signatory title: General Manager

Signature: _____ Date: _____
(Use blue ink)

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

Notary Public

[SEAL]

County, Texas

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

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: N/A, no sewage sludge disposal.

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

☒ Readable/Writeable CD

☐ Four sets of labels

Attachment: Appendix F.

- d. Provide the source of the landowners' names and mailing addresses: Appendix F.

- 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: [Appendix G.](#)

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: Appendix H.

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:** WQ000 [Click 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: N/A.

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Item 1. Individual information (Instructions, Page 38)

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

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

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

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

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

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

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

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

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

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

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

☒ Core Data Form (TCEQ Form No. 10400)

(Required for all applications types. Must be completed in its entirety and signed.

Note: Form may be signed by applicant representative.)

☒ Correct and Current Industrial Wastewater Permit Application Forms

(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)

☐ Water Quality Permit Payment Submittal Form (Page 14)

(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)

☒ 7.5 Minute USGS Quadrangle Topographic Map Attached

(Full-size map if seeking "New" permit.

8 ½ x 11 acceptable for Renewals and Amendments.)

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

☐ N/A ☒ Landowners Map

(See instructions for landowner requirements.)

Things to Know:

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

☐ N/A ☒ Landowners Cross Reference List

(See instructions for landowner requirements.)

☒ N/A ☐ Landowners Labels or CD-RW attached

(See instructions for landowner requirements.)

☒ Original signature per 30 TAC § 305.44 – Blue Ink Preferred

(If signature page is not signed by an elected official or principle executive officer, a copy of signature authority/delegation letter must be attached.)

☒ Plain Language Summary



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

City of McAllen (CN600343743) proposes to operate North McAllen Brackish Desalination Facility (RN109824375), a brackish groundwater treatment facility. The facility will be located on North Bentsen Road, approximately a quarter of a mile northeast of the intersection of North Bentsen Road and Auburn Avenue, in McAllen, Hidalgo County, Texas 78504. This application is for a new permit to discharge brine via an outfall.

Discharges from the facility are expected to contain concentrated minerals. Brine from groundwater will be treated by reverse osmosis.

Ciudad de McAllen (CN600343743) propone operar Northwest McAllen Brackish Desalination Facility (RN109824375), una instalación de tratamiento de aguas subterráneas salobres. La instalación estará ubicada en Norte Bentsen Road, aproximadamente a un cuarto de milla al noreste de la intersección de Norte Bentsen Road y Auburn Avenue, en McAllen, Condado de Hidalgo, Texas 78504.. Esta solicitud es para un nuevo permiso para descargar salmuera a través de un emisario.

Se espera que las descargas de la instalación contengan minerales concentrados. Salmuera de aguas subterráneas. estará tratado por ósmosis inversa.



Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

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

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

Section 1. Preliminary Screening

New Permit or Registration Application

New Activity - modification, registration, amendment, facility, etc. (see instructions)

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

Section 2. Secondary Screening

Requires public notice,

Considered to have significant public interest, and

Located within any of the following geographical locations:

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

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

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

Section 3. Application Information

Type of Application (check all that apply):

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

Water Quality

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

Water Rights New Permit

New Appropriation of Water
New or existing reservoir

Amendment to an Existing Water Right

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

Section 4. Plain Language Summary

Provide a brief description of planned activities.

Section 5. Community and Demographic Information

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

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

(City)

(County)

(Census Tract)

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

City

County

Census Tract

- (a) Percent of people over 25 years of age who at least graduated from high school
- (b) Per capita income for population near the specified location
- (c) Percent of minority population and percent of population by race within the specified location
- (d) Percent of Linguistically Isolated Households by language within the specified location
- (e) Languages commonly spoken in area by percentage
- (f) Community and/or Stakeholder Groups
- (g) Historic public interest or involvement

Section 6. Planned Public Outreach Activities

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

Yes No

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

Yes No

If Yes, please describe.

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

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

Yes No

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

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

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

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

Yes No

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

Yes No

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

TCEQ Regional Office

TCEQ Central Office

Public Place (specify)

Section 7. Voluntary Submittal

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

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

Yes No

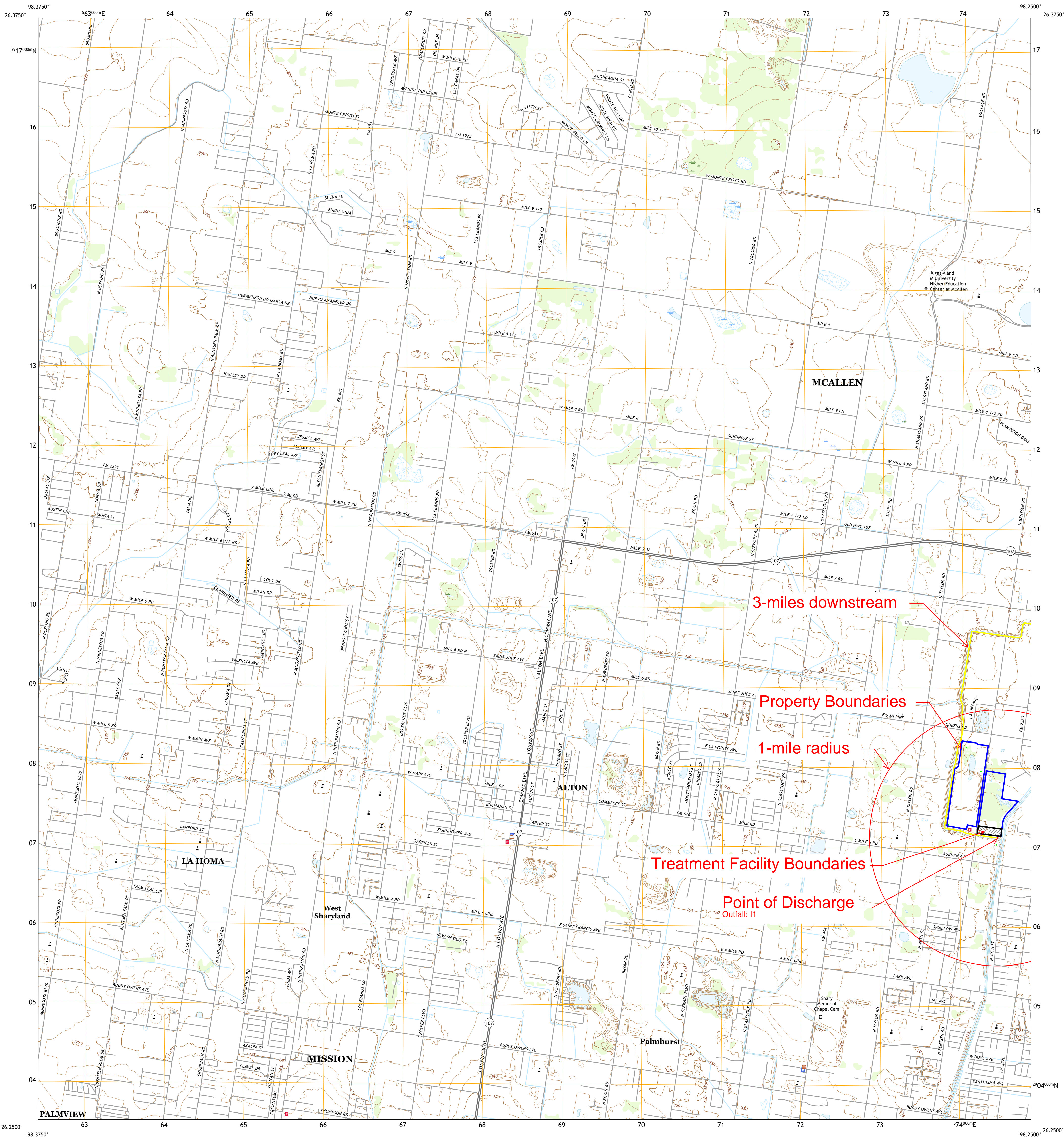
What types of notice will be provided?

