



Administrative Package Cover Page

This file contains the following documents:

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



Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS INDUSTRIAL WASTEWATER/STORMWATER

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

Western Gulf Terminal Partners LP (CN603635897) and Puerto Los Caballeros Properties, L.P. (CN606440022) operate the Ingleside Site (RN109732651), a marine barge cleaning, recycling and industrial wash out facility. The facility is located at 843 County Rd 4714, in Ingleside, San Patricio County, Texas 78362. Western Gulf Terminal Partners LP is applying for a new TPDES permit.

Discharges from the facility are expected to contain BOD₅, O&G, pH, TSS. 0.04 MGD of treated wastewater resulting from tank cleanings operated in conjunction with other off-site industrial water, and commercial wastewater will be treated by removing the solids, separating the petroleum, clarifying through a Dissolved Air Floatation (DAF) unit and adjusting pH prior to discharging the finished water.

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

AGUAS RESIDUALES INDUSTRIALES /AGUAS PLUVIALES

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

Western Gulf Terminal Partners LP (CN603635897) y Puerto Los Caballeros Properties, L.P. (CN606440022) opera el Ingleside Site, RN109732651, una instalación de limpieza y reciclaje de barcas marinas y pretratamiento de aguas residuales

industriales no peligrosas. La instalación está ubicada en 843 County Rd 4714, en Ingleside, Condado de San Patricio, Texas 78362. Western Gulf Terminal Partners LP está solicitando un nuevo permiso TPDES.

Se espera que las descargas de la instalación contengan BOD₅, O&G, pH, TSS. 0.04 MGD de aguas residuales tratadas resultantes de la limpieza de tanques, en conjunto con otras aguas residuales industriales y comerciales recibidas fuera del sitio. estará tratado por separación de sólidos y petróleo clarificando a través de una unidad de Flotación por Aire Disuelto (DAF) y ajustando el pH antes de descargar el agua tratada.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PROPOSED PERMIT NO. WQ0005499000

APPLICATION. Western Gulf Terminal Partners, LP and Puerto Los Caballeros Properties, L.P., P.O. Box 9605, Corpus Christi, Texas 78469, which own a marine barge cleaning facility, have applied to the Texas Commission on Environmental Quality (TCEQ) for proposed Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0005499000 (EPA I.D. No. TX0148482) to authorize the discharge of treated wastewater and stormwater at a volume not to exceed a daily average flow of 23,500 gallons per day. The facility will be located at 843 County Road 4714, near the city of Ingleside, in San Patricio County, Texas 78362. The discharge route will be from the plant site directly to Redfish Bay. TCEQ received this application on September 11, 2025. The permit application will be available for viewing and copying at Ingleside Public Library, 2775 Waco Street, Ingleside, in San Patricio County, Texas and at La Retama Central Library, 805 Comanche Street, Corpus Christi, in Nueces County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.17417,27.851378&level=18>

The application is subject to the goals and policies of the Texas Coastal Management Program and must be consistent with the applicable Coastal Management Program goals and policies.

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 Western Gulf Terminal Partners, LP and Puerto Los Caballeros Properties, L.P. at the address stated above or by calling Mr. John Murphy, President, Western Gulf Terminal Partners, LP, at 361-882-8870.

Issuance Date: October 24, 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. WQ0005499000

SOLICITUD. Western Gulf Terminal Partners, LP, y Puerto Los Caballeros Properties, L.P., P.O. Box 9605, Corpus Christi, Texas 78469, propietario de una instalación de limpieza de barcas marinas ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) para el propuesto Permiso No. WQ0005499000 (ID de la EPA No. TX0148482) 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 de 23,500 galones por día. La planta estará ubicada 843 County Road 4714, cerca de la ciudad de Ingleside, en el Condado de San Patricio, Texas 78362. La ruta de descarga será desde el sitio de la planta hasta Redfish Bay. TCEQ recibió esta solicitud el 11 de septiembre de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en en la Biblioteca Pública de Ingleside, 2775 Waco Street, Ingleside, en el Condado de San Patricio, Texas, y en la Retama Central Library, 805 Comanche Street, Corpus Christi, el Condado de Nueces, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web:

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

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.17417,27.851378&level=18>

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 Western Gulf Terminal Partners, LP en la dirección indicada anteriormente o llamando al Sr. John Murphy, Presidente de Western Gulf Terminal Partners, LP, al 361-882-8870.

Fecha de emisión: 24 de octubre de 2025

Leah Whallon

From: Beatriz Rivera <beatriz.rivera@trinityconsultants.com>
Sent: Friday, October 3, 2025 9:38 AM
To: Leah Whallon
Cc: smooore westerngulfreycling.com; Jay
Subject: RE: Application for Proposed Permit No. WQ0005499000; Western Gulf Terminal Partners, LP; Western Gulf Terminal Ingleside Site
Attachments: TCEQ Core Data 10-03-2025.pdf

Good morning, Leah,

Please find attached Puerto Los Caballeros Core Data Form.
Let me know if additional information is required.

Thanks

Beatriz Rivera, PE
Senior Consultant-Trinity Consultants
O 361-235-3078
M 787-697-1554

555 N. Carancahua St, Ste 820 Corpus Christi, TX 78401
Email: beatriz.rivera@trinityconsultants.com

From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Monday, September 29, 2025 3:00 PM
To: Beatriz Rivera <beatriz.rivera@trinityconsultants.com>
Cc: smooore westerngulfreycling.com <smooore@westerngulfreycling.com>; Jay <jmurphy@topwatermgmt.com>
Subject: RE: Application for Proposed Permit No. WQ0005499000; Western Gulf Terminal Partners, LP; Western Gulf Terminal Ingleside Site

Hi Beatriz,

The eCDF in STEERS is only available to make updates to a customer with an existing CN. Since Puerto Los Caballeros LP is a new customer without a CN, we will need the paper core data form so I can create the record. Please let me know if you have any questions.

Thank you,



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

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

From: Beatriz Rivera <beatriz.rivera@trinityconsultants.com>
Sent: Monday, September 29, 2025 2:55 PM
To: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Cc: smoore westerngulfreycling.com <smoore@westerngulfreycling.com>; Jay <jmurphy@topwatermgmt.com>
Subject: RE: Application for Proposed Permit No. WQ0005499000; Western Gulf Terminal Partners, LP; Western Gulf Terminal Ingleside Site

Thanks for the guidance. I will enter the Core Data Form in the central registry and send you an email once it has been submitted.

Thanks,

Beatriz Rivera, PE
Senior Consultant-Trinity Consultants
O 361-235-3078
M 787-697-1554

555 N. Carancahua St, Ste 820 Corpus Christi, TX 78401
Email: beatriz.rivera@trinityconsultants.com

From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Monday, September 29, 2025 2:51 PM
To: Beatriz Rivera <beatriz.rivera@trinityconsultants.com>
Cc: smoore westerngulfreycling.com <smoore@westerngulfreycling.com>; Jay <jmurphy@topwatermgmt.com>
Subject: RE: Application for Proposed Permit No. WQ0005499000; Western Gulf Terminal Partners, LP; Western Gulf Terminal Ingleside Site

Thank you, Beatriz.

Since Puerto Los Caballeros LP will be added as a co-applicant, they will also need a core data form to be entered into central registry. Can you please send a core data form with their information completed in Section II?

Everything else in the response is complete. Please let me know if you have any questions.

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: Beatriz Rivera <beatriz.rivera@trinityconsultants.com>
Sent: Wednesday, September 24, 2025 12:25 PM
To: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Cc: smooore westerngulfre recycling.com <smooore@westerngulfre recycling.com>; Jay <jmurphy@topwatermgmt.com>
Subject: FW: Application for Proposed Permit No. WQ0005499000; Western Gulf Terminal Partners, LP; Western Gulf Terminal Ingleside Site

Good afternoon,

On behalf of Western Gulf, please find attached the documents requested in the letter received on September 19, 2025:

- Attached Signed Core Data Form
- Revised Administrative Report 1.0, updated to include an additional public viewing location in Nueces County and to add Puerto Los Caballeros LP as a co-applicant. For clarification, Puerto Los Caballeros LP is a corporation owned by John Murphy, who is also the owner of Western Gulf Terminal Partners, LP.
- Revised Plain language summaries (PLS) in English and Spanish containing the output (flow).
- Mailing Labels for the affected landowners
- I confirm the English portion of the NORI is accurately.
- Attached public notice in Spanish

Please let us know if additional information is required.

Thanks,

Beatriz Rivera, PE
Senior Consultant-Trinity Consultants
O 361-235-3078
M 787-697-1554

555 N. Carancahua St, Ste 820 Corpus Christi, TX 78401
Email: beatriz.rivera@trinityconsultants.com

From: smooore westerngulfre recycling.com <smooore@westerngulfre recycling.com>
Sent: Friday, September 19, 2025 2:45 PM
To: Beatriz Rivera <beatriz.rivera@trinityconsultants.com>
Cc: Jay <jmurphy@topwatermgmt.com>
Subject: FW: Application for Proposed Permit No. WQ0005499000; Western Gulf Terminal Partners, LP; Western Gulf Terminal Ingleside Site

Hi Beatriz,

We just received this letter from the TCEQ for the permit application for Ingleside. They are requesting more information. Please let me know if there is anything you need to help with this.

Thanks so much,

Sunny Moore
Western Gulf Recycling
smoore@westerngulfreycling.com
361-877-7464 (cell)
361-299-6600 (office)



From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Friday, September 19, 2025 2:39 PM
To: smoore westerngulfreycling.com <smoore@westerngulfreycling.com>
Cc: Jay <jmurphy@topwatermgmt.com>
Subject: Application for Proposed Permit No. WQ0005499000; Western Gulf Terminal Partners, LP; Western Gulf Terminal Ingleside Site

Good Afternoon,

Please see the attached Notice of Deficiency letter dated September 19, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response by October 3, 2025.

Please let me know if you have any questions.

Thank you,



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

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION

ADMINISTRATIVE REPORT 1.0

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

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

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

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

Applicant Name: Western Gulf Terminal Partners LP

Permit No.: WQ000TBD

EPA ID No.: TX0TBD

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)

☐ Reverse Osmosis Water Treatment (reverse osmosis water treatment wastewaters only)

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

☒ Active

☐ Inactive

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

☒ TPDES Permit

☐ TLAP

☐ TPDES with TLAP component

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

☒ New

☐ Renewal with changes

☐ Renewal without changes

☐ Major amendment with renewal

☐ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

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

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

Permit Number _____

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

g. Application Fee

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

h. Payment Information

Mailed

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

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

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

Epay

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

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

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: CN603635897

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: Western Gulf Terminal Partners, LP

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): John Murphy

Title: President

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

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

☒ Yes ☐ No

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

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

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

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

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

a. Legal name of the entity (co-applicant) applying for this permit: Puerto Los Caballeros LP
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): Murphy, John

Title: President

Credential: Click to enter text.

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

☒ Yes ☐ No

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

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

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

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

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

a. ☒ Administrative Contact ☐ Technical Contact

Prefix: Mr. Full Name (Last/First Name): John Murphy

Title: President

Credential: Click to enter text.

Organization Name: Western Gulf Terminal Partners, LP

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-882-8870

Email: jmurphy@topwatermgmt.com

b. ☐ Administrative Contact ☒ Technical Contact

Prefix: . Full Name (Last/First Name): Sunny Moore

Title: General Manager

Credential: Click to enter text.

Organization Name: Western Gulf Recycling

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-299-6600

Email: smoore@westerngulfreycling.com

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

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

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

a. Prefix: Mr. Full Name (Last/First Name): John Murphy

Title: President

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

Organization Name: Western Gulf Terminal Partners, LP

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-882-8870

Email: jmurphy@topwatermgmt.com

b. Prefix: Full Name (Last/First Name): Sunny Moore

Title: General Manager

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

Organization Name: Western Gulf Recycling

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-299-6600

Email: smoore@westerngulfreycling.com

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

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

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

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

Prefix: Mr. Full Name (Last/First Name): John Murphy

Title: President

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

Organization Name: Western Gulf Terminal Partners, LP

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-882-8870

Email: jmurphy@topwatermgmt.com

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

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

Prefix: Mr. Full Name (Last/First Name): Sunny Moore

Title: Manager

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

Organization Name: Western Gulf Recycling

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-299-6600

Email: smoore@westerngulfreycling.com

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Sunny Moore

Title: General Manager Credential: Click to enter text.

Organization Name: Western Gulf Recycling

Mailing Address: P.O. Box 9605 City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-882-8870 Email: smoore@westerngulfreycling.com

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

☒ E-mail: smoore@westerngulfreycling.com

☐ 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): John Murphy

Title: President Credential: Click to enter text.

Organization Name: Western Gulf Terminal Partners, LP

Phone No: 361-882-8870 Email: jmurphy@topwatermgmt.com

d. Public Viewing Location Information

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

Public building name: Ingleside Public Library/Retama Central Library Location within the building: Resources Area

Physical Address of Building: Waco St, Ingleside, TX 78362/805 Comanche St, Corpus Christi, TX 78401-2715

City: Ingleside/Corpus Christi County: San Patricio/Nueces

e. Bilingual Notice Requirements

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

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

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

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No ☐ N/A

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

- f. Summary of Application in Plain Language Template - Complete and attach the Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS. Attachment: B

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

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

- a. TCEQ issued Regulated Entity Number (RN), if available: RN109732651

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

- b. Name of project or site (name known by the community where located): Western Gulf-Ingleside 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: Western Gulf Terminal Partners, LP

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-882-8870

Email: jmurphy@topwatermgmt.com

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

- f. Owner of land where treatment facility is or will be: Puerto Los Caballeros LP
 Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.
 or Organization Name: Puerto Los Caballeros LP
 Mailing Address: P.O. Box 9605 City/State/Zip: Corpus Christi, TX 78469
 Phone No: 361-882-8870 Email: jmurphy@topwatermgmt.com
Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years (In some cases, a lease may not suffice - see instructions). Attachment: Click to enter text.
- g. Owner of effluent TLAP disposal site (if applicable): N/A
 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: N/A 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: D
- 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: El Centro Landfill, 3189 St Rd # 69, Robstown, TX 78380.

- 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: Southwest corner of the property

- 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: The outfall discharges directly to Red Fish Bay.

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

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

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

☐ Yes ☒ No

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

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

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

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

☐ Yes ☐ No or New Permit ☐ N/A

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

- j. City nearest the disposal site: N/A

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

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

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

Item 12. Miscellaneous Information (Instructions, Page 33)

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

If yes, provide the following information:

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

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

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

☐ Yes ☒ No

If yes, provide the following information:

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

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

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ000TBD

Applicant Name: John Murphy

Certification: I, John Murphy, 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): John Murphy

Signatory title: President

Signature: _____

John Murphy
(Use blue ink)

Date: 9-9-2025

Subscribed and Sworn to before me by the said JOHN MURPHY
on this 9th day of September, 20 25.

My commission expires on the 1st day of April, 20 26.

MELISSA HUGHSON
Notary Public



[SEAL]

NUECES
County, Texas

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

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

- a. Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.
- ☒ The applicant's property boundaries.
 - ☒ The facility site boundaries within the applicant's property boundaries.
 - ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone.
 - ☒ The property boundaries of all landowners surrounding the applicant's property. (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
 - ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream.
 - ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge.
 - ☒ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides.
 - ☐ The boundaries of the effluent disposal site (e.g., irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property.
 - ☐ The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located.
 - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners within one-quarter mile of the applicant's property boundaries where the sewage sludge land application site is located.
 - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (e.g., sludge surface disposal site or sludge monofil) is located.

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

- b. ☒ that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).
- c. Check this box to confirm a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided. Provide the source of the landowners' names and mailing addresses: San Patricio parcel data.
- 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: E

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: C

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

- ☐ Core Data Form (TCEQ Form No. 10400)
*(Required for all applications types. Must be completed in its entirety and signed.
Note: Form may be signed by applicant representative.)*
- ☒ Correct and Current Industrial Wastewater Permit Application Forms
(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)
- ☒ Water Quality Permit Payment Submittal Form (Page 14)
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)
- ☒ 7.5 Minute USGS Quadrangle Topographic Map Attached
*(Full-size map if seeking "New" permit.
8 ½ x 11 acceptable for Renewals and Amendments.)*
- ☒ N/A ☐ Current/Non-Expired, Executed Lease Agreement or Easement Attached
- ☐ N/A ☒ Landowners Map
(See instructions for landowner requirements.)

Things to Know:

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

- ☐ N/A ☒ Landowners Labels and Cross Reference List
(See instructions for landowner requirements.)
- ☒ Electronic Application Submittal
(See application submittal requirements on page 23 of the instructions.)
- ☐ Original signature per 30 TAC § 305.44 – Blue Ink Preferred
*(If signature page is not signed by an elected official or principle executive officer,
a copy of signature authority/delegation letter must be attached.)*
- ☒ Summary of Application (in Plain Language)



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
☒ New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
☐ Renewal (Core Data Form should be submitted with the renewal form)		☐ Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 603635897		RN 109732651

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		
☒ New Customer ☐ Update to Customer Information ☐ Change in Regulated Entity Ownership ☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)				
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>				
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) <i>If new Customer, enter previous Customer below:</i>				
Western Gulf Terminal Partners, LP				
7. TX SOS/CPA Filing Number 0800966664		8. TX State Tax ID (11 digits) 32036798935		9. Federal Tax ID (9 digits)
		10. DUNS Number (if applicable)		
11. Type of Customer:		Partnership: ☐ General ☒ Limited		
☐ Corporation		☐ Individual		
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other		☐ Sole Proprietorship ☐ Other:		
12. Number of Employees ☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher			13. Independently Owned and Operated? ☒ Yes ☐ No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following				
☐ Owner ☐ Operator ☒ Owner & Operator ☐ Other: ☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant				
15. Mailing Address:		Western Gulf Terminal Partners, LP PO Box 9605		
City		Corpus Christi	State	TX
ZIP		78469	ZIP + 4	
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)	
			jmurphy@topwatermgmt.com	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)

SECTION III: Regulated Entity Information**21. General Regulated Entity Information** (If 'New Regulated Entity' is selected, a new permit application is also required.)☐ New Regulated Entity ☒ Update to Regulated Entity Name ☐ Update to Regulated Entity Information

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

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

Western Gulf-Ingleside Site

23. Street Address of the Regulated Entity:(No PO Boxes)

843 County Rd 4714

City	Ingleside	State	TX	ZIP	78362	ZIP + 4	

24. County

San Patricio

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

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

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

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

Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
27	51	04.96	-97	10	27.04

29. Primary SIC Code**30. Secondary SIC Code****31. Primary NAICS Code****32. Secondary NAICS Code**

(4 digits)

(4 digits)

(5 or 6 digits)

(5 or 6 digits)

4499

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

Water Transportation Services

34. Mailing**Address:**

Western Gulf Terminal Partners LP

PO Box 9605

City	Corpus Christi	State	TX	ZIP	78469	ZIP + 4	

35. E-Mail Address:

jmurphy@topwatermgmt.com

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

(361) 882-8870

() -

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

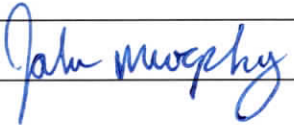
☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☒ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water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

SECTION IV: Preparer Information

40. Name:	Beatriz Rivera			41. Title:	Senior Consultat
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(787) 697-1554		() -	beatriz.rivera@trinityconsultants.com		

SECTION V: Authorized Signature

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

Company:	Top Water Management, LLC	Job Title:	President
Name (In Print):	John Murphy	Phone:	(361) 882- 8870
Signature:		Date:	9-24-25



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
☒ New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
☐ Renewal (Core Data Form should be submitted with the renewal form)		☐ Other
2. Customer Reference Number (if issued)		3. Regulated Entity Reference Number (if issued)
CN TBD		RN TBD

[Follow this link to search for CN or RN numbers in Central Registry**](#)

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
☒ New Customer		☐ Update to Customer Information	
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		☐ Change in Regulated Entity Ownership	
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
Puerto Los Caballeros Properties, LP			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
0800045405	32035932832	810547893	
11. Type of Customer:	☐ Corporation	☐ Individual	Partnership: ☐ General ☒ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other	☐ Sole Proprietorship	☐ Other:	
12. Number of Employees		13. Independently Owned and Operated?	
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher		☒ Yes ☐ No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following			
☒ Owner ☐ Operator ☐ Owner & Operator ☐ Other:			
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant			
15. Mailing Address:	Puerto Los Caballeros Properties, LP		
	PO Box 9605		
	City	State	ZIP
Corpus Christi	TX	78469	ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		jmurphy@topwatermgmt.com	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	
(361) 882-8870		() -	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)	
☒ New Regulated Entity ☐ Update to Regulated Entity Name ☐ Update to Regulated Entity Information	
The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Western Gulf-Ingleside Site	

23. Street Address of the Regulated Entity: (No PO Boxes)	600 Farm to Market 2725							
	City	Ingleside	State	TX	ZIP	78362	ZIP + 4	
24. County	San Patricio							

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

25. Description to Physical Location:								
26. Nearest City					State			Nearest ZIP Code
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
27. Latitude (N) In Decimal:	27.83486			28. Longitude (W) In Decimal:	-97.19432			
Degrees	Minutes	Seconds		Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)			
4499								
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>								
Water Transportation Services								
34. Mailing Address:	Puerto Los Caballeros Properties, LP							
	PO Box 9605							
	City	Corpus Christi	State	TX	ZIP	78469	ZIP + 4	
35. E-Mail Address:	jmurphy@topwatermgmt.com							
36. Telephone Number	37. Extension or Code		38. Fax Number <i>(if applicable)</i>					
(361) 882-8870			() -					

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

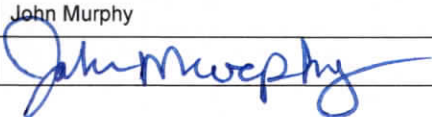
☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☒ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☒ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water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

SECTION IV: Preparer Information

40. Name:	Beatriz Rivera	41. Title:	Senior Consultat
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(787) 697-1554		() -	beatriz.rivera@trinityconsultants.com

SECTION V: Authorized Signature

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

Company:	Top Water Management, LLC	Job Title:	President
Name (In Print):	John Murphy	Phone:	(361) 882- 8870
Signature:		Date:	



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS INDUSTRIAL WASTEWATER/STORMWATER

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

Western Gulf Terminal Partners LP (CN603635897) operates the Ingleside Site (RN109732651), a marine barge cleaning, recycling and industrial wash out facility. The facility is located at 843 County Rd 4714, in Ingleside, San Patricio County, Texas 78362. Western Gulf Terminal Partners LP is applying for a new TPDES permit.

Discharges from the facility are expected to contain BOD₅, O&G, pH, TSS. 0.04 MGD of treated wastewater resulting from tank cleanings operated in conjunction with other off-site industrial water, and commercial wastewater will be treated by removing the solids, separating the petroleum, clarifying through a Dissolved Air Floatation (DAF) unit and adjusting pH prior to discharging the finished water.

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

AGUAS RESIDUALES INDUSTRIALES /AGUAS PLUVIALES

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

Western Gulf Terminal Partners LP (CN603635897) opera el Ingleside Site, RN109732651, una instalación de limpieza y reciclaje de barcas marinas y pretratamiento de aguas residuales industriales no peligrosas. La instalación está ubicada en 843 County Rd 4714, en Ingleside, Condado de San Patricio, Texas 78362. Western Gulf Terminal Partners LP está solicitando un nuevo permiso TPDES.