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

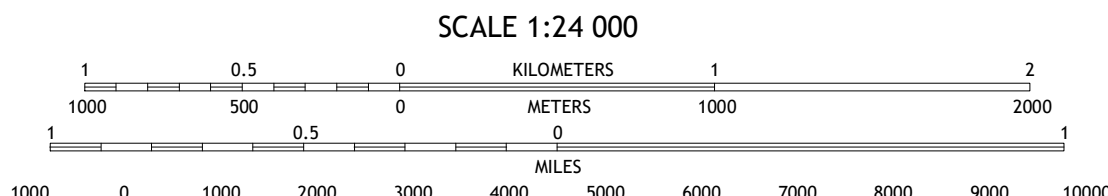
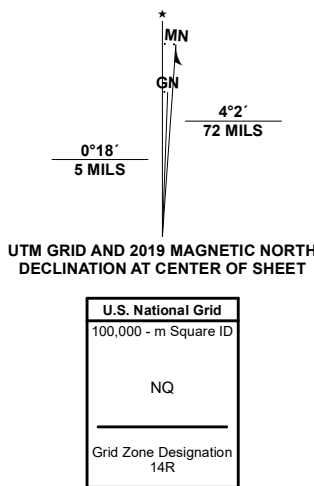
Other (specify)



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 14R.
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, July 2016 - December 2016
Roads.....U.S. Census Bureau, 2015
Names.....GNIS, 2008 - 2021
Hydrography.....National Hydrography Dataset, 2002 - 2018
Contours.....National Elevation Dataset, 2019
Boundaries.....Multiple sources; see metadata file 2019 - 2021
Wetlands.....FWS National Wetlands Inventory Not Available



CONTOUR INTERVAL FIVE FEET
NORTH AMERICAN DATUM OF 1983

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



1	2	3
4	5	6
7	8	9

1 McCook
2 Monte Cristo
3 Faysville
4 Citrus City
5 Edinburg
6 La Joya
7 Mission
8 Pharr

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

ALTON, TX
2022

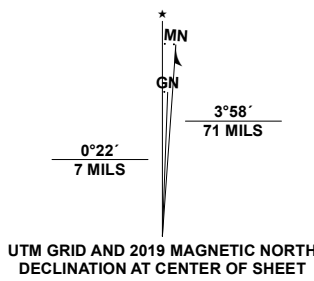




Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84) Projection and
1 000-meter grid/Universal Transverse Mercator, Zone 14R
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generalized for this map scale. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.

Imagery.....NAIP, July 2016 - December 2016
Roads.....U.S. Census Bureau, 2015
Names.....GNIS, 1979-2022
Hydrography.....National Hydrography Dataset, 2002 - 2018
Contours.....National Elevation Dataset, 2019
Boundaries.....Multiple sources; see metadata file 2019 - 2021
Wetlands.....FWS National Wetlands Inventory Not Available



1	2	3
4	5	6
7	8	9

ADJOINING QUADRANGLES

1 Monte Cristo
2 Faysville
3 Hargill
4 Alton
5 La Blanca
6 Mission
7 Pharr
8 Donna

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





Legend

- Property Boundary
- Adjacent Landowner

0 185 370 740 1,110

 US Feet



Attachment F
 Adjacent Landowner Map
 McAllen Brackish
 Groundwater Treatment
 Facility
 Hidalgo County, Texas

OBJECTID	Parcel_ID	Owner	MailAddress	Label	geoID	Shape_Area	Shape_Length
5709	282502	DE LA GARZA RAFAEL III & MARYBEL	9200 N TAYLOR RD, MCALLEN, TX 78504-8862	1	S2950-00-000-0447-55	426556.1602	3241.288015
5712	282396	GO DRIFT CO LLC	8601 N WARE RD, MCALLEN, TX 78504-9634	13	S2950-00-000-0427-10	212855.7695	2910.094804
5713	282399	RODRIGUEZ JOSE & DEBRA JEAN CO-TRUSTEES	8500 N TAYLOR RD, MCALLEN, TX 78504-9799	11	S2950-00-000-0427-20	268956.3887	3040.206043
5715	517773	RODRIGUEZ JOSE & DEBRA JEAN CO-TRUSTEES	8500 N TAYLOR RD, MCALLEN, TX 78504-9799	12	S2950-00-000-0427-05	206538.3711	3064.591448
5722	790100	CITY OF MCALLEN	1521 GALVESTON AVE, MCALLEN, TX 78501-5235	17	F3461-07-000-0001-00	76649.88672	1149.999057
5730	282348	ESCANDON JOSE & MARTIZA	8109 N BENTSEN RD, MCALLEN, TX 78504-0585	16	S2950-00-000-0418-00	599872.3359	3790.234211
34021	282398	GO DRIFT CO LLC	8601 N WARE RD, MCALLEN, TX 78504-9634	14	S2950-00-000-0427-15	330980.1152	3093.224611
34023	293957	CANTU ORALIA P	8600 N TAYLOR RD LOT D, MCALLEN, TX 78504-9338	9	T1030-00-000-0004-00	87119.10156	1385.997484
34025	282404	CHAPAPAS DOROTHY FRANCES	8700 N TAYLOR RD, MCALLEN, TX 78504-8842	8	S2950-00-000-0427-35	223132.4199	2928.749831
42267	282403	RODRIGUEZ JOSE & DEBRA JEAN CO-TRUSTEES	85500 N TAYLOR RD, MCALLEN, TX 78504-9799	10	S2950-00-000-0427-30	212858.6777	2910.124423
767393	282454	BURNS TED M & LORI A	9000 N TAYLOR RD, MCALLEN, TX 78504-9789	2	S2950-00-000-0437-25	425830.0742	3240.789521
767394	282452	TORRES NORMA AMALIA & PRISCILLA	1310 TULIP CIR, MCALLEN, TX 78504-3618	4	S2950-00-000-0437-20	343460.7754	3242.760277
767395	282450	CHAPAPAS DOROTHY GAINES IND EXECUTRIX	8700 N TAYLOR RD, MCALLEN, TX 78504-8842	7	S2950-00-000-0437-00	426628.1543	3245.625975
767432	265456	CHARLES ROEL & JACQUELINE N	4705 DORA LANE, MCALLEN, TX 78504-9753	6	R0200-00-000-0019-15	8225.378906	425.3890705
767433	265454	FLORES DIEGO ALJEANDRO & DAMARIS SAMANTHA	2307 FLORES DR, MISSION, TX 78574-7315	5	R0200-00-000-0019-00	15163.49219	572.5757104
767434	282453	MCMILLAN MICHELLE	8900 N TAYLOR RD, MCALLEN, TX 78504-8859	3	S2950-00-000-0437-22	82622.17578	1375.073165
962577	282336	SIVAD ENTERPRISE INC	10322 N 23RD LN, MCALLEN, TX 78504	15	S2950-00-000-0417-00	250913.2266	2909.939243
212286	262624	CITY OF MCALLEN	1521 GALVESTON AVE, MCALLEN, TX 78501-5235	18	P8500-00-000-0184-00	637173.2969	5172.456755

MR & MRS RAFAEL DE LA GARZA
9200 N TAYLOR RD
MCALLEN, TX 78504-8862

GO DRIFT CO LLC
8601 N WARE RD
MCALLEN, TX 78504-9634

MR & MRS JOSE RODRIGUEZ
8500 N TAYLOR RD
MCALLEN, TX 78504-9799

MR & MRS JOSE RODRIGUEZ
8500 N TAYLOR RD
MCALLEN, TX 78504-9799

CITY OF MCALLEN
1521 GALVESTON AVE
MCALLEN, TX 78501-5235

MR & MRS JOSE ESCANDON
8109 N BENTSEN RD
MCALLEN, TX 78504-0585

GO DRIFT CO LLC
8601 N WARE RD
MCALLEN, TX 78504-9634

MRS ORALIA P CANTU
8600 N TAYLOR RD LOT D
MCALLEN, TX 78504-9338

MRS DOROTHY F CHAPAPAS
8700 N TAYLOR RD
MCALLEN, TX 78504-8842

MR & MRS JOSE RODRIGUEZ
8500 N TAYLOR RD
MCALLEN, TX 78504-9799

MR & MRS TED BURNS
9000 N TAYLOR RD
MCALLEN, TX 78504-9789

MRS NORMA & PRISCILLA TORRES
1310 TULIP CIR
MCALLEN, TX 78504-3618

MRS DOROTHY F CHAPAPAS
8700 N TAYLOR RD
MCALLEN, TX 78504-8842

MR & MRS ROEL CHARLES
4705 DORA LANE
MCALLEN, TX 78504-9753

MR & MRS DIEGO A FLORES
2307 FLORES DR
MISSION, TX 78574-7315

MRS MICHELLE MCMILLAN
8900 N TAYLOR RD
MCALLEN, TX 78504-8859

SIVAD ENTERPRISE INC
10322 N 23RD LN
MCALLEN, TX 78504


CITY OF MCALLEN
1521 GALVESTON AVE
MCALLEN, TX 78501-5235



Legend

- Property Boundary
- Facility Boundary

- X Outfall
- ~ 1-mile discharge route

0 255 510 1,020 1,530

 US Feet



Attachment G
 Photo Location Map
 McAllen Brackish
 Groundwater Treatment
 Facility
 Hidalgo County, Texas

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: City of McAllen

Permit No. WQ00

EPA ID No. TX

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

North Bentsen Road, approximately a quarter of a mile northeast of the intersection of north Bentsen Road and Auburn Avenue.

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: Carlos Gonzalez

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

Title: Utility Engineer

Mailing Address: 1300 Houston Ave

City, State, Zip Code: McAllen, Texas, 78501

Phone No.: (956) 681-1770 Ext.:

Fax No.:

E-mail Address: cagonzalez@mcallen.net

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

City of McAllen

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.

RO Concentrate will discharge into the Hidalgo County Drainage District No. 1 Edinburg ditch straight out of the RO Train.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

n/a

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

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:

Groundwater wells September 2026, Desal Plant April 2027.

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

n/a



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).

McAllen public utility seeks to construct a groundwater treatment plant, using Reverse Osmosis to remove salt and provide up to 6 MGD of potable water to their customers. The principal product provided by this facility is drinking water. The activity falls under SIC Code 4941-Water Supply.

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

Reverse Osmosis is used to treat groundwater. As a result of the treatment process natural salts from the groundwater supply are concentrated into a waste stream referred to as "RO Concentrate". Up to 2.81 MGD of RO concentrate is produced. It will have a total dissolved solids (TDS) concentration up to 19,758 mg/L.

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
Groundwater		Groundwater containing concentrated minerals natural to source groundwater.
Scale inhibitor: Type AWC A-119		Scale inhibitor: Type AWC A-119

- 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: Appendix J.

- 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: Hidalgo County Drainage District No. 1 FLOOD MAP

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

Attachment: Appendix M.

- 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.

The wastewater generated by the reverse osmosis water treatment plant does not require further treatment.

- 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: Appendix K.

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/or numbered accordingly (i.e., page 6a, 6b, etc.) may be used to provide information on the additional outfalls.

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

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
I1	26°16'54"N	98°15'15"W

Outfall Location Description

Outfall No.	Location Description
I1	RO Concentrate Will tie Into Existing Product Water Storage Tank Overflow Outfall to the Drainage Ditch

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)
I1	0	0	2.81	2.81	05/01/2030

Outfall Discharge – Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
I1	Y	N	Flow meter (magnetic)

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)
I1	N	Y	N	24	30	12

Outfall Wastestream Contributions**Outfall No. I1**

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
RO Concentrate	2.81 MGD	100

Attachment: Appendix N.

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: N/A

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.

- 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.
McAllen North Wastewater Treatment Plant	WQ10633-004

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: N/A

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

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

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

- ☐ Yes ☒ No

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

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

- b. Attach the following information to the application:

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Item 11. Radioactive Materials (Instructions, Page 46)

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

☐ Yes ☒ No

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

Radioactive Materials Mined, Used, Stored, or Processed

Radioactive Material Name	Concentration (pCi/L)

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

☒ Yes ☐ No

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

Radioactive Materials Present in the Discharge

Radioactive Material Name	Concentration (pCi/L)
Gross Alpha	29.2±8.4
Ross Beta	28±6
Radium-226	2.84±1.56
Radium-228	3.4±1.96
Combined Radium	6.24±2.52
Radon-222	2600±116

Item 12. Cooling Water (Instructions, Page 46)

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

c. Cooling Water Supplier

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

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

CWIS ID				
Owner				
Operator				

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

d. 316(b) General Criteria

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If **no**, provide an explanation of how the waterbody does not meet the definition of Waters of the United States in *40 CFR § 122.2*: The plant's effluent will be groundwater.

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.

N/A

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

☐ Yes ☒ No

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

N/A

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

☐ Yes ☒ No

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

N/A

Item 14. Laboratory Accreditation (Instructions, Page 49)

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

- The laboratory is an in-house laboratory and is:
 - periodically inspected by the TCEQ; or
 - located in another state and is accredited or inspected by that state; or

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

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

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

CERTIFICATION:

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

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

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

Signature: _____

Date: _____

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: POLLUTANT ANALYSIS

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

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

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

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

Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment:** N/A

TABLE 1 and TABLE 2 (Instructions, Page 58)

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

Table 1 for Outfall No.: **1 (Not yet available)** 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				

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

TABLE 3 (Instructions, Page 58)

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

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

Table 3 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

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

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

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

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

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

TABLE 4 (Instructions, Pages 58-59)

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

a. Tributyltin

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

☐ Yes ☒ No

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

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

b. Enterococci (discharge to saltwater)

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

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

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

c. **E. coli (discharge to freshwater)**

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

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

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

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

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

TABLE 5 (Instructions, Page 59)

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

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

☒ N/A

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

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

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

* Indicate units if different from µg/L.

TABLE 6 (Instructions, Page 59)

Completion of Table 6 is required for all external outfalls.

Table 6 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	<input type="checkbox"/>	<input checked="" type="checkbox"/>					400
Color (PCU)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Sulfite (as SO ₃)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Boron, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>					20
Cobalt, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					0.3
Iron, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>					7
Magnesium, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>					20
Manganese, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>					0.5
Molybdenum, total	<input checked="" type="checkbox"/>	<input type="checkbox"/>					1
Tin, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					5
Titanium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					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
<input type="checkbox"/> Adhesives and Sealants		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Aluminum Forming	467	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Auto and Other Laundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Battery Manufacturing	461	<input type="checkbox"/> Yes	No	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Coal Mining	434	No	No	No	No
<input type="checkbox"/> Coil Coating	465	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Copper Forming	468	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Electric and Electronic Components	469	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Electroplating	413	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Explosives Manufacturing	457	No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Foundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No

Industrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/Neutrals Table 10	Pesticides Table 11
<input type="checkbox"/> Gum and Wood Chemicals - Subparts A,B,C,E	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Gum and Wood Chemicals - Subparts D,F	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Inorganic Chemicals Manufacturing	415	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Iron and Steel Manufacturing	420	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Leather Tanning and Finishing	425	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Mechanical Products Manufacturing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Nonferrous Metals Manufacturing	421,471	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Oil and Gas Extraction - Subparts A, D, E, F, G, H	435	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Ore Mining - Subpart B	440	No	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Organic Chemicals Manufacturing	414	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Paint and Ink Formulation	446,447	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Pesticides	455	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Petroleum Refining	419	<input type="checkbox"/> Yes	No	No	No
<input type="checkbox"/> Pharmaceutical Preparations	439	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Photographic Equipment and Supplies	459	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Plastic and Synthetic Materials Manufacturing	414	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Plastic Processing	463	<input type="checkbox"/> Yes	No	No	No
<input type="checkbox"/> Porcelain Enameling	466	No	No	No	No
<input type="checkbox"/> Printing and Publishing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subpart C	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts F, K	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts A, B, D, G, H	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts I, J, L	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subpart E	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *
<input type="checkbox"/> Rubber Processing	428	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Soap and Detergent Manufacturing	417	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Steam Electric Power Plants	423	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Textile Mills (Not Subpart C)	410	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Timber Products Processing	429	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.: **Not present in groundwater**

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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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
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.: **Not present in groundwater**

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.: **Not present in groundwater**

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
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

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
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
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.: **Not present in groundwater**

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
PCB 1260					0.2
PCB 1016					0.2
Toxaphene					0.3

* Indicate units if different from µg/L.

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

TABLE 12 (DIOXINS/FURAN COMPOUNDS)

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

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

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

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

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

- ☐ Yes ☒ No

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

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

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

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

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
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
Antiscalant						
Antiscalant						

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

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

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

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

- a. Width of the receiving water at the outfall: N/A feet
- b. Are there oyster reefs in the vicinity of the discharge?

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

Item 3. Classified Segment (Instructions, Page 80)

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

☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

- d. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point: Click to enter text.
- e. The receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.).
- ☐ Yes ☒ No

If **yes**, describe how: [Click to enter text.](#)

- f. General observations of the water body during normal dry weather conditions: water color is consistent throughout the 3-miles.

Date and time of observation: May 30, 2025, 2:00 PM.

- 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):

<input type="checkbox"/> oil field activities	<input checked="" type="checkbox"/> urban runoff
<input type="checkbox"/> agricultural runoff	<input type="checkbox"/> septic tanks
<input type="checkbox"/> upstream discharges	<input type="checkbox"/> other, specify: Click to enter text.

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

<input type="checkbox"/> livestock watering	<input type="checkbox"/> industrial water supply
<input type="checkbox"/> non-contact recreation	<input type="checkbox"/> irrigation withdrawal
<input type="checkbox"/> domestic water supply	<input type="checkbox"/> navigation
<input type="checkbox"/> contact recreation	<input type="checkbox"/> picnic/park activities
<input type="checkbox"/> fishing	<input type="checkbox"/> other, specify: Click to enter text.