Se espera que las descargas de la instalación contengan BOD₅, O&G, pH, TSS. 0.04 MGD de aguas residuales tratadas resultantes de la limpieza de tanques, en conjunto con otras aguas residuales industriales y comerciales recibidas fuera del sitio. estará tratado por separación de sólidos y petróleo clarificando a través de una unidad de Flotación por Aire Disuelto (DAF) y ajustando el pH antes de descargar el agua tratada.

INSTRUCTIONS

1. Enter the name of applicant in this section. The applicant name should match the name associated with the customer number.
2. Enter the Customer Number in this section. Each Individual or Organization is issued a unique 11-digit identification number called a CN (e.g. CN123456789).
3. Choose “operates” in this section for existing facility applications or choose “proposes to operate” for new facility applications.
4. Enter the name of the facility in this section. The facility name should match the name associated with the regulated entity number.
5. Enter the Regulated Entity number in this section. Each site location is issued a unique 11-digit identification number called an RN (e.g. RN123456789).
6. Choose the appropriate article (a or an) to complete the sentence.
7. Enter a description of the facility in this section. For example: steam electric generating facility, nitrogenous fertilizer manufacturing facility, etc.
8. Choose “is” for an existing facility or “will be” for a new facility.
9. Enter the location of the facility in this section.
10. Enter the City nearest the facility in this section.
11. Enter the County nearest the facility in this section.
12. Enter the zip code for the facility address in this section.
13. Enter a summary of the application request in this section. For example: renewal to discharge 25,000 gallons per day of treated domestic wastewater, new application to discharge process wastewater and stormwater on an intermittent and flow-variable basis, or major amendment to reduce monitoring frequency for pH, etc. If more than one outfall is included in the application, provide applicable information for each individual outfall.
14. List all pollutants expected in the discharge from this facility in this section. If applicable, refer to the pollutants from any federal numeric effluent limitations that apply to your facility.
15. Enter the discharge types from your facility in this section (e.g., stormwater, process wastewater, once through cooling water, etc.)
16. Choose the appropriate verb tense to complete the sentence.
17. Enter a description of the wastewater treatment used at your facility. Include a description of each process, starting with initial treatment and finishing with the outfall/point of disposal. Use additional lines for individual discharge types if necessary.

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.

Example 1: Industrial Wastewater TPDES Application (ENGLISH)

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

ABC Corporation (CN600000000) operates the Starr Power Station (RN10000000000), a two-unit gas-fired electric generating facility. Unit 1 has a generating capacity of 393 megawatts (MWs) and Unit 2 has a generating capacity of 528 MWs. The facility is located at 1356 Starr Street, near the City of Austin, Travis County, Texas 78753.

This application is for a renewal to discharge 870,000,000 gallons per day of once through cooling water, auxiliary cooling water, and also authorizes the following waste streams monitored inside the facility (internal outfalls) before it is mixed with the other wastewaters authorized for discharge via main Outfall 001, referred to as “previously monitored effluents” (low-volume wastewater, metal-cleaning waste, and stormwater (from diked oil storage area yards and storm drains)) via Outfall 001. Low-volume waste sources, metal-cleaning waste, and stormwater drains on a continuous and flow-variable basis via internal Outfall 101.

The discharge of once through cooling water via Outfall 001 and low-volume waste and metal-cleaning waste via Outfall 101 from this facility is subject to federal effluent limitation guidelines at 40 CFR Part 423. The pollutants expected from these discharges based on 40 CFR Part 423 are: free available chlorine, total residual chlorine, total suspended solids, oil and grease, total iron, total copper, and pH. Temperature is also expected from these discharges. Additional potential pollutants are included in the Industrial Wastewater Application Technical Report, Worksheet 2.0.

Cooling water and boiler make-up water are supplied by Lake Starr Reservoir. The City of Austin municipal water plant (CN600000000, PWS 00000) supplies the facility’s potable water and serves as an alternate source of boiler make-up water. Water from the Lake Starr Reservoir is withdrawn at the intake structure and treated with sodium hypochlorite to prevent biofouling and sodium bromide as a chlorine enhancer to improve efficacy and then passed through condensers and auxiliary equipment on a once-through basis to cool equipment and condense exhaust steam.

Low-volume wastewater from blowdown of boiler Units 1 and 2 and metal-cleaning wastes receive no treatment prior to discharge via Outfall 101. Plant floor and equipment drains and stormwater runoff from diked oil storage areas, yards, and storm drains are routed through an oil and water separator prior to discharge via Outfall 101. Domestic wastewater, blowdown, and backwash water from the service water filter, clarifier, and sand filter are routed to the Starr Creek Domestic Sewage Treatment Plant, TPDES Permit No. WQ0010000001, for treatment and disposal. Metal-cleaning waste from equipment cleaning is generally disposed of off-site.

Example 2: Domestic Wastewater TPDES Renewal application

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

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to discharge at an annual average flow of 1,200,000 gallons per day of treated domestic wastewater via Outfalls 001 and 002.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 3: Domestic Wastewater TPDES New Application

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

The City of Texas (CN000000000) proposes to operate the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the extended aeration mode. The facility will be located at 123 Texas Street, in the City of More Texas, Texas County, Texas 71234.

This application is for a new application to discharge at a daily average flow of 200,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 4: Domestic Wastewater TLAP Renewal application

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

of the permit application.

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to dispose a daily average flow not to exceed 76,500 gallons per day of treated domestic wastewater via public access subsurface drip irrigation system with a minimum area of 32 acres. This permit will not authorize a discharge of pollutants into water in the state.

Land application of domestic wastewater from the facility are expected to contain five-day biochemical oxygen demand (BOD₅), total suspended solids (TSS), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, an equalization basin, an aeration basin, a final clarifier, an aerobic sludge digester, tertiary filters, and a chlorine contact chamber. In addition, the facility includes a temporary storage that equals to at least three days of the daily average flow.

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. Western Gulf Terminal Partners, LP, P.O. Box 9605, Corpus Christi, Texas 78469, propietario de una instalación de limpieza de barcas marinas ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) para el propuesto Permiso No. No. WQ0005499000 (ID de la EPA No. TX0148482) 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 de 23,500 galones por día. La planta estará ubicada 843 County Road 4714, cerca de la ciudad de Ingleside, en el Condado de San Patricio, Texas 78362. La ruta de descarga será desde el sitio de la planta hasta Redfish Bay (pendiente RWA). TCEQ recibió esta solicitud el 11 de septiembre de 2025. La solicitud para el permiso estará disponible para leerla y copiarla en en la Biblioteca Pública de Ingleside, 2775 Waco Street, Ingleside, en el Condado de San Patricio, Texas, y en la Retama Cetral Library el Condado de Nueces, 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.

[Insert map web link from English notice]

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 Western Gulf Terminal Partners, LP en la dirección indicada anteriormente o llamando al Sr. John Murphy, Presidente de Western Gulf Terminal, al 361-882-8870.

Fecha de emisión: *[Date notice issued]*

AEP TEXAS CENTRAL COMPANY
P O BOX 16428
ROCKPORT, TX 78381

ASBURY RAY G & TAMMY L
PO BOX 19
INGLESIDE, TX 78362

BISHOP ROAD INTERESTS LLC
20 BIMINI DR
ARANSAS PASS, TX 78335

CITY OF ARANSAS PASS
PO BOX 2000
COLUMBUS, OH 43216

ERF INGLESIDE INC
555 N CARANCAHUA SUITE 700
HOUSTON, TX 77002

GULF ISLAND SERVICES LLC
1074 FM 2725
SOMERSET, TX 78069

INGLESIDE DOCK & FUEL INC
PO BOX 1028
HOUSTON, TX 77002

LAZARUS TEXAS REFINERY I LLC
801 TRAVIS SUITE 2100
HOUSTON, TX 77002

MCALISTER MICHAEL & SANDRA
PO BOX 189
GRETNA, LA 70056

MCDH INVESTMENTS LTD
PO BOX 2269
INGLESIDE, TX 78362

MIDSTREAM TEXAS INGLESIDE LLC
700 LOUISIANA ST #4770
HOUSTON, TX 77002

NBP ASSOCIATED INC
919 CR 4714
CORPUS CHRISTI, TX 78401

TRUJILLO DALIA L
1100 FM 2725
ROCKPORT, TX 78382

VICTOR KARL J (DEC)
3660 LAKE ASPEN DR E #B
HOUSTON, TX 77002

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

September 11, 2025

Re: Confirmation of Submission of the New Industrial Wastewater Individual Permit Application

Dear Applicant:

This is an acknowledgement that you have successfully completed Industrial Wastewater Individual Permit Application.

ER Account Number: ER110374
Application Reference Number: 816965
Authorization Number: WQ0005499000
Site Name: Western Gulf Terminal- Ingleside Site
Regulated Entity: RN109732651 - INGLESIDE SITE
Customer(s): CN603635897 - Western Gulf Terminal Partners, LP

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?	Western Gulf Terminal- Ingleside Site
Does the site have a physical address?	Yes
Physical Address	
Number and Street	843 COUNTY ROAD 4714
City	INGLESIDE
State	TX
ZIP	78362
County	SAN PATRICIO
Latitude (N) (##.#####)	27.510973
Longitude (W) (-###.#####)	-97.101876
Primary SIC Code	4499
Secondary SIC Code	
Primary NAICS Code	
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN109732651
What is the name of the Regulated Entity (RE)?	INGLESIDE SITE
Does the RE site have a physical address?	No
Because there is no physical address, describe how to locate this site:	843 COUNTY RD 4714
City	INGLESIDE
State	TX
ZIP	78362
County	SAN PATRICIO
Latitude (N) (##.#####)	
Longitude (W) (-###.#####)	
Facility NAICS Code	488320
What is the primary business of this entity?	MARINE BARGE CLEANING

Western-Customer (Applicant) Information (Owner Operator)

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN603635897
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Western Gulf Terminal Partners, LP
Texas SOS Filing Number	800966664
Federal Tax ID	
State Franchise Tax ID	32036798935
State Sales Tax ID	
Local Tax ID	
DUNS Number	
Number of Employees	
Independently Owned and Operated?	No

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

Western Gulf Terminal Partners, LP

Prefix

First

Jonh

Middle

Last

Murphy

Suffix

Credentials

Title

President

Responsible Authority Mailing Address

Enter new address or copy one from list:

Address Type

Domestic

Mailing Address (include Suite or Bldg. here, if applicable)

PO BOX 9605

Routing (such as Mail Code, Dept., or Attn:)

City

CORPUS CHRISTI

State

TX

ZIP

78469

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

3618828870

Extension

Alternate Phone (###-###-####)

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

E-mail

jmurphy@topwatermgmt.com

Billing Contact

Responsible contact for receiving billing statements:

Select the permittee that is responsible for payment of the annual fee.

CN603635897, Western Gulf Terminal Partners, LP

Organization Name

Western Gulf Terminal Partners, LP

Prefix

First

Jonh

Middle

Last

Murphy

Suffix

Credentials

Title

Enter new address or copy one from list:

Mailing Address

Address Type

Domestic

Mailing Address (include Suite or Bldg. here, if applicable)

PO BOX 9605

Routing (such as Mail Code, Dept., or Attn:)

City

CORPUS CHRISTI

State

TX

ZIP

78469

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

3618828870

Extension

Alternate Phone (###-###-####)

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

E-mail

jmurphy@topwatermgmt.com

Application Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name Western Gulf Terminal Partners LP

Prefix

First Sunny

Middle

Last Moore

Suffix

Credentials

Title General Manager

Enter new address or copy one from list: Billing Contact

Mailing Address

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if applicable) PO BOX 9605

Routing (such as Mail Code, Dept., or Attn:)

City CORPUS CHRISTI

State TX

ZIP 78469

Phone (###-###-####) 3612996600

Extension

Alternate Phone (###-###-####)

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

E-mail smoore@westerngulfre recycling.com

Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name Western Gulf Terminal Partners, LP

Prefix MS

First Sunny

Middle Moore

Last Murphy

Suffix

Credentials

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) PO BOX 9605

Routing (such as Mail Code, Dept., or Attn:)

City CORPUS CHRISTI

State TX

ZIP 78469

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

3612996600

Extension

Alternate Phone (###-###-####)

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

E-mail

smoore@westerngulfre recycling.com

DMR Contact

Person responsible for submitting Discharge Monitoring Report Forms:

Same as another contact?

Technical Contact

Organization Name

Western Gulf Terminal Partners, LP

Prefix

MS

First

Sunny

Middle

Moore

Last

Murphy

Suffix

Credentials

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)

PO BOX 9605

Routing (such as Mail Code, Dept., or Attn:)

City

CORPUS CHRISTI

State

TX

ZIP

78469

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

3612996600

Extension

Alternate Phone (###-###-####)

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

E-mail

smoore@westerngulfre recycling.com

Section 1# Permit Contact

Permit Contact#: 1

Person TCEQ should contact throughout the permit term.

1) Same as another contact?

Technical Contact

2) Organization Name

Western Gulf Terminal Partners, LP

3) Prefix

MS

4) First

Sunny

5) Middle

Moore

6) Last

Murphy

7) Suffix

8) Credentials

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)	PO BOX 9605
11.2) Routing (such as Mail Code, Dept., or Attn:)	
11.3) City	CORPUS CHRISTI
11.4) State	TX
11.5) ZIP	78469
12) Phone (###-###-####)	3612996600
13) Extension	
14) Alternate Phone (###-###-####)	
15) Fax (###-###-####)	
16) E-mail	smoore@westerngulfre recycling.com

Public Notice Information

Individual Publishing the Notices

1) Prefix	
2) First and Last Name	Sunny Moore
3) Credential	
4) Title	General Manager
5) Organization Name	Western Gulf Recycling
6) Mailing Address	PO BOX 9605
7) Address Line 2	
8) City	CORPUS CHRISTI
9) State	TX
10) Zip Code	78469
11) Phone (###-###-####)	3612996600
12) Extension	
13) Fax (###-###-####)	
14) Email	smoore@westerngulfre recycling.com

Contact person to be listed in the Notices

15) Prefix	
16) First and Last Name	John Murphy
17) Credential	
18) Title	President
19) Organization Name	Western Gulf Terminal
20) Phone (###-###-####)	3618828870
21) Fax (###-###-####)	
22) Email	jmurphy@topwatermgmt.com

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	SAN PATRICIO
2) Public building name	Ingleside Public Library
3) Location within the building	Resources Area
4) Physical Address of Building	Waco St, Ingleside, TX 78362
5) City	Ingleside
6) Contact Name	
7) Phone (###-###-####)	3617765355
8) Extension	
9) Is the location open to the public?	Yes

Owner Information

Owner of Treatment Facility

1) Prefix	
2) First and Last Name	John Murphy
3) Organization Name	Western Gulf Terminal Partners LP
4) Mailing Address	P.O. Box 9605
5) City	Corpus Christi
6) State	TX
7) Zip Code	78469
8) Phone (###-###-####)	3618828870
9) Extension	
10) Email	jmurphy@topwatermgmt.com
11) What is ownership of the treatment facility?	Private

Owner of Land (where treatment facility is or will be)

12) Prefix	
13) First and Last Name	John Murphy
14) Organization Name	Western Gulf Terminal Partners LP
15) Mailing Address	P.O. Box 9605
16) City	Corpus Christi
17) State	TX
18) Zip Code	78469
19) Phone (###-###-####)	3618828870
20) Extension	
21) Email	jmurphy@topwatermgmt.com
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?	Industrial Wastewater
2.1) Are the discharges at your facility subjected to federal effluent limitation guidelines (ELG) 40 CFR Part 400-471?	Yes
3) What is your facility operational status?	Inactive

4) What is the classification for your authorization?	TPDES
4.1) City nearest the outfall(s):	Ingleside
4.2) County where the outfalls are located:	SAN PATRICIO
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?	No
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_Plain Language 2025 07814 QA.pdf
Hash	0EC56D1579BC37E1D3DE641F112FE6C38FFC36C41249A9C82A572FA41E740D92
MIME-Type	application/pdf

Supplemental Permit Information Form

1) Supplemental Permit Information Form (SPIF)	
[File Properties]	
File Name	SPIF_SPIF 2025 0814 QA.pdf
Hash	D4D1F623E2DCDF782F0310F25C69BB59594DCE4C97F8BC6D4AB23879A8058A69
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_Full Size USGS.pdf
Hash	6236CAB54A982D66FE312EF98D2899E18852028AF00339BFB07CB70AA1EF4660
MIME-Type	application/pdf
2) Public Involvement Plan (TCEQ Form 20960)	
[File Properties]	
File Name	PIP_SPIF 2025 0814 QA.pdf
Hash	D4D1F623E2DCDF782F0310F25C69BB59594DCE4C97F8BC6D4AB23879A8058A69
MIME-Type	application/pdf
3) Administrative Report 1.1	
[File Properties]	
File Name	ARPT_Administrative Report.pdf
Hash	1EFF455AEC8F87CB988F0350C86BE1C59EE8C938A6BD98D5A1AF06478CFA3618
MIME-Type	application/pdf
4) I confirm that all required sections of Technical Report 1.0 are complete and will be included in the Technical Attachment.	Yes

4.1) I confirm that Worksheet 1.0 (EPA Categorical Effluent Guidelines) is complete and included in the Technical Attachment.	Yes
4.2) I confirm that Worksheet 4.0 (Receiving Waters) is complete and included in the Technical Attachment.	Yes
4.3) Are you planning to include Worksheet 4.1 (Waterbody Physical Characteristics) in the Technical Attachment?	No
4.4) Are you planning to include Worksheet 6.0 (Industrial Waste Contribution) in the Technical Attachment?	No
4.5) Are you planning to include Worksheet 7.0 (Stormwater Discharges Associated with Industrial Activities) to the Technical Attachment?	Yes
4.6) Are you planning to include Worksheet 8.0 (Aquaculture) in the Technical Attachment?	No
4.7) Are you planning to include Worksheet 9.0 (Class V Injection Well Inventory/Authorization) in the Technical Attachment?	No
4.8) Are you planning to include Worksheet 10.0 (Quarries in the John Graves Scenic Riverway) in the Technical Attachment?	No
4.9) Are you planning to include Worksheet 11.0 (Cooling Water System Information) in the Technical Attachment?	No
4.10) Are you planning to include Worksheet 11.1 (Impingement Mortality) in the Technical Attachment?	No
4.11) Are you planning to include Worksheet 11.2 (Source Water Biological Data) in the Technical Attachment?	No
4.12) Are you planning to include Worksheet 11.3 (Entrainment) in the Technical Attachment?	No

4.13) Technical Attachment

[File Properties]

File Name	TECH_TECHNICAL REPORT 1.0 2025 0814 Western Gulf-Final.pdf
Hash	B98C758C949A0F2096FC66C293A41A82548DA400266EAA38241D2DB5293C4207
MIME-Type	application/pdf

5) Affected Landowners Map

[File Properties]

File Name	LANDMP_Adjacent Landowner.pdf
Hash	0EB18E89809B85547FE22AD0568BAA12AF229EE332D54D30841CFCBC81D1B268
MIME-Type	application/pdf

6) Landowners Cross Reference List

[File Properties]

File Name	LANDCRL_Adjacent Landowner List.pdf
Hash	3F02586689E44554B688EE54336DDEF226E5D33F1673985C25A6F8D22DE1FBB3
MIME-Type	application/pdf

7) Landowner Avery Template

[File Properties]

File Name	LANDAT_Adjacent Landowner List.pdf
Hash	3F02586689E44554B688EE54336DDEF226E5D33F1673985C25A6F8D22DE1FBB3
MIME-Type	application/pdf

8) Flow Diagram

[File Properties]

File Name	FLDIA_ATTACHMENT E- WATER BALANCE .pdf
Hash	9DAFE9BA642323BC69BFC0321A783A2348614F187B777B23D10A40AD535CCB97

MIME-Type	application/pdf
9) Site Drawing	
[File Properties]	
File Name	SITEDR_SPIF Map.pdf
Hash	2A6790E1C930B59C2E466970CE8AA143EEF8976C2D6CA8B3312EF693627D3965
MIME-Type	application/pdf
10) Original Photographs	
[File Properties]	
File Name	ORIGPH_Attachment-Outfall Photos.pdf
Hash	AEC98261228AB1E6D28570DBF3CFEF6A2BFD91F44E3AF9D7EFD7105069C1008B
MIME-Type	application/pdf
11) Design Calculations	
12) Solids Management Plan	
13) Water Balance	
[File Properties]	
File Name	WB_ATTACHMENT E- WATER BALANCE .pdf
Hash	9DAFE9BA642323BC69BFC0321A783A2348614F187B777B23D10A40AD535CCB97
MIME-Type	application/pdf
14) Other Attachments	
[File Properties]	
File Name	OTHER_Industrial Wastewater Permit Application-Signature Page.pdf
Hash	E48847163A1657892F9479052016C23835FE1AF174D283090EE8E51A8F63C676
MIME-Type	application/pdf
[File Properties]	
File Name	OTHER_Report Application- 2025 0814-Combined.pdf
Hash	1EAE849AFA0DBC2D22494566322EC3124EDBF1B5E69040270A3525448771CF61
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 Sunny E Moore, the owner of the STEERS account ER110374.
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: Sunny E Moore OWNER OPERATOR

Customer Number:	CN603635897
Legal Name:	Western Gulf Terminal Partners, LP
Account Number:	ER110374
Signature IP Address:	98.97.23.246
Signature Date:	2025-09-11
Signature Hash:	25590AA9FE798E787EE86228AC84CBB8F8871FC24CC906C816BB9850827951C7
Form Hash Code at time of Signature:	5A7A51C16DF472ECD747DAE6DBCA9BEAEBE2A272C7287C6A0949C3B172A67551

Fee Payment

Transaction by:	The application fee payment transaction was made by ER110374/Sunny E Moore
Paid by:	The application fee was paid by SUNNY MOORE
Fee Amount:	\$1200.00
Paid Date:	The application fee was paid on 2025-09-11
Transaction/Voucher number:	The transaction number is 582EA000684574 and the voucher number is 782974

Submission

Reference Number:	The application reference number is 816965
Submitted by:	The application was submitted by ER110374/Sunny E Moore
Submitted Timestamp:	The application was submitted on 2025-09-11 at 13:48:17 CDT
Submitted From:	The application was submitted from IP address 98.97.23.246
Confirmation Number:	The confirmation number is 677599
Steers Version:	The STEERS version is 6.92

Additional Information

Application Creator: This account was created by Beatriz Rivera



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: Western Gulf Terminal Partners LP

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

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

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

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

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 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: Western Gulf Terminal Partners LP

Permit No.: WQ000TBD

EPA ID No.: TX0TBD

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)

☐ Reverse Osmosis Water Treatment (reverse osmosis water treatment wastewaters only)

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

☒ Active

☐ Inactive

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

☒ TPDES Permit

☐ TLAP

☐ TPDES with TLAP component

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

☒ New

☐ Renewal with changes

☐ Renewal without changes

☐ Major amendment with renewal

☐ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

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

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

Permit Number _____

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

g. Application Fee

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

h. Payment Information

Mailed

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

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

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

Epay

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

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

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: CN603635897

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: Western Gulf Terminal Partners, LP

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): John Murphy

Title: President

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

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

☒ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

Prefix: Click to enter text.