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

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

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

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

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 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: May 30, 2025 Time of study: 2 PM
 Waterbody name: Edinburg Canal
 General location: Auburn and Bentsen Road, 02 miles north of intersection
- 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: 7 Moderately: Click to enter text. Poorly: Click to enter text.
- d. No. of riffles: 0
- 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: No evidence of stream uses. The evidence of obstruction was that trees growing close to the water level at ditch embankments. Channel Modifications consist of culvert along the 3-mile reach.
- 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)**								
Proposed Outfall	Glide	22	0.3	0.6	0.5	0.4					
660 ft	Glide	16.9	0.7	1.1	1.25	1.1	0.78				
1320 ft	Glide	16.9	1.8	1.9	1.7	1.35					
1980 ft	Glide	15	1.4	1.75	2.0	1.2					
2640 ft	Glide	14	0.4	0.6	0.68	0.5					

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.): 0.0006312 ft/ft

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): 05. miles

Number of lateral transects made: 5

Average stream width (ft): 16.92

Average stream depth (ft): 1.05'

Average stream velocity (ft/sec): 0.172 ft/s

Instantaneous stream flow (ft³/sec): 2.567 ft³/s

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

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

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

Maximum pool depth (ft): none

Total number of stream bends: 7

Number well defined: 5

Number moderately defined: 2

Number poorly defined: Click to enter text.

Total number of riffles: 0

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	n/a	
SIU - Non-categorical	n/a	
Other IU	N/a	

- 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.](#)

Attachment I: Facility Narrative

The Northwest McAllen Brackish Desalination Facility will be developed on an existing water treatment plant site and will be comprised of ground water wells, pipelines, pretreatment systems, desalination process equipment, disinfection system, on-site and remote storage facilities, transmission lines, high service pumping improvements, electrical systems and controls, and SCADA upgrades.

Raw water will be sourced from on-site wells and treated through Reverse Osmosis (RO). The treated source water will be routed to the existing water treatment storage tank. The RO System will generate a brine. Brine generated will be conveyed to Outfall I1 and discharged to Mission McAllen Lateral (FID 831), owned by the Hidalgo County Drainage District No. 1. Treated water from the existing water treatment storage tank will be routed to service water uses.



361165 CoC Print Group 001 of 001

Page 8 of 10

Client Name: Ana-Lab

Report #: 184013

Sampling Point: Owassa Test Well #3

PWS ID: Not Supplied

Radionuclides									
Analyte ID #	Analyte	Method	Reg Limit	DL**	Result	Units	Preparation Date	Analyzed	UL ID #
---	Gross Alpha	7110 B	15 *	3.1	7.3 ± 2.1	pCi/L	07/09/07 14:45	07/14/07 17:09	1656323
---	Gross Beta	7110 B	50 *	1.6	7.0 ± 1.5	pCi/L	07/09/07 14:45	07/14/07 17:09	1656323
13982-63-3	Radium-226	7500-Ra B	---	0.40	0.71 ± 0.39	pCi/L	07/02/07 09:30	07/12/07 10:29	1656324
15262-20-1	Radium-228	7500-Ra D	---	0.73	0.85 ± 0.49	pCi/L	07/02/07 09:30	07/11/07 11:46	1656324
---	Combined Radium	calc.	5 *	---	1.56 ± 0.63	pCi/L	07/02/07 09:30	07/12/07 10:29	1656324
10043-92-2	Radon-222 @	7500-Rn B	---	19	650 ± 29	pCi/L	06/27/07 15:45	06/28/07 06:28	1656325

** Detection Limit (DL) shall be that concentration which can be counted with a precision of plus or minus 100% at the 95 % confidence level.

@ UL-SBN does not hold certification in the state of origin for this parameter.

† UL has demonstrated it can achieve these report limits in reagent water, but can not document them in all sample matrices.

Reg Limit Type:
Symbol:MCL
•SMCL
^AL
!

Page 2 of 2



Corporate Shipping: 2600 Dudley Rd. Kilgore, TX 75662

Gulf Coast Region: 18096 Kings Row Ste H Houston TX 77058



ISO-17025 # 0637-01



NELAP-accredited #02008



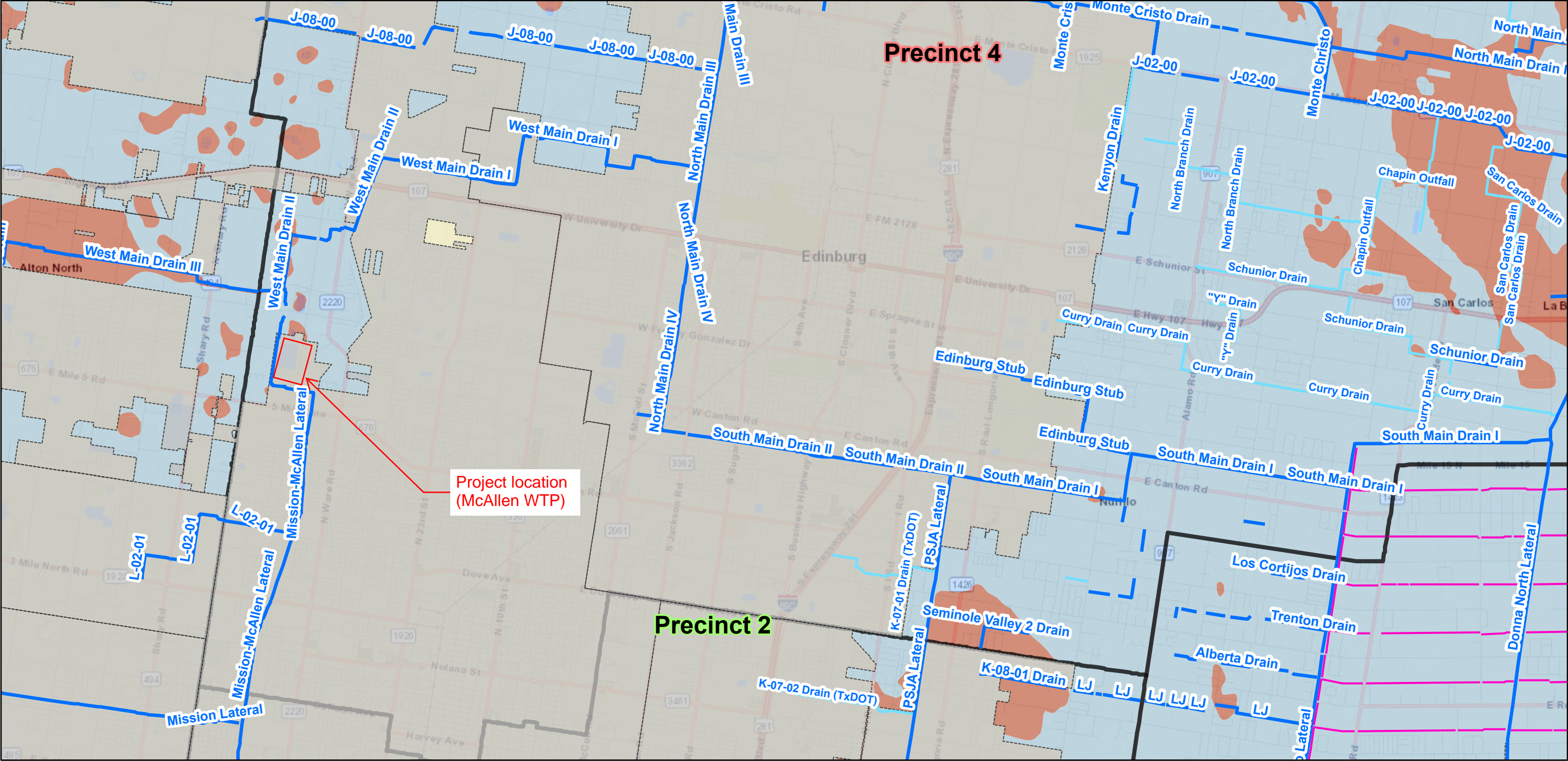
2006 Seal of Excellence

LDSCient v2.0.14 06/12/2007

www.ana-lab.com

Form Created 6/22/2004 v1.1

Flood Zone Map



3/28/2025, 11:50:00 AM

HCDD1_System

HCDD1 Own

NOT Maintained by HCDD1

Maintained by HCDD1

HCDD1_Master_WebMap - HCDD1-Boundary FloodMapService

Cities



HCDD1_Master_WebMap - Precinct 1



HCDD1_Master_WebMap - Precinct 2



HCDD1_Master_WebMap - Precinct 3



HCDD1_Master_WebMap - Precinct 4



AH

A

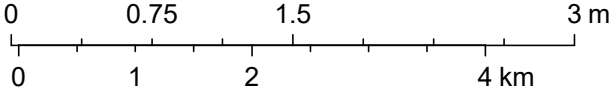
C

X

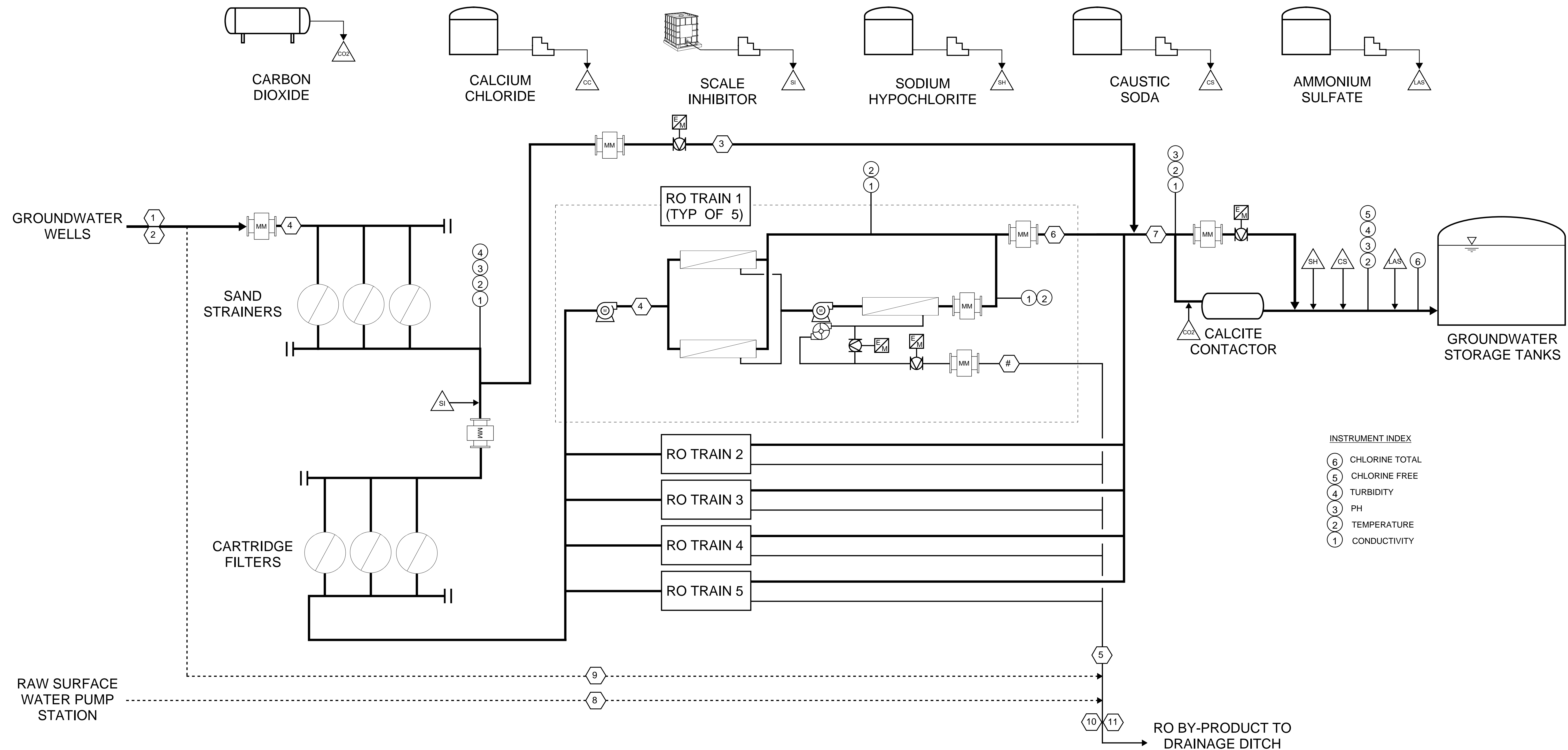
AE

B

1:72,224



Esri, HERE, Garmin, INCREMENT P, NGA, USGS

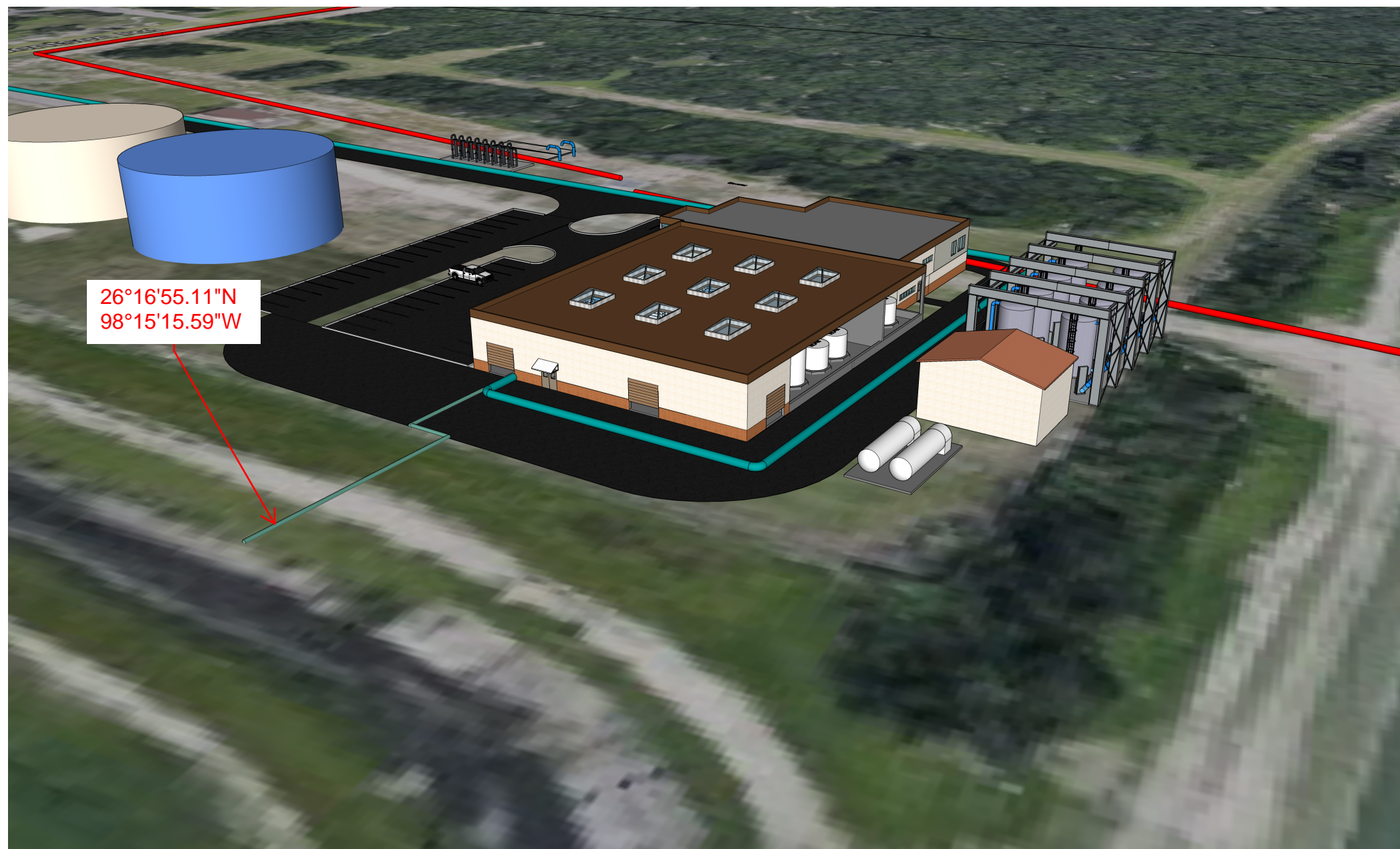


	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪
	Combined Well Water Blending Concentrate With Surface Water	Combined Well Water Blending Groundwater with Concentrate	Groundwater Bypass	RO Feed	Total Concentrate	Total Permeate	Finished Water	Raw Surface Water Blending with Concentrate	Raw Groundwater Blending with Concentrate	Blended Concentrate With Surface Water	Blended Concentrate With Groundwater
Maximum Flow Rate (gpm)	8,974	9,657	838	8,136	2,034	6,102	6,940	683	967	2,717	3,001