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

Title: Click to enter text.

Credential: Click to enter text.

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

☐ Yes ☐ No

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

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

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

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

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

a. ☒ Administrative Contact ☐ Technical Contact

Prefix: Mr. Full Name (Last/First Name): John Murphy

Title: President

Credential: Click to enter text.

Organization Name: Western Gulf Terminal Partners, LP

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-882-8870

Email: jmurphy@topwatermgmt.com

b. ☐ Administrative Contact ☒ Technical Contact

Prefix: . Full Name (Last/First Name): Sunny Moore

Title: General Manager

Credential: Click to enter text.

Organization Name: Western Gulf Recycling

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-299-6600

Email: smoore@westerngulfreycling.com

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

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

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

a. Prefix: Mr. Full Name (Last/First Name): John Murphy

Title: President

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

Organization Name: Western Gulf Terminal Partners, LP

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-882-8870

Email: jmurphy@topwatermgmt.com

b. Prefix: Full Name (Last/First Name): Sunny Moore

Title: General Manager

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

Organization Name: Western Gulf Recycling

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-299-6600

Email: smoore@westerngulfreycling.com

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

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

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

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

Prefix: Mr. Full Name (Last/First Name): John Murphy

Title: President

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

Organization Name: Western Gulf Terminal Partners, LP

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-882-8870

Email: jmurphy@topwatermgmt.com

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

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

Prefix: Mr. Full Name (Last/First Name): Sunny Moore

Title: Manager

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

Organization Name: Western Gulf Recycling

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-299-6600

Email: smoore@westerngulfreycling.com

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Sunny Moore

Title: General Manager Credential: Click to enter text.

Organization Name: Western Gulf Recycling

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-882-8870

Email: smoore@westerngulfre recycling.com

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

☒ E-mail: smoore@westerngulfre recycling.com

☐ 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): John Murphy

Title: President Credential: Click to enter text.

Organization Name: Western Gulf Terminal Partners, LP

Phone No: 361-882-8870

Email: jmurphy@topwatermgmt.com

d. Public Viewing Location Information

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

Public building name: Ingleside Public Library

Location within the building: Resources Area

Physical Address of Building: Waco St, Ingleside, TX 78362

City: Ingleside County: San Patricio

e. Bilingual Notice Requirements

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

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

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

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No ☐ N/A

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

- f. Summary of Application in Plain Language Template - Complete and attach the Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS. Attachment: B

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

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

- a. TCEQ issued Regulated Entity Number (RN), if available: RN109732651

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

- b. Name of project or site (name known by the community where located): Western Gulf-Ingleside 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: Western Gulf Terminal Partners, LP

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-882-8870

Email: jmurphy@topwatermgmt.com

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

- f. Owner of land where treatment facility is or will be: Puerto Los Caballeros LP
 Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.
 or Organization Name: Puerto Los Caballeros LP
 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 (In some cases, a lease may not suffice - see instructions). Attachment: Click to enter text.
- g. Owner of effluent TLAP disposal site (if applicable): N/A
 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: N/A 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: D
- 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: El Centro Landfill, 3189 St Rd # 69, Robstown, TX 78380.

- 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: Southwest corner of the property

- 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: The outfall discharges directly to Red Fish Bay.

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

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

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

☐ Yes ☒ No

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

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

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

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

☐ Yes ☐ No or New Permit ☐ N/A

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

- j. City nearest the disposal site: N/A

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

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

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

Item 12. Miscellaneous Information (Instructions, Page 33)

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

If yes, provide the following information:

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

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

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

☐ Yes ☒ No

If yes, provide the following information:

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

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

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ000TBD

Applicant Name: John Murphy

Certification: I, John Murphy, 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): John Murphy

Signatory title: President

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: [Click to enter text.](#)
- b. ☒ that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).
- c. Check this box to confirm a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided. Provide the source of the landowners' names and mailing addresses: [San Patricio parcel data.](#)
- 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: E

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: C

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: [Click to enter text.](#)

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 Labels and Cross Reference List
(See instructions for landowner requirements.)
- ☒ Electronic Application Submittal
(See application submittal requirements on page 23 of the instructions.)
- ☐ Original signature per 30 TAC § 305.44 – Blue Ink Preferred
(If signature page is not signed by an elected official or principle executive officer, a copy of signature authority/delegation letter must be attached.)
- ☒ Summary of Application (in Plain Language)

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ000TBD

Applicant Name: John Murphy

Certification: I, John Murphy, 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): John Murphy

Signatory title: President

Signature: _____

John Murphy
(Use blue ink)

Date: 9-9-2025

Subscribed and Sworn to before me by the said JOHN MURPHY
on this 9th day of September, 20 25.

My commission expires on the 1st day of April, 20 26.

MELISSA HUGHSON
Notary Public



[SEAL]

NUECES
County, Texas

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS INDUSTRIAL WASTEWATER/STORMWATER

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

Western Gulf Terminal Partners LP (CN603635897) operates the Ingleside Site (RN109732651), a marine barge cleaning, recycling and industrial wash out facility. The facility is located at 843 County Rd 4714, in Ingleside, San Patricio County, Texas 78362. Western Gulf Terminal Partners LP is applying for a new TPDES permit.

Discharges from the facility are expected to contain BOD₅, O&G, pH, TSS. Treated wastewater resulting from tank cleanings operated in conjunction with other off-site industrial water, and commercial wastewater will be treated by removing the solids, separating the petroleum, clarifying through a Dissolved Air Flootation (DAF) unit and adjusting pH prior to discharging the finished water.

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

AGUAS RESIDUALES INDUSTRIALES /AGUAS PLUVIALES

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

Western Gulf Terminal Partners LP (CN603635897) opera el Ingleside Site, RN109732651, una instalación de limpieza y reciclaje de barcas marinas y pretratamiento de aguas residuales industriales no peligrosas. La instalación está ubicada en 843 County Rd 4714, en Ingleside, Condado de San Patricio, Texas 78362. Western Gulf Terminal Partners LP está solicitando un nuevo permiso TPDES.

Se espera que las descargas de la instalación contengan BOD₅, O&G, pH , TSS. Aguas residuales tratadas resultantes de la limpieza de tanques, en conjunto con otras aguas residuales industriales y comerciales recibidas fuera del sitio. estará tratado por separación de sólidos y petróleo clarificando a través de una unidad de Flotación por Aire Disuelto (DAF) y ajustando el pH antes de descargar el agua tratada.

INSTRUCTIONS

1. Enter the name of applicant in this section. The applicant name should match the name associated with the customer number.
2. Enter the Customer Number in this section. Each Individual or Organization is issued a unique 11-digit identification number called a CN (e.g. CN123456789).
3. Choose “operates” in this section for existing facility applications or choose “proposes to operate” for new facility applications.
4. Enter the name of the facility in this section. The facility name should match the name associated with the regulated entity number.
5. Enter the Regulated Entity number in this section. Each site location is issued a unique 11-digit identification number called an RN (e.g. RN123456789).
6. Choose the appropriate article (a or an) to complete the sentence.
7. Enter a description of the facility in this section. For example: steam electric generating facility, nitrogenous fertilizer manufacturing facility, etc.
8. Choose “is” for an existing facility or “will be” for a new facility.
9. Enter the location of the facility in this section.
10. Enter the City nearest the facility in this section.
11. Enter the County nearest the facility in this section.
12. Enter the zip code for the facility address in this section.
13. Enter a summary of the application request in this section. For example: renewal to discharge 25,000 gallons per day of treated domestic wastewater, new application to discharge process wastewater and stormwater on an intermittent and flow-variable basis, or major amendment to reduce monitoring frequency for pH, etc. If more than one outfall is included in the application, provide applicable information for each individual outfall.
14. List all pollutants expected in the discharge from this facility in this section. If applicable, refer to the pollutants from any federal numeric effluent limitations that apply to your facility.
15. Enter the discharge types from your facility in this section (e.g., stormwater, process wastewater, once through cooling water, etc.)
16. Choose the appropriate verb tense to complete the sentence.
17. Enter a description of the wastewater treatment used at your facility. Include a description of each process, starting with initial treatment and finishing with the outfall/point of disposal. Use additional lines for individual discharge types if necessary.

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.

Example 1: Industrial Wastewater TPDES Application (ENGLISH)

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

ABC Corporation (CN600000000) operates the Starr Power Station (RN10000000000), a two-unit gas-fired electric generating facility. Unit 1 has a generating capacity of 393 megawatts (MWs) and Unit 2 has a generating capacity of 528 MWs. The facility is located at 1356 Starr Street, near the City of Austin, Travis County, Texas 78753.

This application is for a renewal to discharge 870,000,000 gallons per day of once through cooling water, auxiliary cooling water, and also authorizes the following waste streams monitored inside the facility (internal outfalls) before it is mixed with the other wastewaters authorized for discharge via main Outfall 001, referred to as “previously monitored effluents” (low-volume wastewater, metal-cleaning waste, and stormwater (from diked oil storage area yards and storm drains)) via Outfall 001. Low-volume waste sources, metal-cleaning waste, and stormwater drains on a continuous and flow-variable basis via internal Outfall 101.

The discharge of once through cooling water via Outfall 001 and low-volume waste and metal-cleaning waste via Outfall 101 from this facility is subject to federal effluent limitation guidelines at 40 CFR Part 423. The pollutants expected from these discharges based on 40 CFR Part 423 are: free available chlorine, total residual chlorine, total suspended solids, oil and grease, total iron, total copper, and pH. Temperature is also expected from these discharges. Additional potential pollutants are included in the Industrial Wastewater Application Technical Report, Worksheet 2.0.

Cooling water and boiler make-up water are supplied by Lake Starr Reservoir. The City of Austin municipal water plant (CN600000000, PWS 00000) supplies the facility’s potable water and serves as an alternate source of boiler make-up water. Water from the Lake Starr Reservoir is withdrawn at the intake structure and treated with sodium hypochlorite to prevent biofouling and sodium bromide as a chlorine enhancer to improve efficacy and then passed through condensers and auxiliary equipment on a once-through basis to cool equipment and condense exhaust steam.

Low-volume wastewater from blowdown of boiler Units 1 and 2 and metal-cleaning wastes receive no treatment prior to discharge via Outfall 101. Plant floor and equipment drains and stormwater runoff from diked oil storage areas, yards, and storm drains are routed through an oil and water separator prior to discharge via Outfall 101. Domestic wastewater, blowdown, and backwash water from the service water filter, clarifier, and sand filter are routed to the Starr Creek Domestic Sewage Treatment Plant, TPDES Permit No. WQ0010000001, for treatment and disposal. Metal-cleaning waste from equipment cleaning is generally disposed of off-site.

Example 2: Domestic Wastewater TPDES Renewal application

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

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to discharge at an annual average flow of 1,200,000 gallons per day of treated domestic wastewater via Outfalls 001 and 002.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 3: Domestic Wastewater TPDES New Application

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

The City of Texas (CN000000000) proposes to operate the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the extended aeration mode. The facility will be located at 123 Texas Street, in the City of More Texas, Texas County, Texas 71234.

This application is for a new application to discharge at a daily average flow of 200,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 4: Domestic Wastewater TLAP Renewal application

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

of the permit application.

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN000000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to dispose a daily average flow not to exceed 76,500 gallons per day of treated domestic wastewater via public access subsurface drip irrigation system with a minimum area of 32 acres. This permit will not authorize a discharge of pollutants into water in the state.

Land application of domestic wastewater from the facility are expected to contain five-day biochemical oxygen demand (BOD₅), total suspended solids (TSS), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, an equalization basin, an aeration basin, a final clarifier, an aerobic sludge digester, tertiary filters, and a chlorine contact chamber. In addition, the facility includes a temporary storage that equals to at least three days of the daily average flow.

WESTERN GULF TERMINAL PARTNERS LP
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: WESTERN GULF TERMINAL PARTNERS LP

Permit No. WQ00 TBD

EPA ID No. TX _____

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

843 County Rd 4714, Ingleside, TX 783652

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Jay Murphy

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

Title: President

Mailing Address: PO Box 9605

City, State, Zip Code: Corpus Christi, TX 78469

Phone No.: 361-882-8870 Ext.: Fax No.:

E-mail Address: jmurphy@topwatermgmt.com

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

N/A

4. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

The outfall discharges directly to Red Fish Bay.

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):

1 surface acres to be impacted.

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

None

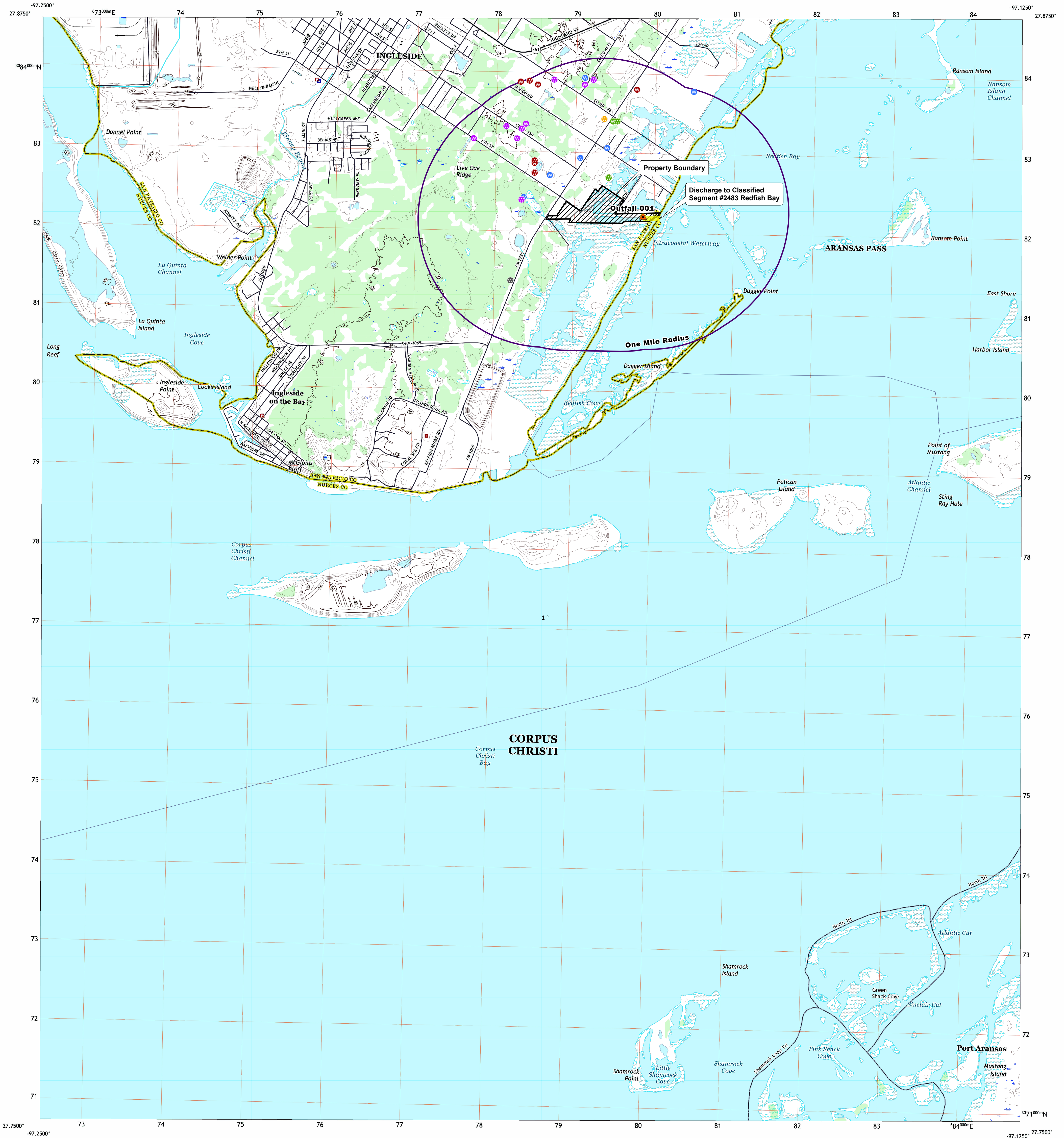
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

January 1, 2026

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

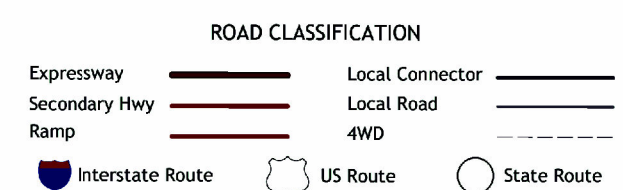
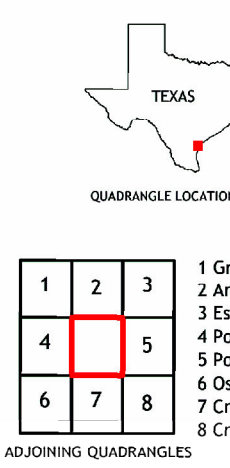
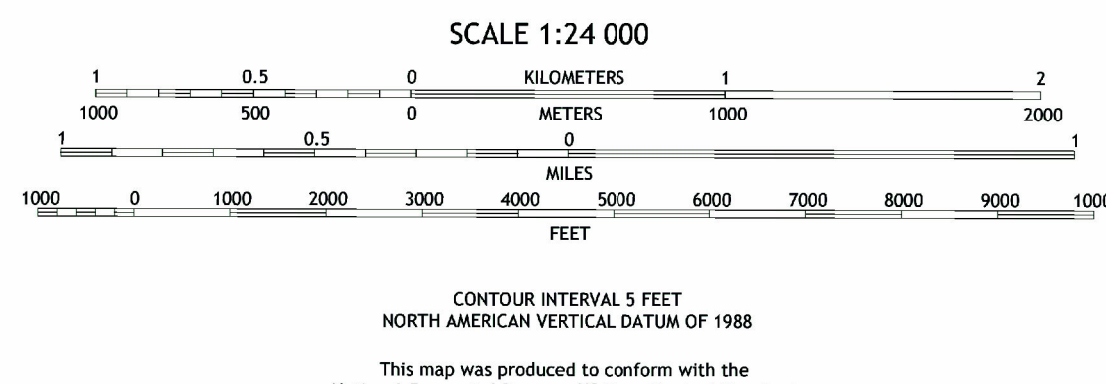
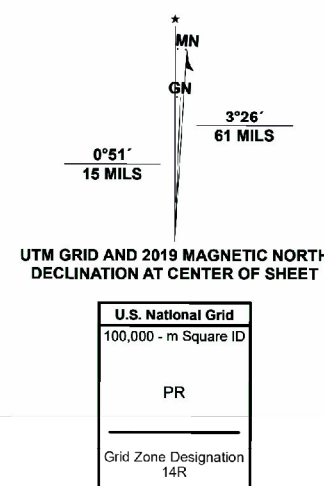
The site was previously leased for barge cleaning and has now been purchased. No buildings exist on the site.



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, September 2016 - December 2016
Roads.....U.S. Census Bureau, 2015 - 2018
Names.....GNIS, 1979 - 2022
Hydrography.....National Hydrography Dataset, 2004 - 2018
Contours.....National Elevation Dataset, 2019
Boundaries.....Multiple sources; see metadata file 2019 - 2021

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



LEGEND

- Property Boundary
- One Mile Radius
- Outfall Location
- Discharge Route
- Texas Water Development Board Wells
 - Domestic
 - Environmental Soil Boring
 - Industrial / Monitor
 - Injection
 - Irrigation / Stock
 - Unused

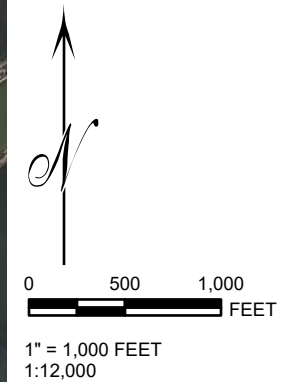
C:_AD\ACCDocs\itemaple\Projects\Western Gulf Terminal Partners LP\Ingleside Facility\TPDES 2025\GIS.aprx



Legend

- Property Boundary
- Area of Land Not Shown in Appraisal District Parcel Data
- Adjacent Landowners
- Outfall Location
- Discharge Route
- Downstream Marker

Sources:
1. Property Boundary derived from client provided kmz file.
2. Adjacent Landowners - San Patricio Appraisal District Parcel Data, August 2025.