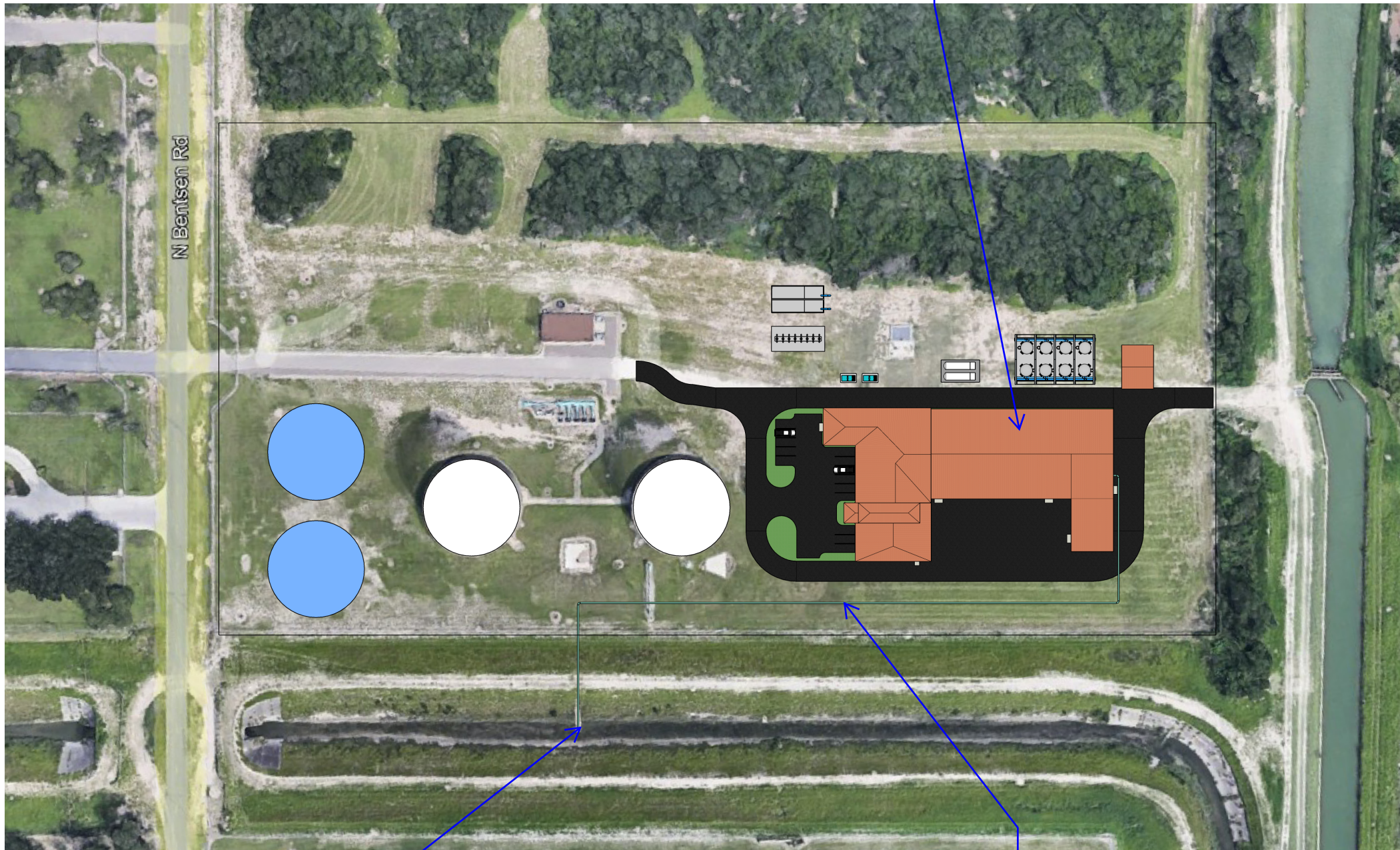
APPENDIX L – PROOF OF CONTACT

Discussion with Hidalgo County Drainage District No.1 has been held in person, no paper work or emails have been made, will be provided soon.

26°16'55.11"N
98°15'15.59"W



Production Area
and Water
Intake Structure



RO Concentrate
Outfall

Sample Location

Leah Whallon

From: Vanessa Pruneda <VPruneda@carollo.com>
Sent: Tuesday, July 1, 2025 1:41 PM
To: Leah Whallon
Subject: RE: New Permit Application 05490-000 QUESTIONS
Attachments: Industrial Discharge New Spanish NORI.docx; Notice of Receipt and Intent to Obtain Water Quality Permit with edits.pdf

Good Afternoon,
Here are the responses to Questions 3 & 4

Question 3. In the paragraph that needed to be reviewed, everything was correct except for the following two sections (highlighted in the attached pdf):

1. spelling of Edinburgh- should be **Edinburg**.
2. Carlos Gonzalez will be the contact. **Carlos Gonzalez, PE, Utility Engineer al (956)681-1770**

Question 4 -see attached Word document. Please note that I could not edit two sections – see screenshots below. Also the document did not let me change the font. —

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

PERMISO PROPUESTO NO. WQ000_____

Fecha de emisión: *[Date notice issued]*

Please let me know how I can correct this.

Regards,
VP.

From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Friday, June 27, 2025 1:45 PM
To: Vanessa Pruneda <VPruneda@carollo.com>
Subject: RE: New Permit Application 05490-000 QUESTIONS

CAUTION: This email originated from outside Carollo Engineers. Do not open attachments or click links unless you recognize the sender.

Hi Vanessa,

Yes, thank you, that is perfect.

Thanks,



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

From: Vanessa Pruneda <VPruneda@carollo.com>
Sent: Friday, June 27, 2025 12:41 PM
To: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Cc: Lauren Williams <Lauren.Williams@tceq.texas.gov>
Subject: RE: New Permit Application 05490-000 QUESTIONS

Please see attachment. Will this suffice for the signature??

From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Thursday, June 26, 2025 2:46 PM
To: Vanessa Pruneda <VPruneda@carollo.com>
Cc: Lauren Williams <Lauren.Williams@tceq.texas.gov>
Subject: RE: New Permit Application 05490-000 QUESTIONS

CAUTION: This email originated from outside Carollo Engineers. Do not open attachments or click links unless you recognize the sender.

Hi Vanessa,

Please provide the response to the administrative NOD items via email attachment to me directly. Let me know if you have any other questions about the items requested.

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

From: Lauren Williams <Lauren.Williams@tceq.texas.gov>
Sent: Thursday, June 26, 2025 2:37 PM

To: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Subject: FW: New Permit Application 05490-000 QUESTIONS

Leah,

Do you have suggestions for this applicant trying to provide signatory authority for the City of McAllen's new permit 05490-000?  [Application Record](#)

Thanks,

Lauren Williams
Aquatic Scientist
Standards Implementation Team (MC 150)
Water Quality Assessment Section
Water Quality Division, TCEQ
512.239.4544

From: Vanessa Pruneda <VPruneda@carollo.com>
Sent: Thursday, June 26, 2025 2:34 PM
To: Lauren Williams <Lauren.Williams@tceq.texas.gov>
Subject: RE: New Permit Application 05490-000 QUESTIONS

Its based on the comment below

1. The application was signed by Mr. Carlos Gonzalez, whose title is Utility Engineer. Applications must be signed by a person meeting the signatory authority requirements. For a city, this should be an elected official or principal executive officer. Please provide either written documentation showing Mr. Gonzalez has signatory authority, or provide a new signature page, signed by an individual meeting the signatory authority requirements.

From: Lauren Williams <Lauren.Williams@tceq.texas.gov>
Sent: Thursday, June 26, 2025 2:25 PM
To: Vanessa Pruneda <VPruneda@carollo.com>
Subject: RE: New Permit Application 05490-000 QUESTIONS

CAUTION: This email originated from outside Carollo Engineers. Do not open attachments or click links unless you recognize the sender.

I'm not sure I understand. You are looking to add Mr. Gonzalez and/or Mark Vegas' signature to the submitted updated documents?

Thanks,

Lauren Williams
Aquatic Scientist
Standards Implementation Team (MC 150)
Water Quality Assessment Section
Water Quality Division, TCEQ
512.239.4544

From: Vanessa Pruneda <VPruneda@carollo.com>
Sent: Thursday, June 26, 2025 2:17 PM
To: Lauren Williams <Lauren.Williams@tceq.texas.gov>
Subject: RE: New Permit Application 05490-000 QUESTIONS

Also, quick question.

How can I get you all written documentation showing Mr. Gonzalez has signatory authority, or a new signature page with the Mark Vega's signature?

From: Lauren Williams <Lauren.Williams@tceq.texas.gov>
Sent: Thursday, June 26, 2025 1:51 PM
To: Vanessa Pruneda <VPruneda@carollo.com>
Subject: RE: New Permit Application 05490-000 QUESTIONS

CAUTION: This email originated from outside Carollo Engineers. Do not open attachments or click links unless you recognize the sender.

Vanessa,

Thank you for the complete response, I have saved the most updated map you sent today as well. I will add this information to the application!

Thanks,

Lauren Williams
Aquatic Scientist
Standards Implementation Team (MC 150)
Water Quality Assessment Section
Water Quality Division, TCEQ
512.239.4544

From: Vanessa Pruneda <VPruneda@carollo.com>
Sent: Monday, June 23, 2025 1:11 PM
To: Lauren Williams <Lauren.Williams@tceq.texas.gov>
Subject: RE: New Permit Application 05490-000 QUESTIONS

Good afternoon!

Please see attached and let me know if you need me to make further modifications.

Regards,

Vanessa Pruneda, EIT
Staff Professional
3700 North 10th Street, Suite 307 | McAllen, TX 78501
D 972.763.4486
vpruneda@carollo.com | carollo.com



From: Lauren Williams <Lauren.Williams@tceq.texas.gov>
Sent: Friday, June 20, 2025 10:42 AM
To: Vanessa Pruneda <VPruneda@carollo.com>
Subject: RE: New Permit Application 05490-000 QUESTIONS

CAUTION: This email originated from outside Carollo Engineers. Do not open attachments or click links unless you recognize the sender.

Morning Vanessa,

Thank you for the quick response! The Industrial Wastewater Permit Application Administrative Report 1.1 Checklist includes listing “the property boundaries of all landowners surrounding the applicant’s property boundaries where the effluent disposal site is located.” From the attached map and landowners address list, it appears the adjacent landowner properties north and west of the facility are missing.



Thanks,
Lauren Williams
Aquatic Scientist
Standards Implementation Team (MC 150)
Water Quality Assessment Section
Water Quality Division, TCEQ
512.239.4544

From: Vanessa Pruneda <VPruneda@carollo.com>
Sent: Thursday, June 19, 2025 8:28 AM

To: Lauren Williams <Lauren.Williams@tceq.texas.gov>

Subject: New Permit Application 05490-000 QUESTIONS

Good morning Lauren!

Mark Vega reached out to let me know that there was an "incomplete landowner map" for the permit application 05490-000.

I was just wondering if you could let me know what is missing? How can I fix it? Do I submit changes through email? Or through STEERS?

If you could let me know at your earliest convenience I would appreciate it.

Regards,

Vanessa Pruneda, EIT

Staff Professional

3700 North 10th Street, Suite 307 | McAllen, TX 78501

☎ 972.763.4486

vpruneda@carollo.com | carollo.com



Item 13. Signature Page (Instructions, Page 33)

Permit No: W0000N/A

Applicant Name: City of McAllen, McAllen Public Utility

Certification: I, Marco A. Vega, 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): Marco A. Vega

Signatory title: General Manager

Signature: _____

(Use blue ink)

Date: _____

Subscribed and Sworn to before me by the said _____

on this _____

day of _____

, 20 _____.

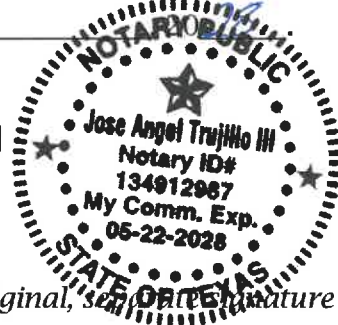
My commission expires on the _____

day of _____

Notary Public

County, Texas

[SEAL]



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



Legend

- Property Boundary
- X Outfall
- ~ 1-mile discharge route
- Adjacent Landowner

0 205 410 820 1,230
 US Feet



Attachment F
 Adjacent Landowner Map
 McAllen Brackish
 Groundwater Treatment
 Facility
 Hidalgo County, Texas

OBJECTID	Parcel_ID	Owner	MailAddress	Label	geolD	Shape_Area	Shape_Length
1205	262634	GLASSCOCK WARE METRO INVESTMENTS LLC	PO BOX 1810 MCALLEN TX US 78505-1810	20	P8500-00-000-0188-00	804140.5488	3855.825645
1207	210570	STROHMEYER DAVID J & BEVERLY TRUSTEE	8221 N WARE RD MCALLEN TX US 78504-5869	19	L1300-00-000-0054-05	812248.4746	4044.684184
5709	282502	DE LA GARZA RAFAEL III & MARYBEL	9200 N TAYLOR RD, MCALLEN, TX 78504-8862	1	S2950-00-000-0447-55	426556.1602	3241.288015
5710	644897	CURIEL PATRICIA & ARNOLDO	4725 MILE 6 RD MCALLEN TX US 78504-6152	35	S2950-00-000-0447-56	425694.8027	3239.968934
5712	282396	GO DRIFT CO LLC	8601 N WARE RD, MCALLEN, TX 78504-9634	13	S2950-00-000-0427-10	212855.7695	2910.094804
5713	282399	RODRIGUEZ JOSE & DEBRA JEAN CO-TRUSTEES	8500 N TAYLOR RD, MCALLEN, TX 78504-9799	11	S2950-00-000-0427-20	268956.3887	3040.206043
5714	507929	RICHTER JEFFREY CARL	4621 6 MILE LINE MCALLEN TX US 78504	33	R0928-00-000-000A-00	47065.02539	1057.54313
5715	517773	RODRIGUEZ JOSE & DEBRA JEAN CO-TRUSTEES	8500 N TAYLOR RD, MCALLEN, TX 78504-9799	12	S2950-00-000-0427-05	206538.3711	3064.591448
5721	282499	NEUHAUS JIMMIE KEVIN & SOMER SCOGGINS NEUHAUS	4725 MILE 6 RD MCALLEN TX US 78504-6152	34	S2950-00-000-0447-40	453204.6738	3881.572152
5722	790100	CITY OF MCALLEN	1521 GALVESTON AVE, MCALLEN, TX 78501-5235	17	F3461-07-000-0001-00	76649.88672	1149.999057
5730	282348	ESCANDON JOSE & MARTIZA	8109 N BENTSEN RD, MCALLEN, TX 78504-0585	16	S2950-00-000-0418-00	599872.3359	3790.234211
5742	282503	RICHTER JEFFREY C	4621 MILE 6 RD MCALLEN TX US 78504-6151	32	S2950-00-000-0448-00	233159.9277	1946.129175
34021	282398	GO DRIFT CO LLC	8601 N WARE RD, MCALLEN, TX 78504-9634	14	S2950-00-000-0427-15	330980.1152	3093.224611
34023	293957	CANTU ORALIA P	8600 N TAYLOR RD LOT D, MCALLEN, TX 78504-9338	9	T1030-00-000-0004-00	87119.10156	1385.997484
34025	282404	CHAPAPAS DOROTHY FRANCES	8700 N TAYLOR RD, MCALLEN, TX 78504-8842	8	S2950-00-000-0427-35	223132.4199	2928.749831
34026	708933	RESIO LEANDRO	9305 N BENTSEN RD MCALLEN TX US 78504-6352	31	G5657-00-000-0001-00	76570.625	1151.645428
42267	282403	RODRIGUEZ JOSE & DEBRA JEAN CO-TRUSTEES	8500 N TAYLOR RD, MCALLEN, TX 78504-9799	10	S2950-00-000-0427-30	212858.6777	2910.124423
212078	568126	PLUMMER FRANK S & KATHLEEN M	8609 N WARE RD MCALLEN TX US 78504-9634	23	P8500-00-000-0191-11	175941.8125	2138.894991
212079	502618	VILLARREAL JOE L	615 N WARE RD MCALLEN TX US 78501-8057	24	P8500-00-000-0191-08	18033.98828	672.7218889
212085	262642	PLUMMER FRANK S & KATHLEEN M	8609 N WARE RD MCALLEN TX US 78504-9634	21	P8500-00-000-0190-05	221886.8848	2868.293658
212086	262641	PLUMMER FRANK A	8609 N WARE RD MCALLEN TX US 78504-9634	22	P8500-00-000-0190-02	202265.7559	2648.935083
212274	262621	GARCIA ROCIO D CSTDN	523 ROBINSON DRIVE TUSTIN CA US 92782-0910	29	P8500-00-000-0178-00	429823.9785	3674.590507
212286	262624	CITY OF MCALLEN	1521 GALVESTON AVE, MCALLEN, TX 78501-5235	18	P8500-00-000-0184-00	637173.2969	5172.456755
212289	262654	SCHOTTERBACK MIKEL J & BERTA	7609 N 24TH CIR MCALLEN TX US 78504-5523	28	P8500-00-000-0195-00	244107.1836	2103.875329
212294	842764	SCURLOCK HERB R III & NANCY S	3714 S EXPRESSWAY 281 EDINBURG TX US 78542-7023	30	P8500-00-000-0175-15	363402.373	3669.412704
212356	320641	ISLAS JAIME & YOLANDA L	4141 NOPAL MCALLEN TX US 78504-9619	27	W1000-00-000-0006-00	43452.40039	889.8166691
212357	320640	SANCHEZ PETRA	4133 NOPAL MCALLEN TX US 78504-9619	26	W1000-00-000-0005-00	120759.6836	1545.474239
212366	262653	CLAUFI LIMITED PARTNERSHIP	1109 S CYNTHIA ST MCALLEN TX US 78501-1152	25	P8500-00-000-0193-00	729648.3574	3734.597832
767393	282454	BURNS TED M & LORI A	9000 N TAYLOR RD, MCALLEN, TX 78504-9789	2	S2950-00-000-0437-25	425830.0742	3240.789521
767394	282452	TORRES NORMA AMALIA & PRISCILLA	1310 TULIP CIR, MCALLEN, TX 78504-3618	4	S2950-00-000-0437-20	343460.7754	3242.760277
767395	282450	CHAPAPAS DOROTHY GAINES IND EXECUTRIX	8700 N TAYLOR RD, MCALLEN, TX 78504-8842	7	S2950-00-000-0437-00	426628.1543	3245.625975
767432	265456	CHARLES ROEL & JACQUELINE N	4705 DORA LANE, MCALLEN, TX 78504-9753	6	R0200-00-000-0019-15	8225.378906	425.3890705
767433	265454	FLORES DIEGO ALJEANDRO & DAMARIS SAMANTHA	2307 FLORES DR, MISSION, TX 78574-7315	5	R0200-00-000-0019-00	15163.49219	572.5757104
767434	282453	MCMILLAN MICHELLE	8900 N TAYLOR RD, MCALLEN, TX 78504-8859	3	S2950-00-000-0437-22	82622.17578	1375.073165
962577	282336	SIVAD ENTERPRISE INC	10322 N 23RD LN, MCALLEN, TX 78504	15	S2950-00-000-0417-00	250913.2266	2909.939243