**WESTERN GULF TERMINAL PARTNERS LP - INGLESIDE FACILITY
RECYCLING AND WASH OUT FACILITY
PRIVATE RD 4782 INGLESIDE, TX 78362**

ADJACENT LANDOWNER MAP

DRAWN BY:	L WILSON	SCALE:	AS NOTED	PROJ. NO.	TPDES 2025
CHECKED BY:	B RIVERA			FILE NO.	Adjacent Landowner
APPROVED BY:	B RIVERA	DATE PRINTED:	8/22/2025		
DATE:	August 2025				

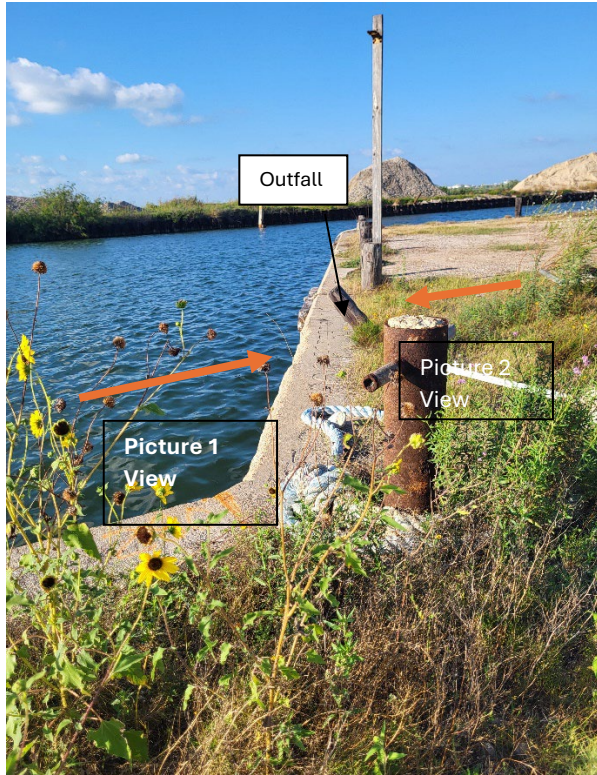
Trinity
Consultants

1800 West Loop S
Suite 1000
Houston, Texas 77027
Ph. 713-955-1230

555 N. Carancahua St
Suite 820
Corpus Christi, Texas 78401
Ph. 361-883-1668

MAP ID	OWNER NAME	ADDRESS	CITY	STATE	ZIP CODE
1	AEP TEXAS CENTRAL COMPANY	P O BOX 16428	ROCKPORT	TX	78381
2	ASBURY RAY G & TAMMY L	PO BOX 19	INGLESIDE	TX	78362
3	BISHOP ROAD INTERESTS LLC	20 BIMINI DR	ARANSAS PASS	TX	78335
4	CITY OF ARANSAS PASS	PO BOX 2000	COLUMBUS	OH	43216
5	ERF INGLESIDE INC	555 N CARANCAHUA SUITE 70	HOUSTON	TX	77002
6	GULF ISLAND SERVICES LLC	1074 FM 2725	SOMERSET	TX	78069
7	INGLESIDE DOCK & FUEL INC	PO BOX 1028	HOUSTON	TX	77002
8	LAZARUS TEXAS REFINERY I LLC	801 TRAVIS SUITE 2100	HOUSTON	TX	77002
9	MCALISTER MICHAEL & SANDRA	PO BOX 189	GRETN	LA	70056
10	MCDH INVESTMENTS LTD	PO BOX 2269	INGLESIDE	TX	78362
11	MIDSTREAM TEXAS INGLESIDE LLC	700 LOUISIANA ST #4770	HOUSTON	TX	77002
12	NBP ASSOCIATED INC	919 CR 4714	CORPUS CHRIS	TX	78401
13	TRUJILLO DALIA L	1100 FM 2725	ROCKPORT	TX	78382
14	VICTOR KARL J (DEC)	3660 LAKE ASPEN DR E #B	HOUSTON	TX	77002

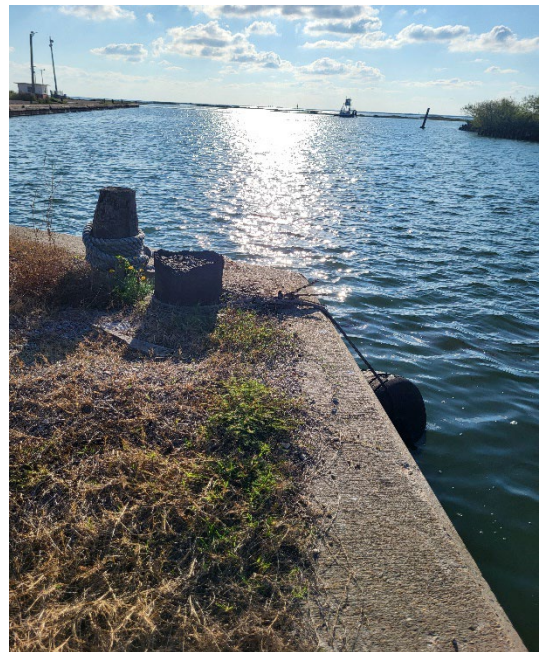
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9	MCALISTER MICHAEL & SANDRA	PO BOX 189	GRETN	LA	70056
10	MCDH INVESTMENTS LTD	PO BOX 2269	INGLESIDE	TX	78362
11	MIDSTREAM TEXAS INGLESIDE LLC	700 LOUISIANA ST #4770	HOUSTON	TX	77002
12	NBP ASSOCIATED INC	919 CR 4714	CORPUS CHRIS	TX	78401
13	TRUJILLO DALIA L	1100 FM 2725	ROCKPORT	TX	78382
14	VICTOR KARL J (DEC)	3660 LAKE ASPEN DR E #B	HOUSTON	TX	77002



Picture 1



Picture 2



WESTERN GULF TERMINAL PARTNERS LP
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: WESTERN GULF TERMINAL PARTNERS LP

Permit No. WQ00 TBD

EPA ID No. TX _____

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

843 County Rd 4714, Ingleside, TX 783652

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Jay Murphy

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

Title: President

Mailing Address: PO Box 9605

City, State, Zip Code: Corpus Christi, TX 78469

Phone No.: 361-882-8870 Ext.: Fax No.:

E-mail Address: jmurphy@topwatermgmt.com

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

N/A

4. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

The outfall discharges directly to Red Fish Bay.

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):

1 surface acres to be impacted.

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

None

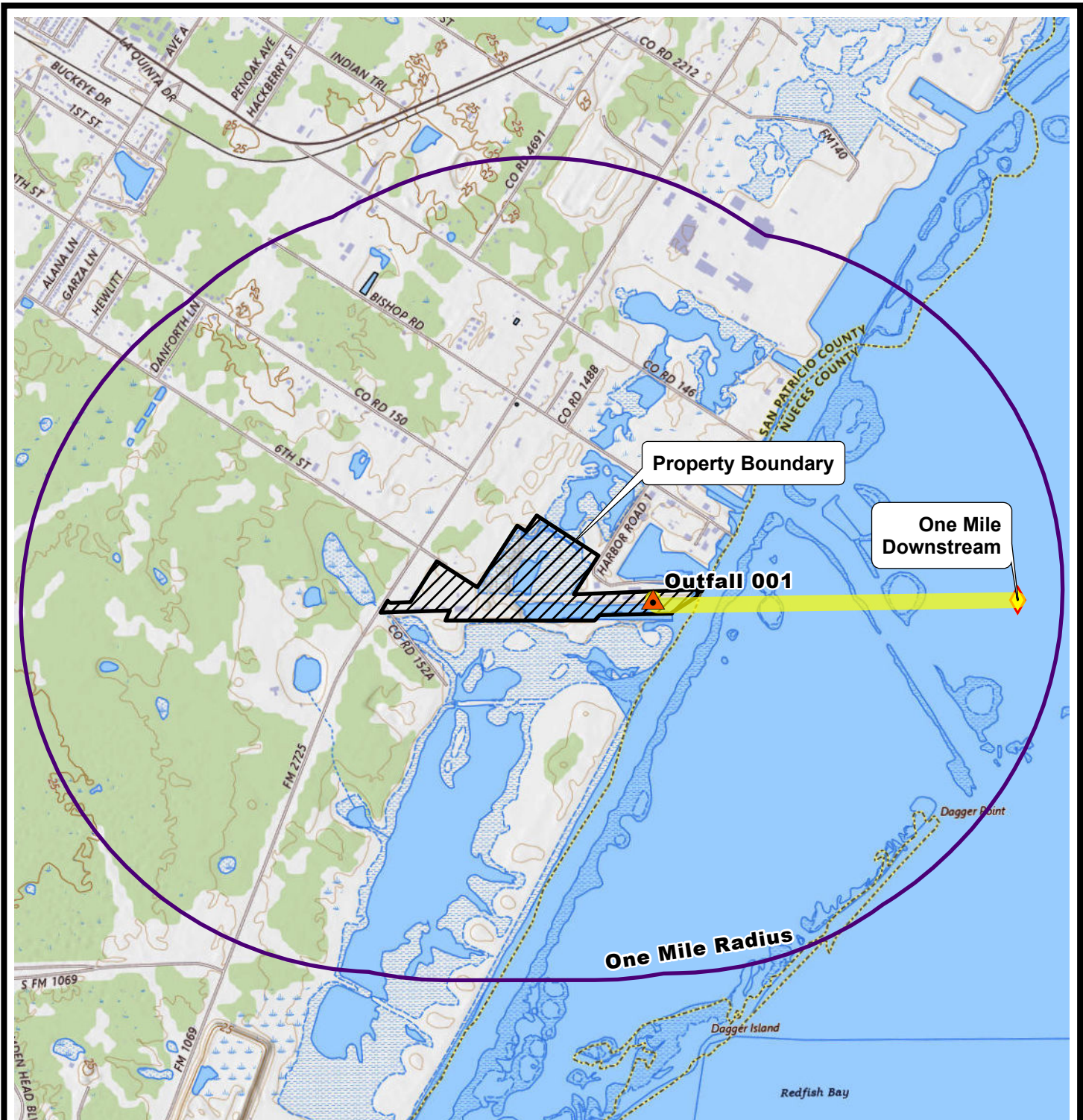
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

January 1, 2026

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

The site was previously leased for barge cleaning and has now been purchased. No buildings exist on the site.



San Patricio County

Legend

-  Property Boundary
-  One Mile Radius
-  Outfall Location
-  Discharge Route
-  Downstream Marker



0 1,000 2,000
FEET



**WESTERN GULF TERMINAL PARTNERS LP - INGLESIDE FACILITY
RECYCLING AND WASH OUT FACILITY
PRIVATE RD 4782 INGLESIDE, TX 78362**

SPIF MAP

DRAWN BY:	L WILSON
APPROVED BY:	B RIVERA
PROJECT NO:	TPDES 2025
FILE NO.	SPIF Map
DATE:	AUGUST 2025



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).

Western Gulf Terminal Partners LP is in the process of developing a Recycling and Wash Out Facility, located at Private Rd 4782 Ingleside, TX 78362. The facility will engage in Centralized Waste Treatment & Mobile Tank Cleaning. The facility will treat wastewater resulting from tank cleanings operated in conjunction with other off-site industrial, and commercial wastewater. SIC code is 4499.

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

The facility will treat wastewater resulting from tank cleanings operated in conjunction with other off-site industrial, and commercial wastewater.

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
	Industrial non-hazardous wastewater for treatment	Oil to send to recyclers

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

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

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

Attachment: [G or TR-1.d](#)

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

☒ Yes ☐ No

If **yes**, provide background discussion: The facility is existing but proposing to install a wastewater treatment plant to serve industrial customers in the surrounding area.

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

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: [FEMA Flood Hazard and Risk Data Viewer](#)

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: The facility will discharge water near the southeast corner of the canal, near the end of Private Road 4782.

Attachment: [H or TR-1.f](#)

- 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.

Western Gulf will accept non-hazardous industrial wastewater from various sources. The wastewater will be treated by removing the solids and separating the petroleum through a Dissolved Air Flootation (DAF) unit and adjusting pH and other contaminants through clarifying prior to discharging the treated water.

- 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: I or TR-2.b

Item 3. Impoundments (Instructions, Page 40)

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

☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

Impoundment Information

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

Parameter	Pond #	Pond #	Pond #	Pond #
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)
001	27°51' 11"	-97°10' 36"

Outfall Location Description

Outfall No.	Location Description
001	Southwest corner near end of Private Rd 4782.

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

Outfall No.	Description of sampling point

Outfall Flow Information - Permitted and Proposed

Outfall No.	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	N/A	N/A	0.0235	0.04	12/1/2025

Outfall Discharge - Method and Measurement

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

Outfall Discharge – Flow Characteristics

Outfall No.	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
001	N	Y	N	24	30	12

Outfall Wastestream Contributions**Outfall No. 001**

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Process Water	0.04	100 except during rainfall events
Stormwater	Variable	Variable

Outfall No. Click to enter text.

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

Outfall No. Click to enter text.

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

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

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

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

a. Indicate if the facility currently or proposes to:

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

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

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

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

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

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

c. Cooling Towers and Boilers

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

Cooling Towers and Boilers

Type of Unit	Number of Units	Daily Avg Blowdown (gallons/day)	Daily Max Blowdown (gallons/day)
Cooling Towers	0		
Boilers	0		

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: Unloading operations to aboveground storage tanks and associated pumps are performed in an enclosed system. The ASTs store petroleum products and industrial wastewater. The only exposure to stormwater would be from a leak or spill occurring.

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

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

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

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.

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

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

Item 9. Toxicity Testing (Instructions, Page 45)

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

☐ Yes ☒ No

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

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

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

- a. Does or will the facility receive wastes from off-site sources for treatment at the facility, disposal on-site via land application, or discharge via a permitted outfall?
- ☒ Yes ☐ No

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

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

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

Attachment: [TR-10.b](#)

- c. Is or will wastewater from another TCEQ, NPDES, or TPDES permitted facility commingled with this facility's wastewater after final treatment and prior to discharge via the final outfall/point of disposal?
- ☐ Yes ☒ No

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

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

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

☐ Yes ☒ No

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

Item 11. Radioactive Materials (Instructions, Page 46)

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

☐ Yes ☒ No

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

Radioactive Materials Mined, Used, Stored, or Processed

Radioactive Material Name	Concentration (pCi/L)

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

☐ Yes ☒ No

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

Radioactive Materials Present in the Discharge

Radioactive Material Name	Concentration (pCi/L)

Item 12. Cooling Water (Instructions, Page 46)

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

☐ Yes

☒ No

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

☐ To Be Decommissioned: [Click to enter text.](#)

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

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

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

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

☐ Yes ☐ No

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

c. Cooling Water Supplier

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

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

CWIS ID				
Owner				
Operator				

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

☐ No ☐ Yes; PWS No.: [Click to enter text.](#)

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

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

☐ No ☐ Yes; Auth No.: [Click to enter text.](#)

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

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

☐ No ☐ Yes; AIF: [Click to enter text.](#)

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

d. 316(b) General Criteria

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No. Explanation: [Click to enter text.](#)

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

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

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

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

☐ Yes ☐ No

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

f. Oil and Gas Exploration and Production

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

g. Compliance Phase and Track Selection

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

☐ Yes ☐ No

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

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

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

☐ Track I – AIF greater than 10 MGD

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

☐ Track II

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

Attachment:

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

☐ Track I – Fixed facility

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

☐ Track I – Not a fixed facility

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

☐ Track II – Fixed facility

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

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

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

This item is only applicable to existing permitted facilities.

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

☐ Yes ☒ No

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

Click to enter text.

Item 14. Laboratory Accreditation (Instructions, Page 49)

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

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

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

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

CERTIFICATION:

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

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

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

Signature: _____

Date: _____

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 1.0: EPA CATEGORICAL EFFLUENT GUIDELINES

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

Item 1. Categorical Industries (Instructions, Page 53)

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

☒ Yes ☐ No

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

40 CFR Effluent Guideline

Industry	40 CFR Part
THE CENTRALIZED WASTE TREATMENT POINT SOURCE CATEGORY	PART 437

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

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

a. Production Data

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

Production Data

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

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units

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

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

Percentage of Total Production

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

c. Refineries (40 CFR Part 419)

Provide the applicable subcategory and a brief justification.

<u>N/A</u>

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

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

Non-hazardous process wastewater 0.04 Gal/D and Stormwater.

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

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

Wastewater Generating Processes Subject to Effluent Guidelines

Process	EPA Guideline Part	EPA Guideline Subpart	Date Process/ Construction Commenced
Water Treatment	40 CFR PART 437	437.45 New source performance standards (NSPS).	12/1/2025

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: POLLUTANT ANALYSIS

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

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

- Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): The facility is under construction, no operational discharges to date.
- ☐ 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: N/A

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.: 001

Samples are (check one): ☐ Composite ☐ Grab

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

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

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
Benzdine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane [Dibromochloromethane]					10
Chloroform					10
Chrysene					5
m-Cresol [3-Methylphenol]					10
o-Cresol [2-Methylphenol]					10
p-Cresol [4-Methylphenol]					10
1,2-Dibromoethane					10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
1,1-Dichloroethene [1,1-Dichloroethylene]					10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10
2,4-Dimethylphenol					10
Di-n-Butyl phthalate					10
Epichlorohydrin (1-Chloro-2,3-epoxypropane)					---
Ethylbenzene					10
Ethylene Glycol					---
Fluoride					500
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
4,4'-Isopropylidenediphenol (bisphenol A)					1
Methyl ethyl ketone					50
Methyl tert-butyl ether (MTBE)					---
Nitrobenzene					10
N-Nitrosodiethylamine					20
N-Nitroso-di-n-butylamine					20
Nonylphenol					333
Pentachlorobenzene					20
Pentachlorophenol					5
Phenanthrene					10
Polychlorinated biphenyls (PCBs) (**)					0.2
Pyridine					20
1,2,4,5-Tetrachlorobenzene					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethene [Tetrachloroethylene]					10

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

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

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

TABLE 4 (Instructions, Pages 58-59)

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

a. Tributyltin

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

☐ Yes ☐ No

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

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

b. Enterococci (discharge to saltwater)

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

☐ Yes ☐ No

Domestic wastewater is/will be discharged.

☐ Yes ☐ No

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

c. E. coli (discharge to freshwater)

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

☐ Yes ☐ No

Domestic wastewater is/will be discharged.

☐ Yes ☐ No

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

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

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

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

* Indicate units if different from µg/L.

TABLE 6 (Instructions, Page 59)

Completion of Table 6 is required for all external outfalls.

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

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	☐	☐					400
Color (PCU)	☐	☐					—
Nitrate-Nitrite (as N)	☐	☐					—
Sulfide (as S)	☐	☐					—
Sulfite (as SO ₃)	☐	☐					—
Surfactants	☐	☐					—
Boron, total	☐	☐					20
Cobalt, total	☐	☐					0.3
Iron, total	☐	☐					7
Magnesium, total	☐	☐					20
Manganese, total	☐	☐					0.5
Molybdenum, total	☐	☐					1
Tin, total	☐	☐					5
Titanium, total	☐	☐					30

TABLE 7 (Instructions, Page 60)

Check the box next to any of the industrial categories applicable to this facility. If no categories are applicable, check N/A. If GC/MS testing is required, check the box provided to confirm the testing results for the appropriate parameters are provided with the application.

☐ N/A

Table 7 for Applicable Industrial Categories

Industrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/Neutrals Table 10	Pesticides Table 11
☐ Adhesives and Sealants		☐ Yes	☐ Yes	☐ Yes	No
☐ Aluminum Forming	467	☐ Yes	☐ Yes	☐ Yes	No
☐ Auto and Other Laundries		☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Battery Manufacturing	461	☐ Yes	No	☐ Yes	No
☐ Coal Mining	434	No	No	No	No
☐ Coil Coating	465	☐ Yes	☐ Yes	☐ Yes	No
☐ Copper Forming	468	☐ Yes	☐ Yes	☐ Yes	No
☐ Electric and Electronic Components	469	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Electroplating	413	☐ Yes	☐ Yes	☐ Yes	No
☐ Explosives Manufacturing	457	No	☐ Yes	☐ Yes	No
☐ Foundries		☐ Yes	☐ Yes	☐ Yes	No
☐ Gum and Wood Chemicals - Subparts A,B,C,E	454	☐ Yes	☐ Yes	No	No
☐ Gum and Wood Chemicals - Subparts D,F	454	☐ Yes	☐ Yes	☐ Yes	No
☐ Inorganic Chemicals Manufacturing	415	☐ Yes	☐ Yes	☐ Yes	No
☐ Iron and Steel Manufacturing	420	☐ Yes	☐ Yes	☐ Yes	No
☐ Leather Tanning and Finishing	425	☐ Yes	☐ Yes	☐ Yes	No
☐ Mechanical Products Manufacturing		☐ Yes	☐ Yes	☐ Yes	No
☐ Nonferrous Metals Manufacturing	421,471	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Oil and Gas Extraction - Subparts A, D, E, F, G, H	435	☐ Yes	☐ Yes	☐ Yes	No
☐ Ore Mining - Subpart B	440	No	☐ Yes	No	No
☐ Organic Chemicals Manufacturing	414	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Paint and Ink Formulation	446,447	☐ Yes	☐ Yes	☐ Yes	No
☐ Pesticides	455	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Petroleum Refining	419	☐ Yes	No	No	No
☐ Pharmaceutical Preparations	439	☐ Yes	☐ Yes	☐ Yes	No
☐ Photographic Equipment and Supplies	459	☐ Yes	☐ Yes	☐ Yes	No
☐ Plastic and Synthetic Materials Manufacturing	414	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Plastic Processing	463	☐ Yes	No	No	No
☐ Porcelain Enameling	466	No	No	No	No
☐ Printing and Publishing		☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Pulp and Paperboard Mills - Subpart C	430	☐ *	☐ Yes	☐ *	☐ Yes
☐ Pulp and Paperboard Mills - Subparts F, K	430	☐ *	☐ Yes	☐ *	☐ *
☐ Pulp and Paperboard Mills - Subparts A, B, D, G, H	430	☐ Yes	☐ Yes	☐ *	☐ *
☐ Pulp and Paperboard Mills - Subparts I, J, L	430	☐ Yes	☐ Yes	☐ *	☐ Yes
☐ Pulp and Paperboard Mills - Subpart E	430	☐ Yes	☐ Yes	☐ Yes	☐ *
☐ Rubber Processing	428	☐ Yes	☐ Yes	☐ Yes	No
☐ Soap and Detergent Manufacturing	417	☐ Yes	☐ Yes	☐ Yes	No
☐ Steam Electric Power Plants	423	☐ Yes	☐ Yes	No	No
☐ Textile Mills (Not Subpart C)	410	☐ Yes	☐ Yes	☐ Yes	No
☐ Timber Products Processing	429	☐ Yes	☐ Yes	☐ Yes	☐ Yes

* Test if believed present.

TABLES 8, 9, 10, and 11 (Instructions, Page 60)

Completion of Tables 8, 9, 10, and 11 **is required** as specified in Table 7 for all **external outfalls** that contain process wastewater.

Completion of Tables 8, 9, 10, and 11 **may be required** for types of industry not specified in Table 7 for specific parameters that are believed to be present in the wastewater.

Table 8 for Outfall No.: [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)
Acrolein					50
Acrylonitrile					50
Benzene					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane					10
Chloroethane					50
2-Chloroethylvinyl ether					10
Chloroform					10
Dichlorobromomethane [Bromodichloromethane]					10
1,1-Dichloroethane					10
1,2-Dichloroethane					10
1,1-Dichloroethylene [1,1-Dichloroethene]					10
1,2-Dichloropropane					10
1,3-Dichloropropylene [1,3-Dichloropropene]					10
Ethylbenzene					10
Methyl bromide [Bromomethane]					50
Methyl chloride [Chloromethane]					50
Methylene chloride [Dichloromethane]					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethylene [Tetrachloroethene]					10
Toluene					10
1,2-Trans-dichloroethylene [1,2-Trans-dichloroethene]					10

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

* Indicate units if different from µg/L.

Table 9 for Outfall No.: [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)
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.: [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)
Acenaphthene					10
Acenaphthylene					10
Anthracene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
3,4-Benzofluoranthene [Benzo(b)fluoranthene]					10
Benzo(ghi)perylene					20
Benzo(k)fluoranthene					5
Bis(2-chloroethoxy)methane					10

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

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

* Indicate units if different from µg/L.

Table 11 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

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

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

* Indicate units if different from µg/L.

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

TABLE 12 (DIOXINS/FURAN COMPOUNDS)

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

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

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

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

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

- ☐ Yes ☐ No

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

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

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

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

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

TABLE 13 (HAZARDOUS SUBSTANCES)

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND APPLICATION OF EFFLUENT

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

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

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

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

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

Land Application Area Information

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

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

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

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

Attachment:

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

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

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

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

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

Well and Map Information Table

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

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

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

☐ Yes ☐ No

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

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

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

Attachment:

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

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

- ☐ USDA NRCS Soil Survey Map depicting the area to be used for land application with the locations identified by fields and crops.
- ☐ Breakdown of acreage and percent of total acreage for each soil type.
- ☐ Copies of laboratory soil analyses. **Attachment:**

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

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

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

[illegible]

Item 7. Pollutant Analysis (Instructions, Page 72)

- Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): [Click to enter text.](#)
- ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- Complete Tables 15 and 16.

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

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

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

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

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 3.1: SURFACE LAND APPLICATION AND APPLICATION

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

Item 1. Edwards Aquifer (Instructions, Page 73)

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

☐ Yes ☐ No

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

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

☐ 30 TAC Chapter 213, Subchapter A

☐ 30 TAC Chapter 213, Subchapter B

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

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

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

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

a. Provide the following information on the irrigation operations:

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

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

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

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

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

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

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

Irrigation efficiency (percent): [Click to enter text.](#)

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

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

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

Describe the application method and equipment: [Click to enter text.](#)

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

Item 3. Evaporation Ponds (Instructions, Page 74)

- a. Daily average effluent flow into ponds: [Click to enter text.](#) gallons per day
- b. Attach a separate engineering report of evaporation calculations for average long-term and worst-case critical conditions. **Attachment:** [Click to enter text.](#)

Item 4. Evapotranspiration Beds (Instructions, Page 74)

- a. Provide the following information on the evapotranspiration beds:
 - Number of beds: [Click to enter text.](#)
 - Area of bed(s) (acres): [Click to enter text.](#)
 - Depth of bed(s) (feet): [Click to enter text.](#)
 - Void ratio of soil in the beds: [Click to enter text.](#)
 - Storage volume within the beds (include units): [Click to enter text.](#)
 - Description of any lining to protect groundwater: [Click to enter text.](#)
- b. Attach a certification by a licensed Texas professional engineer that the liner meets TCEQ requirements. **Attachment:** [Click to enter text.](#)
- c. Attach a separate engineering report with water balance, storage volume calculations, and description of the liner. **Attachment:** [Click to enter text.](#)

Item 5. Overland Flow (Instructions, Page 74)

- a. Provide the following information on the overland flow:
 - Area used for application (acres): [Click to enter text.](#)
 - Slopes for application area (percent): [Click to enter text.](#)
 - Design application rate (gpm/foot of slope width): [Click to enter text.](#)
 - Slope length (feet): [Click to enter text.](#)
 - Design BOD5 loading rate (lbs BOD5/acre/day): [Click to enter text.](#)
 - Design application frequency (hours/day): [Click to enter text.](#)
 - Design application frequency (days/week): [Click to enter text.](#)
- b. Attach a separate engineering report with the method of application and design requirements according to 30 TAC § 217.212. **Attachment:** [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 3.2: SUBSURFACE IRRIGATION (NON-DRIP)

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

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

Item 1. Edwards Aquifer (Instructions, Page 75)

- a. The subsurface system is/will be located on the Edwards Aquifer Recharge Zone, as mapped by TCEQ?
- ☐ Yes ☐ No
- b. The subsurface system is/will be located on the Edwards Aquifer Transition Zone, as mapped by TCEQ?
- ☐ Yes ☐ No

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

Item 2. Subsurface Application (Instructions, Page 75)

- a. Check the box next to the type of subsurface land disposal system requested:
- ☐ Conventional drainfield, beds, or trenches
- ☐ Low pressure dosing
- ☐ Other: [Click to enter text.](#)
- b. Provide the following information on the irrigation operations:
- Application area (acres): [Click to enter text.](#)
- Area of drainfield (square feet): [Click to enter text.](#)
- Application rate (gal/square ft/day): [Click to enter text.](#)
- Depth to groundwater (feet): [Click to enter text.](#)
- Area of trench (square feet): [Click to enter text.](#)
- Dosing duration per area (hours): [Click to enter text.](#)
- Number of beds: [Click to enter text.](#)
- Dosing amount per area (inches/day): [Click to enter text.](#)
- Soil infiltration rate (inches/hour): [Click to enter text.](#)
- Storage volume (gallons): [Click to enter text.](#)
- Area of bed(s) (square feet): [Click to enter text.](#)
- Soil classification: [Click to enter text.](#)
- c. Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation. **Attachment:** [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL SYSTEMS

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

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

Item 1. Edwards Aquifer (Instructions, Page 76)

- a. The subsurface system is/will be located on the Edwards Aquifer Recharge Zone, as mapped by TCEQ?
- ☐ Yes ☐ No
- b. The subsurface system is/will be located on the Edwards Aquifer Transition Zone, as mapped by TCEQ?
- ☐ Yes ☐ No

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

Item 2. Administrative Information (Instructions, Page 76)

- a. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility: [Click to enter text.](#)
- b. The owner of the land where the WWTF is/will be located is the same as the owner of the WWTF.
- ☐ Yes ☐ No

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

- c. Provide the legal name of the owner of the SADDs: [Click to enter text.](#)
- d. The owner of the SADDs is the same as the owner of the WWTF or the site where the WWTF is/will be located.
- ☐ Yes ☐ No

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

- e. Provide the legal name of the owner of the land where the SADDs is located: [Click to enter text.](#)

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

☐ Yes ☐ No

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

Item 3. SADDs (Instructions, Page 77)

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

☐ Subsurface drip/trickle irrigation
☐ Surface drip irrigation
☐ Other: [Click to enter text.](#)

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

- c. Provide the following information on the SADDs:

Application area (acres): [Click to enter text.](#)

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

Average slope of the application area: [Click to enter text.](#)

Maximum slope of the application area: [Click to enter text.](#)

Storage volume (gallons): [Click to enter text.](#)

Major soil series: [Click to enter text.](#)

Depth to groundwater (feet): [Click to enter text.](#)

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

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

☐ Yes ☐ No

If **yes**, the facility may propose a hydraulic application rate up to, but not to exceed, 0.1 gal/ft²/day.

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

g. Provide the following dosing information:

Number of doses per day: [Click to enter text.](#)

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

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

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

Number of zones: [Click to enter text.](#)

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

☐ Yes ☐ No

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

- A vegetation survey by a certified arborist describing the percent canopy cover and relative percentage of major overstory and understory plant species.
Attachment: [Click to enter text.](#)
- Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation.
Attachment: [Click to enter text.](#)

Item 4. Required Plans (Instructions, Page 78)

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

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

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

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

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

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

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

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

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

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

☐ Yes ☐ No

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

If **yes**, describe how the site will be protected from inundation: [Click to enter text.](#)

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

☐ Yes ☐ No

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

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

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

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

☐ Yes ☐ No

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 4.0: RECEIVING WATERS

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

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

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

☐ Yes ☒ No

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

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

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

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

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

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

- a. Width of the receiving water at the outfall: 200 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: 2483-Redfish Bay
- 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: None
- e. The receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.).
- ☐ Yes ☒ No

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

- f. General observations of the water body during normal dry weather conditions: [Click to enter text.](#)

Date and time of observation: [Click to enter text.](#)

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

☐ Yes ☐ No

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

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

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

☐ oil field activities	☐ urban runoff
☐ agricultural runoff	☐ septic tanks
☐ upstream discharges	☒ other, specify: <u>Stormwater Management</u>

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

☐ livestock watering	☐ industrial water supply
☐ non-contact recreation	☐ irrigation withdrawal
☐ domestic water supply	☐ navigation
☐ contact recreation	☐ picnic/park activities
☐ fishing	☐ other, specify: 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: 5/23/2025 Time of study: 10:00 AM
 Waterbody name: Redfish Bay
 General location: 10' downstream of the discharge point – This worksheet does not need to be completed according to WS 4 since it discharges into a segment.
- b. Type of stream upstream of an existing discharge or downstream of a proposed discharge (check only one):
☐ perennial ☒ intermittent with perennial pools ☐ impoundment
- c. No. of defined stream bends:
 Well: Click to enter text. Moderately: Click to enter text. Poorly: 1
- d. No. of riffles: Click to enter text.
- e. Evidence of flow fluctuations (check one):
☒ Minor ☐ Moderate ☐ Severe
- f. Provide the observed stream uses and where there is evidence of channel obstructions/modifications: No channel obstructions were observed. Watercourse is a channelized conveyance for stormwater.
- 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)**								
T1	run	10	2.0	2.0							
T2	run	30	4.0	4.5							
T3	run	40	8.0	8.0							
T4	run	60	8.0	8.5							
T5	run	80	10.0	10.5							
T6	run	100	11.0	10.8							
T7	run	120	10.0	10.2							
T8	run	140	9.0	9.5							
T9	run	160	8.0	8.0							

Transect Location	Habitat Type*	Water Surface Width (ft)	Stream Depths (ft)**							
T10	run	200	8.0	8.5						

* 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.): 0.002

Approximate drainage area above the most downstream transect from USGS map or county highway map (square miles): 0.0000718

Length of stream evaluated (ft): 200

Number of lateral transects made: 10

Average stream width (ft): 200

Average stream depth (ft): 11

Average stream velocity (ft/sec): Static

Instantaneous stream flow (ft³/sec): Static

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

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

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

Maximum pool depth (ft): N/A

Total number of stream bends: 1

Number well defined: 0

Number moderately defined: 0

Number poorly defined: 1

Total number of riffles: 0

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 5.0: SEWAGE SLUDGE MANAGEMENT AND DISPOSAL

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

- ☐ Permitted landfill
- ☐ Marketing and distribution by the permittee, attach Form TCEQ-00551
- ☐ Registered land application site, attach Form TCEQ-00565
- ☐ Processed by the permittee, attach Form TCEQ-00744
- ☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744
- ☐ Transported to another WWTP
- ☐ Beneficial land application, attach Form TCEQ-10451
- ☐ Incineration, attach Form TCEQ-00744

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

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

b. Provide the following information for each disposal site:

Disposal site name: [Click to enter text.](#)

TCEQ Permit/Registration Number: [Click to enter text.](#)

County where disposal site is located: [Click to enter text.](#)

c. Method of sewage sludge transportation:

☐ truck ☐ train ☐ pipe ☐ other: [Click to enter text.](#)

TCEQ Hauler Registration Number: [Click to enter text.](#)

d. Sludge is transported as a:

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

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

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

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

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

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

- ☐ Marketing and distribution by the permittee, attach Form TCEQ-00551
- ☐ Processed by the permittee, attach Form TCEQ-00744
- ☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744
- ☐ Beneficial land application, attach Form TCEQ-10451
- ☐ Incineration, attach Form TCEQ-00744

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

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

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

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

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

Item 1. All POTWs (Instructions, Page 86)

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

Industrial User Information

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

Effluent Parameters Measured Above the MAL

Pollutant	Concentration	MAL	Units	Date

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

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

☐ Yes ☐ No

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

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

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

- a. Mr. or Ms.: [Click to enter text.](#) First/Last Name: [Click to enter text.](#)

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

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

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

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

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

City/State/ZIP Code: [Click to enter text.](#)

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

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

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

d. Flow rate information

Flow Rate Information

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

e. Pretreatment Standards

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

☐ Yes ☐ No

2. Is the SIU subject to categorical pretreatment standards?

☐ Yes ☐ No

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

SIUs Subject to Categorical Pretreatment Standards

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

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

☐ Yes ☐ No

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 7.0: STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

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

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

Item 1. Applicability (Instructions, Page 89)

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

☒ Yes ☐ No

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

Item 2. Stormwater Coverage (Instructions, Page 89)

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

Authorization Coverage

Outfall	Authorization under MSGP	Authorized Under Individual Permit
	☐	☒ Included in this permit – There is no exposure (all enclosed in tanks and pipes, containment to check stormwater prior to discharging.
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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

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

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

Item 3. Site Map (Instructions, Page 90)

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

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

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

Attachment: TR-WS7 - 3

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

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

Impervious Surfaces

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)
001	1.8 Acres	1.8 acres

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

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

Wettest month: September

Average rainfall for wettest month (total inches): 5.3

25-year, 24-hour rainfall (inches): 10.3

Source: NOAA's Atlas 14

- c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:** None
- d. Attach narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff (see instructions for guidance). **Attachment:** N/A
- e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility: Secondary containment and operational procedures.

Item 5. Pollutant Analysis (Instructions, Page 91)

- a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): N/A
- b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Complete Table 17 as directed on page 92 of the Instructions.

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

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

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
Barium, total						0.003
Cadmium, total						0.001
Chromium, total						0.003
Chromium, trivalent						—
Chromium, hexavalent						0.003
Copper, total						0.002
Lead, total						0.0005
Mercury, total						0.000005
Nickel, total						0.002
Selenium, total						0.005
Silver, total						0.0005
Zinc, total						0.005

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

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

Table 18 for Outfall No.: [Click to enter text.](#)

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

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

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

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

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

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

Date of storm event: N/A

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

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

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

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

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

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 8.0: AQUACULTURE

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

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

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

Production Pond Descriptions

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

Total surface area of all ponds: [Click to enter text.](#)

Raceway Descriptions

Number of Raceways	Dimensions (include units)

Fabricated Tank Descriptions

Number of Tanks	Dimensions (include units)

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

Item 2. Species Identification (Instructions, Page 95)

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

Stock Species Information

Species	Source of Stock	Origin of Stock	Disease Status	Authorizations

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

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

Attach a detailed stock management plan: [Click to enter text.](#)

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

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

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

Attach a description of the solid waste-disposal practices: [Click to enter text.](#)

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

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

WORKSHEET 9.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ
IUC Permits Team
Radioactive Materials Division
MC-233
PO Box 13087
Austin, Texas 78711-3087
512-239-6466

For TCEQ Use Only

Reg. No. _____

Date Received _____

Date Authorized _____

Item 1. General Information (Instructions Page 99)

1. TCEQ Program Area

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

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

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

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

2. Agent/Consultant Contact Information

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

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

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

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

3. Owner/Operator Contact Information

☐ Owner ☐ Operator

Owner/Operator Name: [Click to enter text.](#)

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

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

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

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

4. Facility Contact Information

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

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

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

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

Facility Contact Person: [Click to enter text.](#)

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

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

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

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

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

Attach topographic quadrangle map as attachment A.

6. Well Information

Type of Well Construction, select one:

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

Number of Injection Wells: [Click to enter text.](#)

7. Purpose

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

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

8. Water Well Driller/Installer

Water Well Driller/Installer Name: [Click to enter text.](#)

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

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

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

Item 2. Proposed Down Hole Design

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

Down Hole Design Table

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

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

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

System(s) Dimensions: [Click to enter text.](#)

System(s) Construction: [Click to enter text.](#)

Item 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: [Click to enter text.](#)

2. Receiving Formation Name of Injection Zone: [Click to enter text.](#)

3. Well/Trench Total Depth: [Click to enter text.](#)

4. Surface Elevation: [Click to enter text.](#)

5. Depth to Ground Water: [Click to enter text.](#)

6. Injection Zone Depth: [Click to enter text.](#)

7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No

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

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

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

8. Attach a list of contaminants and the levels (ppm) in contaminated aquifer as Attachment E.

9. Attach the Horizontal and Vertical extent of contamination and injection plume as Attachment F.

10. Attach Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc., as Attachment G.

11. Injection Fluid Chemistry in PPM at point of injection. Attach as Attachment H.

12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: [Click to enter text.](#)

13. Maximum injection Rate/Volume/Pressure: [Click to enter text.](#)

14. Water wells within 1/4 mile radius (attach map as Attachment I): [Click to enter text.](#)

15. Injection wells within 1/4 mile radius (attach map as Attachment J): [Click to enter text.](#)

16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): [Click to enter text.](#)

17. Sampling frequency: [Click to enter text.](#)

18. Known hazardous components in injection fluid: [Click to enter text.](#)

Item 5. Site History

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

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

Item 6. CLASS V INJECTION WELL DESIGNATIONS

- 5A07 Heat Pump/AC return (IW used for groundwater to heat or cool buildings)
- 5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
- 5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
- 5D02 Stormwater Drainage (IW designed for the disposal of rain water)
- 5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
- 5F01 Agricultural Drainage (IW that receive agricultural runoff)
- 5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
- 5S23 Subsidence Control Wells (IW used to control land subsidence caused by groundwater withdrawal)
- 5W09 Untreated Sewage
- 5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
- 5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
- 5W12 WTPP disposal
- 5W20 Industrial Process Waste-disposal Wells
- 5W31 Septic System (Well Disposal method)
- 5W32 Septic System Drainfield Disposal
- 5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, or fill sections of a mine)
- 5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
- 5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
- 5X27 Other Wells
- 5X28 Motor Vehicle Waste-disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)
- 5X29 Abandoned Drinking Water Wells (waste disposal)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 10.0: QUARRIES IN THE JOHN GRAVES SCENIC RIVERWAY

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

Item 1. Exclusions (Instructions, Page 100)

- a. Is this a municipal solid waste facility?
☐ Yes ☐ No
- b. Has this quarry been in operation since January 1, 1994 without cessation of operation for more than 30 consecutive days and under the same ownership?
☐ Yes ☐ No
- c. Is this a coal mine?
☐ Yes ☐ No
- d. Is this facility mining clay and/or shale for use in manufacturing structural clay products?
☐ Yes ☐ No

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

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

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

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

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

Item 3. Additional Requirements (Instructions, Page 101)

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

- a. Attach a Restoration Plan: [Click to enter text.](#)
- b. Amount of Financial Assurance for Restoration: \$ [Click to enter text.](#)
Mechanism: [Click to enter text.](#)
- c. Attach a Technical Demonstration: [Click to enter text.](#)
- d. Attach a Reclamation Plan: [Click to enter text.](#)
- e. Amount of Financial Assurance for Reclamation: \$ [Click to enter text.](#)
Mechanism: [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 11.0: COOLING WATER SYSTEM INFORMATION

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

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

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

Cooling Water System Data

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

b. Attach the following information:

1. A narrative description of the design and annual operation of the facility's cooling water system and its relationship to the CWIS(s).
2. A scaled map depicting the location of each CWIS, impoundment, intake pipe, and canals, pipes, or waterways used to convey cooling water to, or within, the cooling water system. Provide the latitude and longitude for each CWIS and any intake pipe(s) on the map. Indicate the position of the intake pipe within the water column.
3. A description of water reuse activities, if applicable, reductions in total water withdrawals, if applicable, and the proportion of the source waterbody withdrawn (on a monthly basis).
4. Design and engineering calculations prepared by a qualified professional and data to support the information provided in above item a.
5. Previous year (a minimum of 12 months) of AIF data.
6. A narrative description of existing or proposed impingement and entrainment technologies or operation measures and a summary of their performance, including, but not limited to, reductions in impingement mortality and entrainment due to intake location and reductions in total water withdrawals and usage.

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

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

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

Cooling Water Intake Structure(s) Data

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

- b. Attach the following information regarding the CWIS(s):
1. A narrative description of the configuration of each CWIS, annual and daily operation, including any seasonal changes, and where it is located in the water body and in the water column.
 2. Engineering calculations for each CWIS.

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

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

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

Source Waterbody Data

CWIS ID				
Source Waterbody				
Mean Annual Flow				
Source				

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

2. A narrative description of the source waterbody's hydrological and geomorphological features.
3. Scaled drawings showing the physical configuration of all source water bodies used by the facility, including the source waterbody's hydrological and geomorphological features. **NOTE:** The source waterbody's hydrological and geomorphological features may be included on the map submitted for item 1.b.ii of this worksheet.
4. A description of the methods used to conduct any physical studies to determine the intake's area of influence within the waterbody and the results of such studies.

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

Item 4. Operational Status (Instructions, Page 106)

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

☐ Yes ☐ No

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

1. Describe the operating status of each individual unit, including age, capacity utilization rate (or equivalent) for the previous five years (a minimum of 60 months), and any seasonal changes in operation.
2. Describe any extended or unusual outages or other factors which significantly affect current data for flow, impingement, entrainment.
3. Identify any operating unit with a capacity utilization rate of less than 8 percent averaged over a contiguous period of two years (a minimum of 24 months).
4. Describe any major upgrades completed within the last 15 years, including but not limited to boiler replacement, condenser replacement, turbine replacement, or changes of fuel type.

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

- b. Process Units

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

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

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

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

☐ Yes ☐ No

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

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

d. Is this an application for a manufacturing facility?

☐ Yes ☐ No

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

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 11.1: IMPINGEMENT MORTALITY

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

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

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

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

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

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

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

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

a. CCRS [40 CFR § 125.94(c)(1)]

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

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

- ☐ Yes ☐ No

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

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

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

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

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

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

☐ Yes ☐ No

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

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

Average COCs Prior to Blowdown

Cooling Tower ID				
COCs				

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

Calculated COCs Prior to Blowdown

Cooling Tower ID				
COCs				

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

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

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

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

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

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

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

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

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

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

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

achieve compliance with the impingement mortality standard.

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

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

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

Provide the following information and proceed to Worksheet 11.2.

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

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

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

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

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

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

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 11.2: SOURCE WATER BIOLOGICAL DATA

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

Name of source waterbody: [Click to enter text.](#)

Item 1. Species Management (Instructions, Page 109)

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

☐ True ☐ False

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

New Facilities (Phase I, Track I and II)

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

Existing Facilities (Phase II)

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

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

- a. A list of the data requested at *40 CFR § 122.21(r)(4)(ii)* through (vi) that are not available, and efforts made to identify sources of the data.
- b. Provide a list of species (or relevant taxa) in the vicinity of the CWIS and identify the following information regarding each species listed.
 - all life stages and their relative abundance,
 - identification of all species and life stages that would be most susceptible to impingement and entrainment,
 - forage base,
 - significance to commercial fisheries,
 - significance to recreational fisheries,
 - primary period of reproduction,
 - larval recruitment, and
 - period of peak abundance for relevant taxa.
- c. Data representative of the seasonal and daily activities (e.g., feeding and water column migration) of biological organisms in the vicinity of the CWIS(s).
- d. Identify all threatened, endangered, and other protected species that might be susceptible to impingement and entrainment at the CWIS(s).
- e. Documentation of any public participation or consultation with federal or state agencies undertaken.

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

- f. Identify any protective measures and stabilization activities that have been implemented and provide a description of how these measures and activities affected the baseline water condition in the vicinity of the intake.
- g. A list of fragile species, as defined at *40 CFR § 125.92(m)*, at the facility. The applicant need only identify those species not already identified as fragile at *40 CFR § 125.92(m)*.

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

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 11.3: ENTRAINMENT

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

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

Item 1. Applicability (Instructions, Page 111)

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

☐ Yes ☐ No

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

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

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

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

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

- Attach an entrainment characterization study, as described at 40 CFR § 122.21(r)(9): [Click to enter text.](#)
- Attach a comprehensive feasibility study, as described as 40 CFR § 122.21(r)(10): [Click to enter text.](#)
- Attach a benefits valuation study, as described as 40 CFR § 122.21(r)(11): [Click to enter text.](#)
- Attach a non-water quality environmental and other impacts study, as described as 40 CFR § 122.21(r)(12): [Click to enter text.](#)
- Attach a peer review analysis, as described as 40 CFR § 122.21(r)(13): [Click to enter text.](#)

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

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

Item 1. Operational Information (Instructions, Page 112)

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

☐ Yes ☐ No

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

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

Click to enter text.

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

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

Click to enter text.

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

Click to enter text.

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

Wastestreams Generated

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

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

Click to enter text.

Attachment: Click to enter text.

e. Provide information on miscellaneous discharges.

Click to enter text.

Attachment: Click to enter text.

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

Chemicals List

Category	Chemical Name	Concentration (include units)	Purpose

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

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

Water Treatment Chemicals List

Category	Chemical Name	Concentration (include units)	Purpose

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

Item 3. Pollutant Analysis (Instructions, Page 113)

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

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

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

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

*Indicate units if different from mg/L.

Texas Pollutant Discharge Elimination System Application for New TPDES Permit

**Western Gulf Terminal Partners LP
Ingleside Site
San Patricio County, Texas**

**Regulated Entity No. RN109732651
Customer No. CN603635897**

TRINITY CONSULTANTS
555 N Carancahua St
Suite 820
Corpus Christi, Texas 78401
(361) 883-1668

September 2025



TABLE OF CONTENTS

Submission Checklist
Industrial Administrative Report 1.0
Technical Report 1.0
Worksheet 4.0 Receiving Waters
Worksheet 7.0 Stormwater Outfalls
Attachment A Core Data Form
Attachment B Plain Language Summary
Attachment C Supplemental Permit Information Form
Attachment D USGS Maps
Attachment E Outfall Photos
Attachment F Copy of Fee Submittal
Attachment G Facility Map
Attachment H FEMA Floodplain
Attachment I Water Balance
Attachment J Affected Landowner's Map/List/Labels

Submission Checklist



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: Western Gulf Terminal Partners LP

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

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

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

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

Permit Number _____

Industrial Administrative Report 1.0



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION

ADMINISTRATIVE REPORT 1.0

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

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

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

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

Applicant Name: Western Gulf Terminal Partners LP

Permit No.: WQ000TBD

EPA ID No.: TX0TBD

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)

☐ Reverse Osmosis Water Treatment (reverse osmosis water treatment wastewaters only)

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

☒ Active

☐ Inactive

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

☒ TPDES Permit

☐ TLAP

☐ TPDES with TLAP component

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

☒ New

☐ Renewal with changes

☐ Renewal without changes

☐ Major amendment with renewal

☐ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

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

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

Permit Number _____

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

g. Application Fee

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

h. Payment Information

Mailed

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

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

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

Epay

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

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

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: CN603635897

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: Western Gulf Terminal Partners, LP

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): John Murphy

Title: President

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

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

☒ Yes ☐ No

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

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

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

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

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

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

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

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

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

c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

Prefix: Click to enter text.