GLASSCOCK WARE METRO INVESTMENTS LLC PO BOX 1810 MCALLEN, TX US 78505-1810	MR & MRS DAVID J STROHMEYER 8221 N WARE RD MCALLEN, TX US 78504-5869	MR & MRS RAFAEL DE LA GARZA 9200 N TAYLOR RD MCALLEN, TX 78504-8862
MR & MRS ARNOLDO CURIEL 4725 MILE 6 RD MCALLEN, TX US 78504-6152	GO DRIFT CO LLC 8601 N WARE RD MCALLEN, TX 78504-9634	MR & MRS JOSE RODRIGUEZ 8500 N TAYLOR RD MCALLEN, TX 78504-9799
MR JEFFREY C RICHTER 4621 6 MILE LINE MCALLEN, TX US 78504	MR & MRS JOSE RODRIGUEZ 8500 N TAYLOR RD MCALLEN, TX 78504-9799	MR & MRS JIMMIE K NEHAUS 4725 MILE 6 RD MCALLEN, TX US 78504-6152
CITY OF MCALLEN 1521 GALVESTON AVE MCALLEN, TX 78501-5235	MR & MRS JOSE ESCANDON 8109 N BENTSEN RD MCALLEN, TX 78504-0585	MR JEFFREY C RICHTER 4621 MILE 6 RD MCALLEN, TX US 78504-6151
GO DRIFT CO LLC 8601 N WARE RD MCALLEN, TX 78504-9634	MRS ORALIA P CANTU 8600 N TAYLOR RD LOT D MCALLEN, TX 78504-9338	MRS DOROTHY F CHAPAPAS 8700 N TAYLOR RD MCALLEN, TX 78504-8842
MR LEANDRO RESIO 9305 N BENTSEN RD MCALLEN, TX US 78504-6352	MR & MRS JOSE RODRIGUEZ 8500 N TAYLOR RD MCALLEN, TX 78504-9799	MR & MRS FRANK S PLUMMER 8609 N WARE RD MCALLEN, TX US 78504-9634
MR JOE L VILLARREAL 615 N WARE RD MCALLEN, TX US 78501-8057	MR & MRS FRANK S PLUMMER 8609 N WARE RD MCALLEN, TX US 78504-9634	MR FRANK A PLUMMER 8609 N WARE RD MCALLEN, TX US 78504-9634
MRS ROCIO D GARCIA 523 ROBINSON DRIVE TUSTIN, CA US 92782-0910	CITY OF MCALLEN 1521 GALVESTON AVE MCALLEN, TX 78501-5235	MR & MRS MIKEL J SCHOTTERBACK 7609 N 24TH CIR MCALLEN, TX US 78504-5523
MR & MRS HERB R SCURLOCK III 3714 S EXPRESSWAY 281 EDINBURG, TX US 78542-7023	MR & MRS JAIME ISLAS 4141 NOPAL MCALLEN, TX US 78504-9619	MRS PETRA SANCHEZ 4133 NOPAL MCALLEN, TX US 78504-9619
CLAUFI LIMITED PARTNERSHIP 1109 S CYNTHIA ST MCALLEN, TX US 78501-1152	MR & MRS TED BURNS 9000 N TAYLOR RD MCALLEN, TX 78504-9789	MRS NORMA & PRISCILLA TORRES 1310 TULIP CIR MCALLEN, TX 78504-3618

MRS DOROTHY F CHAPAPAS
8700 N TAYLOR RD
MCALLEN, TX 78504-8842

MR & MRS ROEL CHARLES
4705 DORA LANE
MCALLEN, TX 78504-9753

MR & MRS DIEGO A FLORES
2307 FLORES DR
MISSION, TX 78574-7315

MRS MICHELLE MCMILLAN
8900 N TAYLOR RD
MCALLEN, TX 78504-8859

SIVAD ENTERPRISE INC
10322 N 23RD LN
MCALLEN, TX 78504

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 PERMISO

PERMISO PROPUESTO NO. WQ000_____

SOLICITUD. City of McAllen, ubicada en 1300 West Houston Avenue, McAllen, Texas 78501, que posee una planta de tratamiento de agua salobre subterránea, ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) para el propuesto Permiso No. WQ0005490000 (EPA I.D. No. TX0147931) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas [y aguas pluviales] en un volumen que no sobrepasa un flujo promedio diario de 2,810,000. La planta estará ubicada 8313 North Bentsen Road, McAllen, en el Condado de Hidalgo, Texas 78504. La ruta de descarga estará del sitio de la planta al canal de Edinburg del Distrito de Drenaje No. 1 del Condado de Hidalgo, y de ahí a la Laguna Madre (pendiente aprobación de RWA). La TCEQ recibió esta solicitud el día 4 de junio, 2025. La solicitud para el permiso estará disponible para leerla y copiarla en McAllen City Hall, 2nd Floor, Utility Administration Office, 1300 West Houston Avenue, McAllen, in Hidalgo County, 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=-98.25444,26.2825&level=18>

Include the following non-italicized sentence if the facility is located in the Coastal Management Program boundary and is an application for a major amendment which will increase the pollutant loads to coastal waters or would result in relocation of an outfall to a critical area, or a renewal with such a major amendment. The Coastal Management Program boundary is the area along the Texas Coast of the Gulf of México as depicted on the map in 31 TAC §503.1 and includes part or all of the following counties: Cameron, Willacy, Kenedy, Kleberg, Nueces, San Patricio, Aransas, Refugio, Calhoun, Victoria, Jackson, Matagorda, Brazoria, Galveston, Harris, Chambers, Jefferson y Orange. If the application is for amendment that does not meet the above description or a renewal without such a major amendment, do not include the sentence:

El Director Ejecutivo de la TCEQ ha revisado esta medida para ver si está de acuerdo con los objetivos y las regulaciones del Programa de Administración Costero de Texas (CMP) de acuerdo con las regulaciones del Consejo Coordinador de la Costa (CCC) y ha determinado que la acción es conforme con las metas y regulaciones pertinentes del CMP.

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.**

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

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

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

También se puede obtener información adicional del City of McAllen a la dirección indicada arriba o llamando a Carlos Gonzalez, PE, Utility Engineer al (956)681-1770.

Fecha de emisión: *[Date notice issued]*