Full Name (Last/First Name): Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

d. Will the co-applicant have overall financial responsibility for the facility?

☐ Yes ☐ No

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

Item 4. Core Data Form (Instructions, Pages 27)

a. Complete and attach one Core Data Form (TCEQ Form 10400) for each customer (applicant and co-applicant(s)). If the customer type selected on the Core Data Form is Individual, complete Attachment 1 of the Administrative Report. Attachment: A

Item 5. Application Contact Information (Instructions, Page 27)

Provide names of two individuals who can be contacted about this application. Indicate if the individual can be contacted about administrative or technical information, or both.

a. ☒ Administrative Contact ☐ Technical Contact

Prefix: Mr. Full Name (Last/First Name): John Murphy

Title: President

Credential: Click to enter text.

Organization Name: Western Gulf Terminal Partners, LP

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-882-8870

Email: jmurphy@topwatermgmt.com

b. ☐ Administrative Contact ☒ Technical Contact

Prefix: . Full Name (Last/First Name): Sunny Moore

Title: General Manager

Credential: Click to enter text.

Organization Name: Western Gulf Recycling

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-299-6600

Email: smoore@westerngulfreycling.com

Attachment: [Click to enter text.](#)

Item 6. Permit Contact Information (Instructions, Page 28)

Provide two names of individuals that can be contacted throughout the permit term.

a. Prefix: Mr. Full Name (Last/First Name): John Murphy

Title: President

Credential: [Click to enter text.](#)

Organization Name: Western Gulf Terminal Partners, LP

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-882-8870

Email: jmurphy@topwatermgmt.com

b. Prefix: Full Name (Last/First Name): Sunny Moore

Title: General Manager

Credential: [Click to enter text.](#)

Organization Name: Western Gulf Recycling

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-299-6600

Email: smoore@westerngulfreycling.com

Attachment: [Click to enter text.](#)

Item 7. Billing Contact Information (Instructions, Page 28)

The permittee is responsible for paying the annual fee. The annual fee will be assessed for permits **in effect on September 1 of each year**. The TCEQ will send a bill to the address provided in this section. The permittee is responsible for terminating the permit when it is no longer needed (form TCEQ-20029).

Provide the complete mailing address where the annual fee invoice should be mailed and the name and phone number of the permittee's representative responsible for payment of the invoice.

Prefix: Mr. Full Name (Last/First Name): John Murphy

Title: President

Credential: [Click to enter text.](#)

Organization Name: Western Gulf Terminal Partners, LP

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-882-8870

Email: jmurphy@topwatermgmt.com

Item 8. DMR/MER Contact Information (Instructions, Page 28)

Provide the name and mailing address of the person delegated to receive and submit DMRs or MERs. **Note:** DMR data must be submitted through the NetDMR system. An electronic reporting account can be established once the facility has obtained the permit number.

Prefix: Mr. Full Name (Last/First Name): Sunny Moore

Title: Manager

Credential: [Click to enter text.](#)

Organization Name: Western Gulf Recycling

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-299-6600

Email: smoore@westerngulfreycling.com

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Sunny Moore

Title: General Manager Credential: Click to enter text.

Organization Name: Western Gulf Recycling

Mailing Address: P.O. Box 9605 City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-882-8870 Email: smoore@westerngulfre recycling.com

b. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package (only for NORI, NAPD will be sent via regular mail)

☒ E-mail: smoore@westerngulfre recycling.com

☐ 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): John Murphy

Title: President Credential: Click to enter text.

Organization Name: Western Gulf Terminal Partners, LP

Phone No: 361-882-8870 Email: jmurphy@topwatermgmt.com

d. Public Viewing Location Information

Note: If the facility or outfall is located in more than one county, provide a public viewing place for each county.

Public building name: Ingleside Public Library Location within the building: Resources Area

Physical Address of Building: Waco St, Ingleside, TX 78362

City: Ingleside County: San Patricio

e. Bilingual Notice Requirements

This information is required for new, major amendment, minor amendment or minor modification, and renewal applications.

This section of the application is only used to determine if alternative language notices will be needed. Complete instructions on publishing the alternative language notices will be in your public notice package.

Call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine if an alternative language notice(s) is required.

1. Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?

☒ Yes ☐ No

If no, publication of an alternative language notice is not required; skip to Item 8 (Regulated Entity and Permitted Site Information.)

2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?

☒ Yes ☐ No

3. Do the students at these schools attend a bilingual education program at another location?

☐ Yes ☒ No

4. Would the school be required to provide a bilingual education program, but the school has waived out of this requirement under 19 TAC §89.1205(g)?

☐ Yes ☒ No ☐ N/A

5. If the answer is yes to question 1, 2, 3, or 4, public notices in an alternative language are required. Which language is required by the bilingual program? Spanish

- f. Summary of Application in Plain Language Template - Complete and attach the Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS. Attachment: B

- g. Complete and attach one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment. Attachment: C

Item 10. Regulated Entity and Permitted Site Information (Instructions Page 29)

- a. TCEQ issued Regulated Entity Number (RN), if available: RN109732651

Note: If your business site is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search the TCEQ's Central Registry to determine the RN or to see if the larger site may already be registered as a Regulated Entity. If the site is found, provide the assigned RN.

- b. Name of project or site (name known by the community where located): Western Gulf-Ingleside 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: Western Gulf Terminal Partners, LP

Mailing Address: P.O. Box 9605

City/State/Zip: Corpus Christi, TX 78469

Phone No: 361-882-8870

Email: jmurphy@topwatermgmt.com

- e. Ownership of facility: ☐ Public ☒ Private ☐ Both ☐ Federal

- f. Owner of land where treatment facility is or will be: Puerto Los Caballeros LP
 Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.
 or Organization Name: Puerto Los Caballeros LP
 Mailing Address: P.O. Box 9605 City/State/Zip: Corpus Christi, TX 78469
 Phone No: 361-882-8870 Email: jmurphy@topwatermgmt.com
Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years (In some cases, a lease may not suffice - see instructions). Attachment: Click to enter text.
- g. Owner of effluent TLAP disposal site (if applicable): N/A
 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: N/A 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: D
- 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: El Centro Landfill, 3189 St Rd # 69, Robstown, TX 78380.

- 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: Southwest corner of the property

- 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: The outfall discharges directly to Red Fish Bay.

- f. City nearest the outfall(s): Ingleside

- g. County in which the outfalls(s) is/are located: San Patricio

- h. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?

☐ Yes ☒ No

If yes, indicate by a check mark if: ☐ Authorization granted ☐ Authorization pending

For new and amendment applications, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: Click to enter text.

For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: N/A

- i. For TLAPs, is the location of the effluent disposal site in the existing permit accurate?

☐ Yes ☐ No or New Permit ☐ N/A

If no, or a new application, provide an accurate location description: Click to enter text.

- j. City nearest the disposal site: N/A

- k. County in which the disposal site is located: N/A

- l. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site: N/A

- m. For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: N/A

Item 12. Miscellaneous Information (Instructions, Page 33)

- a. Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?

☐ Yes ☒ No

If yes, list each person: [Click to enter text.](#)

- b. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account no.: [Click to enter text.](#)

Total amount due: [Click to enter text.](#)

- c. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Enforcement order no.: [Click to enter text.](#)

Amount due: [Click to enter text.](#)

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ000TBD

Applicant Name: John Murphy

Certification: I, John Murphy, 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): John Murphy

Signatory title: President

Signature: _____

John Murphy
(Use blue ink)

Date: 9-9-2025

Subscribed and Sworn to before me by the said JOHN MURPHY
on this 9th day of September, 20 25.

My commission expires on the 1st day of April, 20 26.

Melissa Hughson
Notary Public



[SEAL]

NUECES
County, Texas

Note: If co-applicants are necessary, each entity must submit an original, separate signature page.

INDUSTRIAL WASTEWATER PERMIT APPLICATION

ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

Item 1. Affected Landowner Information (Instructions, Page 35)

- a. Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.
- ☒ The applicant's property boundaries.
 - ☒ The facility site boundaries within the applicant's property boundaries.
 - ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone.
 - ☒ The property boundaries of all landowners surrounding the applicant's property. (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
 - ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream.
 - ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge.
 - ☒ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides.
 - ☐ The boundaries of the effluent disposal site (e.g., irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property.
 - ☐ The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located.
 - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners within one-quarter mile of the applicant's property boundaries where the sewage sludge land application site is located.
 - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (e.g., sludge surface disposal site or sludge monofil) is located.
- Attachment: [Click to enter text.](#)
- b. ☒ that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).
- c. Check this box to confirm a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided. Provide the source of the landowners' names and mailing addresses: San Patricio parcel data.
- 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: E

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: C

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: [Click to enter text.](#)

Staple Check or Money Order in This Space

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

Below is a list of common deficiencies found during the administrative review of industrial wastewater permit applications. To ensure the timely processing of this application, please review the items below and indicate each item is complete and in accordance applicable rules at 30 TAC Chapters 21, 281, and 305 by checking the box next to the item. If an item is not required this application, indicate by checking N/A where appropriate. Please do not submit the application until all items below are addressed.

- ☐ Core Data Form (TCEQ Form No. 10400)
*(Required for all applications types. Must be completed in its entirety and signed.
Note: Form may be signed by applicant representative.)*
- ☒ Correct and Current Industrial Wastewater Permit Application Forms
(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)
- ☒ Water Quality Permit Payment Submittal Form (Page 14)
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)
- ☒ 7.5 Minute USGS Quadrangle Topographic Map Attached
*(Full-size map if seeking "New" permit.
8 ½ x 11 acceptable for Renewals and Amendments.)*
- ☒ N/A ☐ Current/Non-Expired, Executed Lease Agreement or Easement Attached
- ☐ N/A ☒ Landowners Map
(See instructions for landowner requirements.)

Things to Know:

- All the items shown on the map must be labeled.
- The applicant's complete property boundaries must be delineated which includes boundaries of contiguous property owned by the applicant.
- The applicant cannot be its own adjacent landowner. You must identify the landowners immediately adjacent to their property, regardless of how far they are from the actual facility.
- If the applicant's property is adjacent to a road, creek, or stream, the landowners on the opposite side must be identified. Although the properties are not adjacent to applicant's property boundary, they are considered potentially affected landowners. If the adjacent road is a divided highway as identified on the USGS topographic map, the applicant does not have to identify the landowners on the opposite side of the highway.

- ☐ N/A ☒ Landowners Labels and Cross Reference List
(See instructions for landowner requirements.)
- ☒ Electronic Application Submittal
(See application submittal requirements on page 23 of the instructions.)
- ☐ Original signature per 30 TAC § 305.44 – Blue Ink Preferred
*(If signature page is not signed by an elected official or principle executive officer,
a copy of signature authority/delegation letter must be attached.)*
- ☒ Summary of Application (in Plain Language)

Technical Report 1.0



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).

Western Gulf Terminal Partners LP is in the process of developing a Recycling and Wash Out Facility, located at Private Rd 4782 Ingleside, TX 78362. The facility will engage in Centralized Waste Treatment & Mobile Tank Cleaning. The facility will treat wastewater resulting from tank cleanings operated in conjunction with other off-site industrial, and commercial wastewater. SIC code is 4499.

- b. Describe all wastewater-generating processes at the facility.

The facility will treat wastewater resulting from tank cleanings operated in conjunction with other off-site industrial, and commercial wastewater.

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
	Industrial non-hazardous wastewater for treatment	Oil to send to recyclers

Attachment: [Click to enter text.](#)

- d. Attach a facility map (drawn to scale) with the following information:

- Production areas, maintenance areas, materials-handling areas, waste-disposal areas, and water intake structures.
- The location of each unit of the WWTP including the location of wastewater collection sumps, impoundments, outfalls, and sampling points, if significantly different from outfall locations.

Attachment: [G or TR-1.d](#)

- e. Is this a new permit application for an existing facility?

☒ Yes ☐ No

If **yes**, provide background discussion: The facility is existing but proposing to install a wastewater treatment plant to serve industrial customers in the surrounding area.

- f. Is/will the treatment facility/disposal site be located above the 100-year frequency flood level.

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: [FEMA Flood Hazard and Risk Data Viewer](#)

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: The facility will discharge water near the southeast corner of the canal, near the end of Private Road 4782.

Attachment: [H or TR-1.f](#)

- 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.

Western Gulf will accept non-hazardous industrial wastewater from various sources. The wastewater will be treated by removing the solids and separating the petroleum through a Dissolved Air Flootation (DAF) unit and adjusting pH and other contaminants through clarifying prior to discharging the treated water.

- 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: I or TR-2.b

Item 3. Impoundments (Instructions, Page 40)

Does the facility use or plan to use any wastewater impoundments (e.g., lagoons or ponds?)

☐ Yes ☒ No

If **no**, proceed to Item 4. If **yes**, complete **Item 3.a** for **existing** impoundments and **Items 3.a - 3.e** for **new or proposed** impoundments. **NOTE:** See instructions, Pages 40-42, for additional information on the attachments required by Items 3.a - 3.e.

- a. Complete the table with the following information for each existing, new, or proposed impoundment. Attach additional copies of the Impoundment Information table, if needed.

Use Designation: Indicate the use designation for each impoundment as Treatment (T), Disposal (D), Containment (C), or Evaporation (E).

Associated Outfall Number: Provide an outfall number if a discharge occurs or will occur.

Liner Type: Indicate the liner type as Compacted clay liner (C), In-situ clay liner (I), Synthetic/plastic/rubber liner (S), or Alternate liner (A). **NOTE:** See instructions for further detail on liner specifications. If an alternate liner (A) is selected, include an attachment that provides a description of the alternate liner and any additional technical information necessary for an evaluation.

Leak Detection System: If any leak detection systems are in place/planned, enter Y for yes. Otherwise, enter N for no.

Groundwater Monitoring Wells and Data: If groundwater monitoring wells are in place/planned, enter Y for yes. Otherwise, enter N for no. Attach any existing groundwater monitoring data.

Dimensions: Provide the dimensions, freeboard, surface area, storage capacity of the impoundments, and the maximum depth (not including freeboard). For impoundments with irregular shapes, submit surface area instead of length and width.

Compliance with 40 CFR Part 257, Subpart D: If the impoundment is required to be in compliance with 40 CFR Part 257, Subpart D, enter Y for yes. Otherwise, enter N for no.

Date of Construction: Enter the date construction of the impoundment commenced (mm/dd/yy).

Impoundment Information

Parameter	Pond #	Pond #	Pond #	Pond #
Use Designation: (T) (D) (C) or (E)				
Associated Outfall Number				
Liner Type (C) (I) (S) or (A)				
Alt. Liner Attachment Reference				
Leak Detection System, Y/N				
Groundwater Monitoring Wells, Y/N				
Groundwater Monitoring Data Attachment				
Pond Bottom Located Above The Seasonal High-Water Table, Y/N				
Length (ft)				
Width (ft)				
Max Depth From Water Surface (ft), Not Including Freeboard				
Freeboard (ft)				
Surface Area (acres)				
Storage Capacity (gallons)				

Parameter	Pond #	Pond #	Pond #	Pond #
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)
001	27°51' 11"	-97°10' 36"

Outfall Location Description

Outfall No.	Location Description
001	Southwest corner near end of Private Rd 4782.

Description of Sampling Point(s) (if different from Outfall location)

Outfall No.	Description of sampling point

Outfall Flow Information - Permitted and Proposed

Outfall No.	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	N/A	N/A	0.0235	0.04	12/1/2025

Outfall Discharge - Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	N	Y	Mag Meter

Outfall Discharge – Flow Characteristics

Outfall No.	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
001	N	Y	N	24	30	12

Outfall Wastestream Contributions**Outfall No. 001**

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Process Water	0.04	100 except during rainfall events
Stormwater	Variable	Variable

Outfall No. [Click to enter text.](#)

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow

Outfall No. [Click to enter text.](#)

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow

Attachment: [Click to enter text.](#)

Item 5. Blowdown and Once-Through Cooling Water Discharges (Instructions, Page 43)

a. Indicate if the facility currently or proposes to:

- ☐ Yes ☒ No Use cooling towers that discharge blowdown or other wastestreams
☐ Yes ☒ No Use boilers that discharge blowdown or other wastestreams
☐ Yes ☒ No Discharge once-through cooling water

NOTE: If the facility uses or plans to use cooling towers or once-through cooling water, Item 12 **is required**.

b. If **yes** to any of the above, attach an SDS with the following information for each chemical additive.

- Manufacturers Product Identification Number
- Product use (e.g., biocide, fungicide, corrosion inhibitor, etc.)
- Chemical composition including CASRN for each ingredient
- Classify product as non-persistent, persistent, or bioaccumulative
- Product or active ingredient half-life
- Frequency of product use (e.g., 2 hours/day once every two weeks)
- Product toxicity data specific to fish and aquatic invertebrate organisms
- Concentration of whole product or active ingredient, as appropriate, in wastestream.

In addition to each SDS, attach a summary of the above information for each specific wastestream and the associated chemical additives. Specify which outfalls are affected.

Attachment: [Click to enter text.](#)

c. Cooling Towers and Boilers

If the facility currently or proposes to use cooling towers or boilers that discharge blowdown or other wastestreams to the outfall(s), complete the following table.

Cooling Towers and Boilers

Type of Unit	Number of Units	Daily Avg Blowdown (gallons/day)	Daily Max Blowdown (gallons/day)
Cooling Towers	0		
Boilers	0		

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: Unloading operations to aboveground storage tanks and associated pumps are performed in an enclosed system. The ASTs store petroleum products and industrial wastewater. The only exposure to stormwater would be from a leak or spill occurring.

Item 7. Domestic Sewage, Sewage Sludge, and Septage Management and Disposal (Instructions, Page 44)

Domestic Sewage - Waste and wastewater from humans or household operations that is discharged to a wastewater collection system or otherwise enters a treatment works.

- a. Check the box next to the appropriate method of domestic sewage and domestic sewage sludge treatment or disposal. Complete Worksheet 5.0 or Item 7.b if directed to do so.
- ☐ Domestic sewage is routed (i.e., connected to or transported to) to a WWTP permitted to receive domestic sewage for treatment, disposal, or both. Complete Item 7.b.
 - ☐ Domestic sewage disposed of by an on-site septic tank and drainfield system. Complete Item 7.b.
 - ☐ Domestic and industrial treatment sludge ARE commingled prior to use or disposal.
 - ☐ Industrial wastewater and domestic sewage are treated separately, and the respective sludge IS NOT commingled prior to sludge use or disposal. Complete Worksheet 5.0.
 - ☐ Facility is a POTW. Complete Worksheet 5.0.
 - ☒ Domestic sewage is not generated on-site.
 - ☐ Other (e.g., portable toilets), specify and Complete Item 7.b: [Click to enter text.](#)
- b. Provide the name and TCEQ, NPDES, or TPDES Permit No. of the waste-disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.

Item 8. Improvements or Compliance/Enforcement Requirements (Instructions, Page 45)

- a. Is the permittee currently required to meet any implementation schedule for compliance or enforcement?
- ☐ Yes ☒ No
- b. Has the permittee completed or planned for any improvements or construction projects?
- ☐ Yes ☒ No
- c. If **yes** to either 8.a or 8.b, provide a brief summary of the requirements and a status update: [Click to enter text.](#)

Item 9. Toxicity Testing (Instructions, Page 45)

Have any biological tests for acute or chronic toxicity been made on any of the discharges or on a receiving water in relation to the discharge within the last three years?

☐ Yes ☒ No

If **yes**, identify the tests and describe their purposes: [Click to enter text.](#)

Additionally, attach a copy of all tests performed which **have not** been submitted to the TCEQ or EPA. **Attachment:** [Click to enter text.](#)

Item 10. Off-Site/Third Party Wastes (Instructions, Page 45)

- a. Does or will the facility receive wastes from off-site sources for treatment at the facility, disposal on-site via land application, or discharge via a permitted outfall?
- ☒ Yes ☐ No

If **yes**, provide responses to Items 10.b through 10.d below.

If **no**, proceed to Item 11.

- b. Attach the following information to the application:
- List of wastes received (including volumes, characterization, and capability with on-site wastes).
 - Identify the sources of wastes received (including the legal name and addresses of the generators).
 - Description of the relationship of waste source(s) with the facility's activities.

Attachment: [TR-10.b](#)

- c. Is or will wastewater from another TCEQ, NPDES, or TPDES permitted facility commingled with this facility's wastewater after final treatment and prior to discharge via the final outfall/point of disposal?
- ☐ Yes ☒ No

If **yes**, provide the name, address, and TCEQ, NPDES, or TPDES permit number of the contributing facility and a copy of any agreements or contracts relating to this activity.

Attachment: [Click to enter text.](#)

d. Is this facility a POTW that accepts/will accept process wastewater from any SIU and has/is required to have an approved pretreatment program under the NPDES/TPDES program?

☐ Yes ☒ No

If **yes**, **Worksheet 6.0** of this application is required.

Item 11. Radioactive Materials (Instructions, Page 46)

a. Are/will radioactive materials be mined, used, stored, or processed at this facility?

☐ Yes ☒ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L.

Radioactive Materials Mined, Used, Stored, or Processed

Radioactive Material Name	Concentration (pCi/L)

b. Does the applicant or anyone at the facility have any knowledge or reason to believe that radioactive materials may be present in the discharge, including naturally occurring radioactive materials in the source waters or on the facility property?

☐ Yes ☒ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L. Do not include information provided in response to Item 11.a.

Radioactive Materials Present in the Discharge

Radioactive Material Name	Concentration (pCi/L)

Item 12. Cooling Water (Instructions, Page 46)

a. Does the facility use or propose to use water for cooling purposes?

☐ Yes

☒ No

☐ Decommissioned: [Click to enter text.](#)

☐ To Be Decommissioned: [Click to enter text.](#)

If **yes**, complete Items 12.b thru 12.f. If **no**, stop here.

If **decommissioned**, provide the date operation ceased and stop here.

If to **be decommissioned**, provide the date operation is anticipated to cease and stop here.

b. Cooling water is/will be obtained from a groundwater source (e.g., on-site well).

☐ Yes ☐ No

If **yes**, stop here. If **no**, continue.

c. Cooling Water Supplier

1. Provide the name of the owner(s) and operator(s) for the CWIS that supplies or will supply water for cooling purposes to the facility.

Cooling Water Intake Structure(s) Owner(s) and Operator(s)

CWIS ID				
Owner				
Operator				

2. Cooling water is/will be obtained from a Public Water Supplier (PWS)

☐ No ☐ Yes; PWS No.: [Click to enter text.](#)

If **no**, continue. If **yes**, provide the PWS Registration No. and stop here.

3. Cooling water is/will be obtained from a reclaimed water source?

☐ No ☐ Yes; Auth No.: [Click to enter text.](#)

If **no**, continue. If **yes**, provide the Reuse Authorization No. and stop here.

4. Cooling water is/will be obtained from an Independent Supplier

☐ No ☐ Yes; AIF: [Click to enter text.](#)

If **no**, proceed to Item 12.d. If **yes**, provide the actual intake flow of the Independent Supplier's CWIS that is/will be used to provide water for cooling purposes and proceed.

d. 316(b) General Criteria

1. The CWIS(s) used to provide water for cooling purposes to the facility has or will have a cumulative design intake flow of 2 MGD or greater.

☐ Yes ☐ No

2. At least 25% of the total water withdrawn by the CWIS(s) is/will be used at the facility exclusively for cooling purposes on an annual average basis.

☐ Yes ☐ No

3. The CWIS(s) withdraw(s)/propose(s) to withdraw water for cooling purposes from surface waters that meet the definition of Waters of the United States in *40 CFR § 122.2*.

☐ Yes ☐ No. Explanation: [Click to enter text.](#)

If **no**, provide an explanation of how the waterbody does not meet the definition of Waters of the United States in *40 CFR § 122.2*.

If **yes** to all three questions in Item 12.d, the facility **meets** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA. Proceed to **Item 12.f**.

If **no** to any of the questions in Item 12.d, the facility **does not meet** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA; however, a determination is required based upon BPJ. Proceed to **Item 12.e**.

- e. The facility does not meet the minimum requirements to be subject to the full requirements of Section 316(b) **and uses/proposes to use cooling towers**.

☐ Yes ☐ No

If **yes**, stop here. If **no**, complete Worksheet 11.0, Items 1.a, 1.b.1-3 and 6, 2.b.1, and 3.a to allow for a determination based upon BPJ.

f. Oil and Gas Exploration and Production

1. The facility is subject to requirements at 40 CFR Part 435, Subparts A or D.

☐ Yes ☐ No

If **yes**, continue. If **no**, skip to Item 12.g.

2. The facility is an existing facility as defined at 40 CFR § 125.92(k) or a new unit at an existing facility as defined at 40 CFR § 125.92(u).

☐ Yes ☐ No

If **yes**, complete Worksheet 11.0, Items 1.a, 1.b.1-3 and 6, 2.b.1, and 3.a to allow for a determination based upon BPJ. If **no**, skip to Item 12.g.3.

g. Compliance Phase and Track Selection

1. Phase I – New facility subject to 40 CFR Part 125, Subpart I

☐ Yes ☐ No

If **yes**, check the box next to the compliance track selection, attach the requested information, and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

☐ Track I – AIF greater than 2 MGD, but less than 10 MGD

- Attach information required by *40 CFR §§ 125.86(b)(2)-(4)*.

☐ Track I – AIF greater than 10 MGD

- Attach information required by *40 CFR § 125.86(b)*.

☐ Track II

- Attach information required by *40 CFR § 125.86(c)*.

Attachment:

2. Phase II – Existing facility subject to 40 CFR Part 125, Subpart J

☐ Yes ☐ No

If **yes**, complete Worksheets 11.0 through 11.3, as applicable.

3. Phase III – New facility subject to 40 CFR Part 125, Subpart N

☐ Yes ☐ No

If **yes**, check the box next to the compliance track selection and provide the requested information.

☐ Track I – Fixed facility

- Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

☐ Track I – Not a fixed facility

- Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Item 2 (except CWIS latitude/longitude under Item 2.a).

☐ Track II – Fixed facility

- Attach information required by 40 CFR § 125.136(c) and complete Worksheet 11.0, Items 2 and 3.

Attachment: [Click to enter text.](#)

Item 13. Permit Change Requests (Instructions, Page 48)

This item is only applicable to existing permitted facilities.

a. Is the facility requesting a **major amendment** of an existing permit?

☐ Yes ☒ No

If **yes**, list each request individually and provide the following information: 1) detailed information regarding the scope of each request and 2) a justification for each request. Attach any supplemental information or additional data to support each request.

[Click to enter text.](#)

b. Is the facility requesting any **minor amendments** to the permit?

☐ Yes ☒ No

If **yes**, list and describe each change individually.

[Click to enter text.](#)

c. Is the facility requesting any **minor modifications** to the permit?

☐ Yes ☒ No

If **yes**, list and describe each change individually.

Click to enter text.

Item 14. Laboratory Accreditation (Instructions, Page 49)

All laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*, which includes the following general exemptions from National Environmental Laboratory Accreditation Program (NELAP) certification requirements:

- The laboratory is an in-house laboratory and is:
 - periodically inspected by the TCEQ; or
 - located in another state and is accredited or inspected by that state; or
 - performing work for another company with a unit located in the same site; or
 - performing pro bono work for a governmental agency or charitable organization.
- The laboratory is accredited under federal law.
- The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review *30 TAC Chapter 25* for specific requirements.

The following certification statement shall be signed and submitted with every application. See the *Signature Page* section in the Instructions, for a list of designated representatives who may sign the certification.

CERTIFICATION:

I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*.

Printed Name: [Click to enter text.](#)

Title: [Click to enter text.](#)

Signature: _____

Date: _____

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 1.0: EPA CATEGORICAL EFFLUENT GUIDELINES

This worksheet **is required** for all applications for TPDES permits for discharges of wastewaters subject to EPA categorical effluent limitation guidelines (ELGs).

Item 1. Categorical Industries (Instructions, Page 53)

Is this facility subject to any 40 CFR categorical ELGs outlined on page 53 of the instructions?

☒ Yes ☐ No

If **no**, this worksheet is not required. If **yes**, provide the appropriate information below.

40 CFR Effluent Guideline

Industry	40 CFR Part
THE CENTRALIZED WASTE TREATMENT POINT SOURCE CATEGORY	PART 437

Item 2. Production/Process Data (Instructions, Page 54)

NOTE: For all TPDES permit applications requesting individual permit coverage for discharges of oil and gas exploration and production wastewater (discharges into or adjacent to water in the state, falling under the Oil and Gas Extraction Effluent Guidelines – 40 CFR Part 435), see Worksheet 12.0, Item 2 instead.

a. Production Data

Provide appropriate data for effluent guidelines with production-based effluent limitations.

Production Data

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units
N/A			

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units

b. Organic Chemicals, Plastics, and Synthetic Fibers Manufacturing Data (40 CFR Part 414)

Provide each applicable subpart and the percent of total production. Provide data for metal-bearing and cyanide-bearing wastestreams, as required by *40 CFR Part 414, Appendices A and B*.

Percentage of Total Production

Subcategory	Percent of Total Production	Appendix A and B - Metals	Appendix A - Cyanide
N/A			

c. Refineries (40 CFR Part 419)

Provide the applicable subcategory and a brief justification.

<u>N/A</u>

Item 3. Process/Non-Process Wastewater Flows (Instructions, Page 54)

Provide a breakdown of wastewater flow(s) generated by the facility, including both process and non-process wastewater flow(s). Specify which wastewater flows are to be authorized for discharge under this permit and the disposal practices for wastewater flows, excluding domestic, which are not to be authorized for discharge under this permit.

Non-hazardous process wastewater 0.04 Gal/D and Stormwater.

Item 4. New Source Determination (Instructions, Page 54)

Provide a list of all wastewater-generating processes subject to EPA categorical ELGs, identify the appropriate guideline Part and Subpart, and provide the date the process/construction commenced.

Wastewater Generating Processes Subject to Effluent Guidelines

Process	EPA Guideline Part	EPA Guideline Subpart	Date Process/ Construction Commenced
Water Treatment	40 CFR PART 437	437.45 New source performance standards (NSPS).	12/1/2025

Worksheet 4.0

Receiving Waters

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 4.0: RECEIVING WATERS

This worksheet **is required** for all TPDES permit applications.

Item 1. Domestic Drinking Water Supply (Instructions, Page 80)

- a. There is a surface water intake for domestic drinking water supply located within 5 (five) miles downstream from the point/proposed point of discharge.

☐ Yes ☒ No

If **no**, stop here and proceed to Item 2. If **yes**, provide the following information:

1. The legal name of the owner of the drinking water supply intake: [Click to enter text.](#)
2. The distance and direction from the outfall to the drinking water supply intake: [Click to enter text.](#)

- b. Locate and identify the intake on the USGS 7.5-minute topographic map provided for Administrative Report 1.0.

☐ Check this box to confirm the above requested information is provided.

Item 2. Discharge Into Tidally Influenced Waters (Instructions, Page 80)

If the discharge is to tidally influenced waters, complete this section. Otherwise, proceed to Item 3.

- a. Width of the receiving water at the outfall: 200 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: 2483-Redfish Bay
- 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: None
- e. The receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.).
- ☐ Yes ☒ No

If **yes**, describe how: [Click to enter text.](#)

- f. General observations of the water body during normal dry weather conditions: [Click to enter text.](#)

Date and time of observation: [Click to enter text.](#)

- g. The water body was influenced by stormwater runoff during observations.

☐ Yes ☐ No

If **yes**, describe how: [Click to enter text.](#)

Item 5. General Characteristics of Water Body (Instructions, Page 81)

- a. Is the receiving water upstream of the existing discharge or proposed discharge site influenced by any of the following (check all that apply):

☐ oil field activities	☐ urban runoff
☐ agricultural runoff	☐ septic tanks
☐ upstream discharges	☒ other, specify: Stormwater Management

- b. Uses of water body observed or evidence of such uses (check all that apply):

☐ livestock watering	☐ industrial water supply
☐ non-contact recreation	☐ irrigation withdrawal
☐ domestic water supply	☐ navigation
☐ contact recreation	☐ picnic/park activities
☐ fishing	☐ other, specify: 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

Worksheet 7.0

Stormwater Outfall

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 7.0: STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges consisting of **either**: 1) solely of stormwater discharges associated with industrial activities, as defined in *40 CFR § 122.26(b)(14)(i-xi)*, **or** 2) stormwater discharges associated with industrial activities and any of the listed allowable non-stormwater discharges, as defined in the MSGP (TXR05000), Part II, Section A, Item 6.

Discharges of stormwater as defined in *40 CFR § 122.26 (b)(13)* are not required to obtain authorization under a TPDES permit (see exceptions at *40 CFR §§ 122.26(a)(1)* and *(9)*). Authorization for discharge may be required from a local municipal separate storm sewer system.

Item 1. Applicability (Instructions, Page 89)

Do discharges from any of the existing/proposed outfalls consist either 1) solely of stormwater discharges associated with industrial activities **or** 2) stormwater discharges associated with industrial activities and any of the allowable non-stormwater discharges?

☒ Yes ☐ No

If **no**, stop here. If **yes**, proceed as directed.

Item 2. Stormwater Coverage (Instructions, Page 89)

List each existing/proposed stormwater outfall at the facility and indicate which type of authorization covers or is proposed to cover discharges.

Authorization Coverage

Outfall	Authorization under MSGP	Authorized Under Individual Permit
	☐	☒ Included in this permit – There is no exposure (all enclosed in tanks and pipes, containment to check stormwater prior to discharging.
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

If **all** existing/proposed outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) are **authorized under the MSGP**, **stop** here.

If **seeking authorization** for any outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) **under an individual permit, proceed.**

NOTE: The following information is required for each existing/proposed stormwater outfall for which the facility is seeking individual permit authorization under this application

Item 3. Site Map (Instructions, Page 90)

Attach a site map or maps (drawn to scale) of the entire facility with the following information.

- the location of each stormwater outfall to be covered by the permit
- an outline of the drainage area that is within the facility's boundary and that contributes stormwater to each outfall to be covered by the permit
- connections or discharge points to municipal separate storm sewer systems
- locations of all structures (e.g. buildings, garages, storage tanks)
- structural control devices that are designed to reduce pollution in discharges of stormwater associated with industrial activities
- process wastewater treatment units (including ponds)
- bag house and other air treatment units exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)
- landfills; scrapyards; surface water bodies (including wetlands)
- vehicle and equipment maintenance areas
- physical features of the site that may influence discharges of stormwater associated with industrial activities or contribute a dry weather flow
- locations where spills or leaks of reportable quality (as defined in 30 TAC § 327.4) have occurred during the three years before this application was submitted to obtain coverage under an individual permit
- processing areas, storage areas, material loading/unloading areas, and other locations where significant materials are exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)

☒ Check the box to confirm all above information was provided on the facility site map(s).

Attachment: TR-WS7 - 3

Item 4. Facility/Site Information (Instructions, Page 90)

- a. Provide the area of impervious surface and the total area drained by each stormwater outfall requested for authorization by this permit application.

Impervious Surfaces

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)
001	1.8 Acres	1.8 acres

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)

- b. Provide the following local area rainfall information and the source of the information.

Wettest month: September

Average rainfall for wettest month (total inches): 5.3

25-year, 24-hour rainfall (inches): 10.3

Source: NOAA's Atlas 14

- c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:** None
- d. Attach narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff (see instructions for guidance). **Attachment:** N/A
- e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility: Secondary containment and operational procedures.

Item 5. Pollutant Analysis (Instructions, Page 91)

- a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): N/A
- b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Complete Table 17 as directed on page 92 of the Instructions.

Table 17 for Outfall No.: Click to enter text.

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
pH (standard units)	(max)	—	(min)	—		—
Total suspended solids						—
Chemical oxygen demand						—
Total organic carbon						—
Oil and grease						—
Arsenic, total						0.0005

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
Barium, total						0.003
Cadmium, total						0.001
Chromium, total						0.003
Chromium, trivalent						—
Chromium, hexavalent						0.003
Copper, total						0.002
Lead, total						0.0005
Mercury, total						0.000005
Nickel, total						0.002
Selenium, total						0.005
Silver, total						0.0005
Zinc, total						0.005

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

d. Complete Table 18 as directed on pages 92-94 of the Instructions.

Table 18 for Outfall No.: [Click to enter text.](#)

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled

* Taken during first 30 minutes of storm event

** Flow-weighted composite sample

Attachment: [Click to enter text.](#)

Item 6. Storm Event Data (Instructions, Page 93)

Provide the following data for the storm event(s) which resulted in the maximum values for the analytical data submitted:

Date of storm event: N/A

Duration of storm event (minutes): [Click to enter text.](#)

Total rainfall during storm event (inches): [Click to enter text.](#)

Number of hours the between beginning of the storm measured and the end of the previous measurable storm event (hours): [Click to enter text.](#)

Maximum flow rate during rain event (gallons/minute): [Click to enter text.](#)

Total stormwater flow from rain event (gallons): [Click to enter text.](#)

Provide a description of the method of flow measurement or estimate:

Attachment A

Core Data Form



TCEQ Core Data Form

For detailed instructions on completing this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
☒ New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
☒ Renewal (Core Data Form should be submitted with the renewal form)		☐ Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 603635897		RN 109732651

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
☒ New Customer ☐ Update to Customer Information ☐ Change in Regulated Entity Ownership ☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
Western Gulf Terminal Partners, LP					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
0800966664		32036798935			
11. Type of Customer:		☐ Corporation		☐ Individual	Partnership: ☐ General ☒ Limited
Government: ☐ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other		☐ Sole Proprietorship		☐ Other:	
12. Number of Employees				13. Independently Owned and Operated?	
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher				☒ Yes ☐ No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
☐ Owner ☐ Operator ☒ Owner & Operator ☐ Other: ☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant					
15. Mailing Address:	Western Gulf Terminal Partners, LP				
	PO Box 9605				
	City	Corpus Christi	State	TX	ZIP 78469 ZIP + 4
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				jmurphy@topwatermgmt.com	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information <i>(If 'New Regulated Entity' is selected, a new permit application is also required.)</i>								
☐ New Regulated Entity ☒ Update to Regulated Entity Name ☐ Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
22. Regulated Entity Name <i>(Enter name of the site where the regulated action is taking place.)</i>								
Western Gulf-Ingleside Site								
23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>		843 County Rd 4714						
		City	Ingleside	State	TX	ZIP	78362	ZIP + 4
24. County		San Patricio						

If no Street Address is provided, fields 25-28 are required.

25. Description to Physical Location:								
26. Nearest City					State		Nearest ZIP Code	
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
27. Latitude (N) In Decimal:						28. Longitude (W) In Decimal:		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
4499								
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>								
Water Transportation Services								
34. Mailing Address:		Western Gulf Terminal Partners LP						
		PO Box 9605						
		City	Corpus Christi	State	TX	ZIP	78469	ZIP + 4
35. E-Mail Address:		jmurphy@topwatermgmt.com						
36. Telephone Number			37. Extension or Code			38. Fax Number <i>(if applicable)</i>		
(361) 882-8870						() -		

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☒ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:

SECTION IV: Preparer Information

40. Name:	Beatriz Rivera			41. Title:	Senior Consultat
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(787) 697-1554		() -	beatriz.rivera@trinityconsultants.com		

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	Top Water Management, LLC		Job Title:	President	
Name (In Print):	Jay Murphy			Phone:	(361) 882- 8870
Signature:				Date:	

Attachment B

Plain Language Summary



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

Applicants should use this template to develop a plain language summary of your facility and application as required by Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H. You may modify the template as necessary to accurately describe your facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how you will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements. After filling in the information for your facility delete these instructions.

If you are subject to the alternative language notice requirements in 30 TAC Section 39.426, **you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package.** For your convenience, a Spanish template has been provided below.

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS INDUSTRIAL WASTEWATER/STORMWATER

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

Western Gulf Terminal Partners LP (CN603635897) operates the Ingleside Site (RN109732651), a marine barge cleaning, recycling and industrial wash out facility. The facility is located at 843 County Rd 4714, in Ingleside, San Patricio County, Texas 78362. Western Gulf Terminal Partners LP is applying for a new TPDES permit.

Discharges from the facility are expected to contain BOD₅, O&G, pH, TSS. Treated wastewater resulting from tank cleanings operated in conjunction with other off-site industrial water, and commercial wastewater will be treated by removing the solids, separating the petroleum, clarifying through a Dissolved Air Flootation (DAF) unit and adjusting pH prior to discharging the finished water.

PLANTILLA EN ESPAÑOL PARA SOLICITUDES NUEVAS/RENOVACIONES/ENMIENDAS DE TPDES o TLAP

AGUAS RESIDUALES INDUSTRIALES /AGUAS PLUVIALES

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no es una representación ejecutiva fedérale de la solicitud de permiso.

Western Gulf Terminal Partners LP (CN603635897) opera el Ingleside Site, RN109732651, una instalación de limpieza y reciclaje de barcas marinas y pretratamiento de aguas residuales industriales no peligrosas. La instalación está ubicada en 843 County Rd 4714, en Ingleside, Condado de San Patricio, Texas 78362. Western Gulf Terminal Partners LP está solicitando un nuevo permiso TPDES.

Se espera que las descargas de la instalación contengan BOD₅, O&G, pH , TSS. Aguas residuales tratadas resultantes de la limpieza de tanques, en conjunto con otras aguas residuales industriales y comerciales recibidas fuera del sitio. estará tratado por separación de sólidos y petróleo clarificando a través de una unidad de Flotación por Aire Disuelto (DAF) y ajustando el pH antes de descargar el agua tratada.

Attachment C

Supplemental Permit Information Form

WESTERN GULF TERMINAL PARTNERS LP
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: WESTERN GULF TERMINAL PARTNERS LP

Permit No. WQ00 TBD

EPA ID No. TX _____

Address of the project (or a location description that includes street/highway, city/vicinity, and county):

843 County Rd 4714, Ingleside, TX 783652

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Jay Murphy

Credential (P.E, P.G., Ph.D., etc.):

Title: President

Mailing Address: PO Box 9605

City, State, Zip Code: Corpus Christi, TX 78469

Phone No.: 361-882-8870 Ext.: Fax No.:

E-mail Address: jmurphy@topwatermgmt.com

2. List the county in which the facility is located: San Patricio
3. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

N/A

4. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

The outfall discharges directly to Red Fish Bay.

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):

1 surface acres to be impacted.

2. Describe existing disturbances, vegetation, and land use:

None

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:

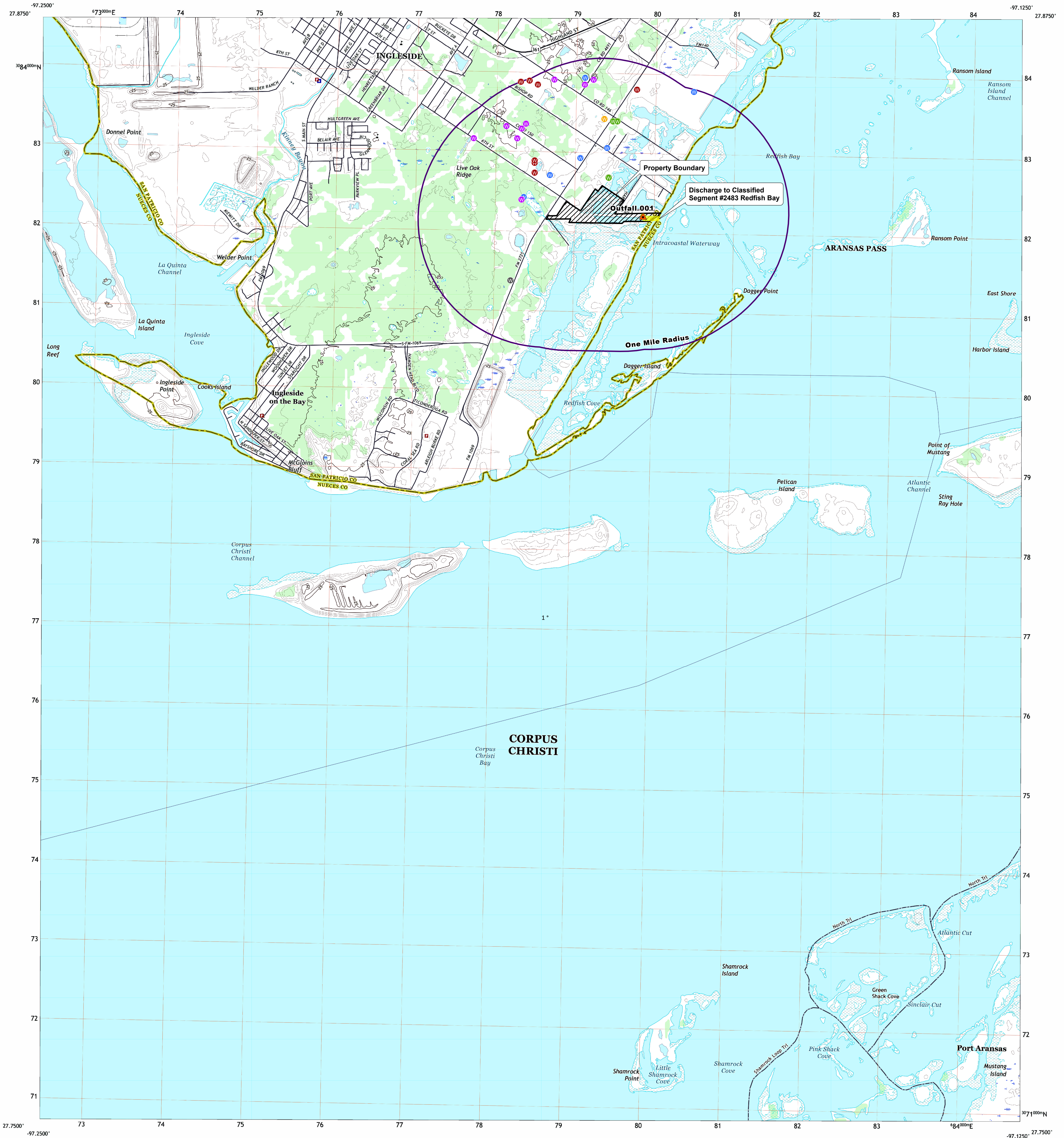
January 1, 2026

4. Provide a brief history of the property, and name of the architect/builder, if known.

The site was previously leased for barge cleaning and has now been purchased. No buildings exist on the site.

Attachment D

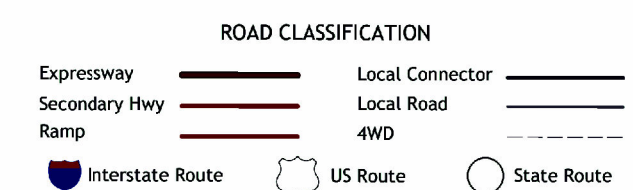
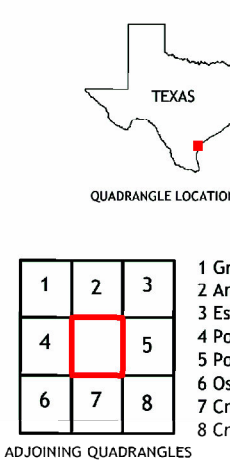
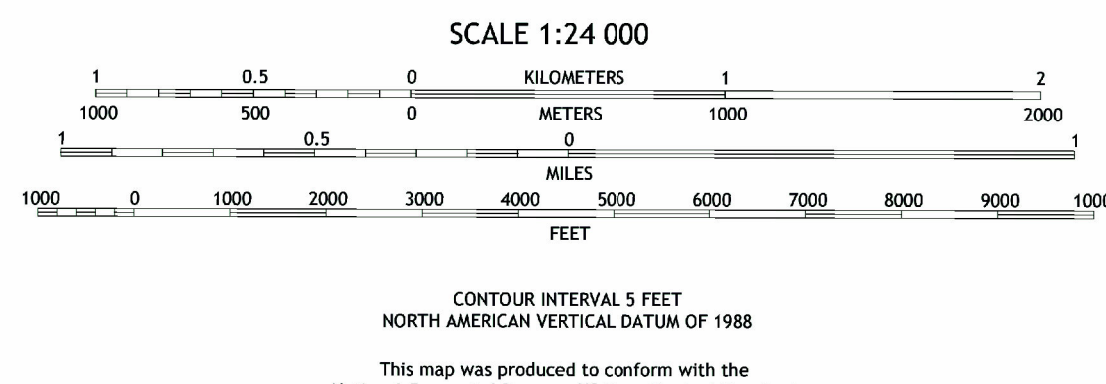
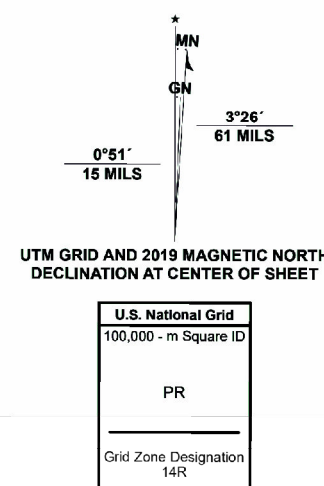
USGS Maps



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, September 2016 - December 2016
Roads.....U.S. Census Bureau, 2015 - 2018
Names.....GNIS, 1979 - 2022
Hydrography.....National Hydrography Dataset, 2004 - 2018
Contours.....National Elevation Dataset, 2019
Boundaries.....Multiple sources; see metadata file 2019 - 2021

Wetlands.....FWS National Wetlands Inventory Not Available



LEGEND

- Property Boundary
- One Mile Radius
- Outfall Location
- Discharge Route
- Texas Water Development Board Wells
 - Domestic
 - Environmental Soil Boring
 - Industrial / Monitor
 - Injection
 - Irrigation / Stock
 - Unused

PORT INGLESIDE, TX
2022

Attachment E

Outfall Photos



Picture 1



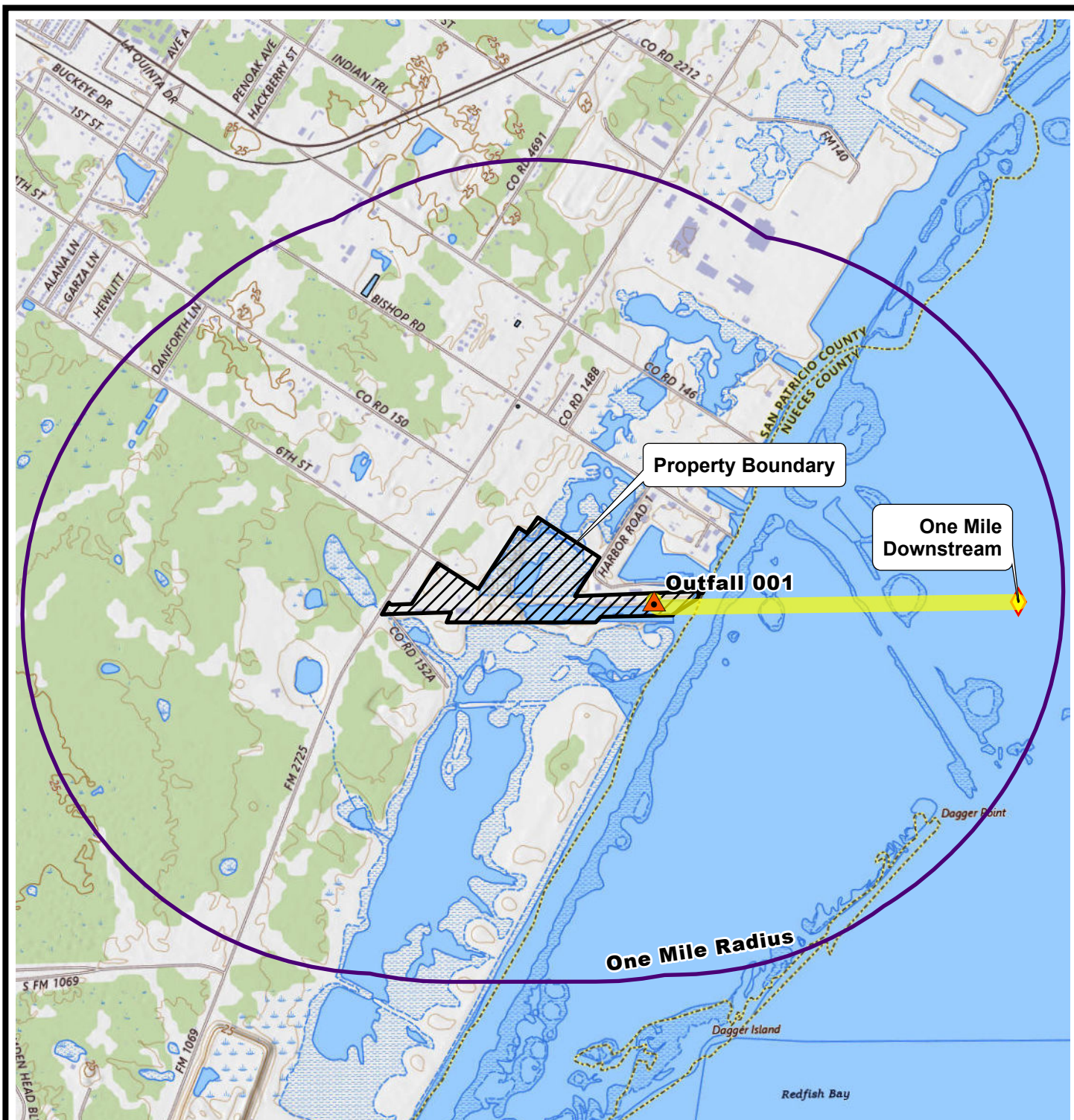
Picture 2



Attachment F
Copy of Fee Submittal

Attachment G

Facility Map



San Patricio County

Legend

-  Property Boundary
-  One Mile Radius
-  Outfall Location
-  Discharge Route
-  Downstream Marker



0 1,000 2,000
FEET



**WESTERN GULF TERMINAL PARTNERS LP - INGLESIDE FACILITY
RECYCLING AND WASH OUT FACILITY
PRIVATE RD 4782 INGLESIDE, TX 78362**

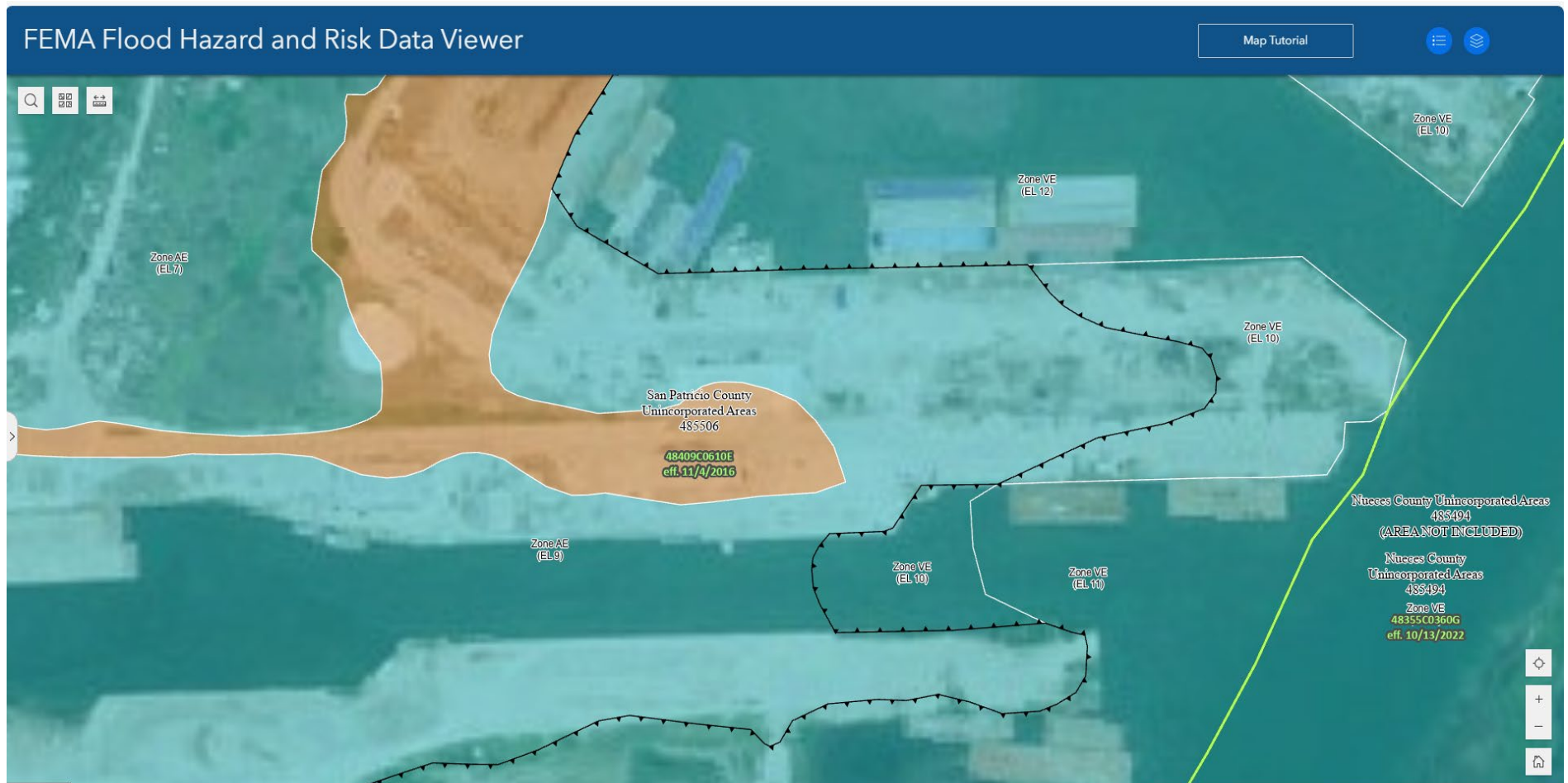
SPIF MAP

DRAWN BY:	L WILSON
APPROVED BY:	B RIVERA
PROJECT NO:	TPDES 2025
FILE NO.	SPIF Map
DATE:	AUGUST 2025

Attachment H

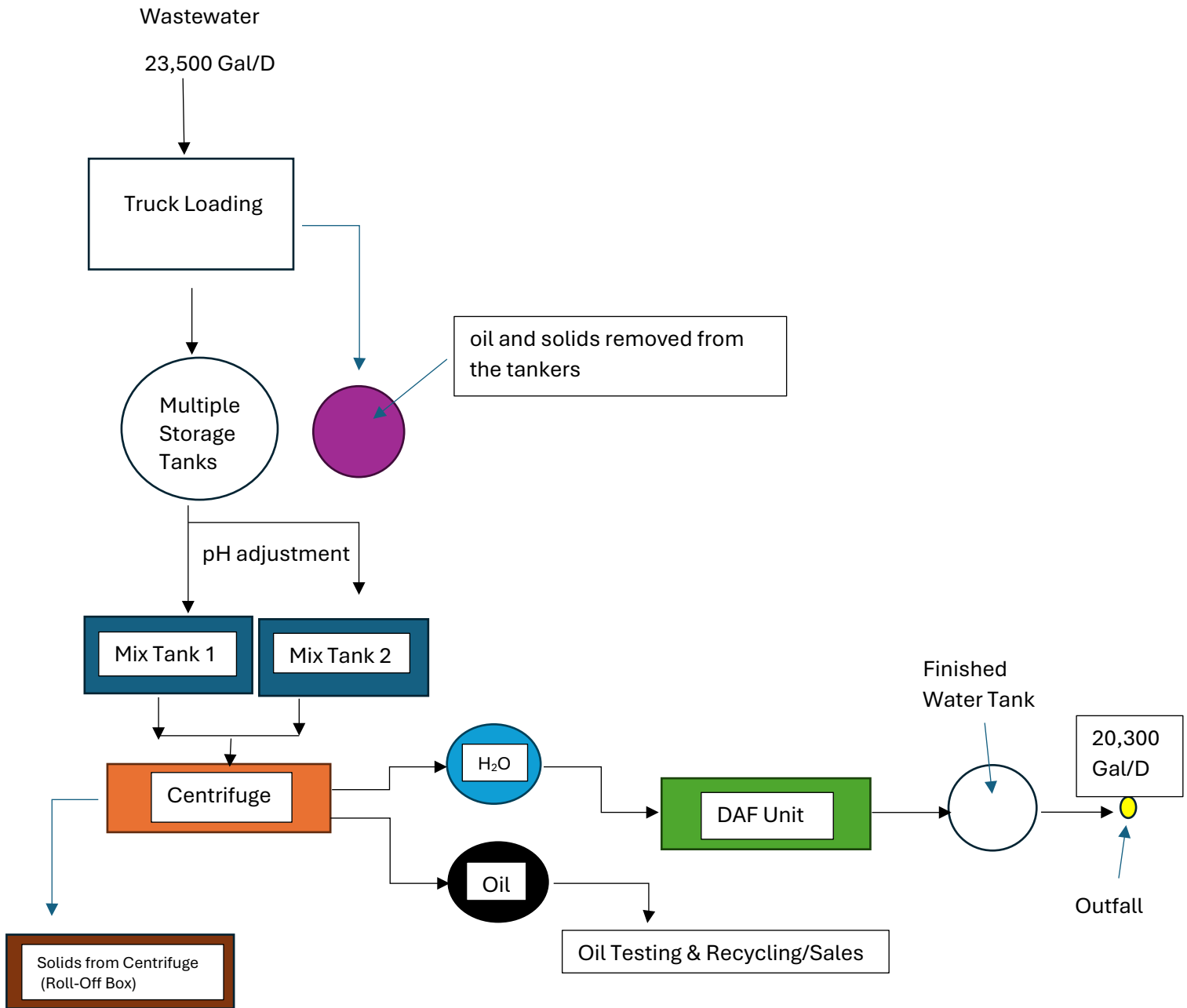
FEMA Floodplain

Attachment H FEMA Floodplain



Attachment I

Water Balance



**WESTERN GULF
RECYCLING WASH OUT
FACILITY**

ATTACHMENT I- WATER BALANCE

DATE: 9/4/2025

PREPARED
BY:

Beatriz Rivera



Attachment J
Affected Landowner's Map/List/Labels

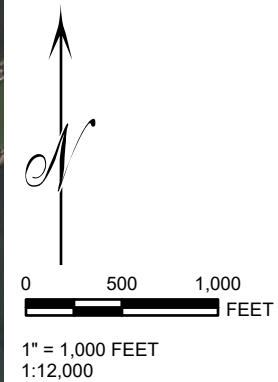
C:_AD\ACCDocs\itemaple\Projects\Western Gulf Terminal Partners LP\Ingleside Facility\TPDES 2025\GIS.aprx



Legend

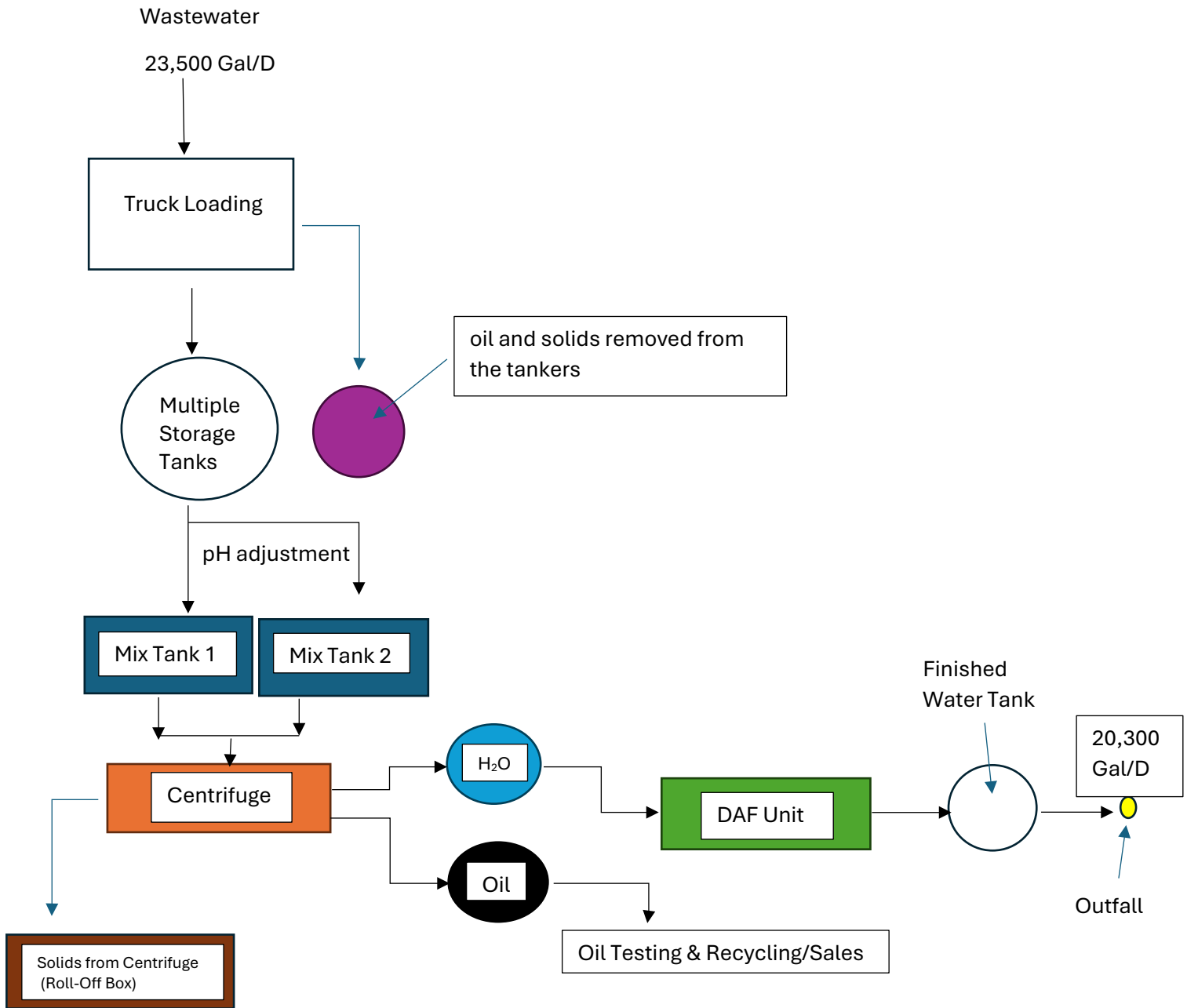
- Property Boundary
- Area of Land Not Shown in Appraisal District Parcel Data
- Adjacent Landowners
- Outfall Location
- Discharge Route
- Downstream Marker

Sources:
1. Property Boundary derived from client provided kmz file.
2. Adjacent Landowners - San Patricio Appraisal District Parcel Data, August 2025.



WESTERN GULF TERMINAL PARTNERS LP - INGLESIDE FACILITY RECYCLING AND WASH OUT FACILITY PRIVATE RD 4782 INGLESIDE, TX 78362			
ADJACENT LANDOWNER MAP			
DRAWN BY:	L WILSON	SCALE:	PROJ. NO. TPDES 2025
CHECKED BY:	B RIVERA	AS NOTED	FILE NO. Adjacent Landowner
APPROVED BY:	B RIVERA	DATE PRINTED:	
DATE:	August 2025	8/22/2025	
		1800 West Loop S Suite 820 Houston, Texas 77027 Ph. 713-955-1230	
		555 N. Carancahua St Suite 820 Corpus Christi, Texas 78401 Ph. 361-883-1668	

MAP ID	OWNER NAME	ADDRESS	CITY	STATE	ZIP CODE
1	AEP TEXAS CENTRAL COMPANY	P O BOX 16428	ROCKPORT	TX	78381
2	ASBURY RAY G & TAMMY L	PO BOX 19	INGLESIDE	TX	78362
3	BISHOP ROAD INTERESTS LLC	20 BIMINI DR	ARANSAS PASS	TX	78335
4	CITY OF ARANSAS PASS	PO BOX 2000	COLUMBUS	OH	43216
5	ERF INGLESIDE INC	555 N CARANCAHUA SUITE 70	HOUSTON	TX	77002
6	GULF ISLAND SERVICES LLC	1074 FM 2725	SOMERSET	TX	78069
7	INGLESIDE DOCK & FUEL INC	PO BOX 1028	HOUSTON	TX	77002
8	LAZARUS TEXAS REFINERY I LLC	801 TRAVIS SUITE 2100	HOUSTON	TX	77002
9	MCALISTER MICHAEL & SANDRA	PO BOX 189	GRETN	LA	70056
10	MCDH INVESTMENTS LTD	PO BOX 2269	INGLESIDE	TX	78362
11	MIDSTREAM TEXAS INGLESIDE LLC	700 LOUISIANA ST #4770	HOUSTON	TX	77002
12	NBP ASSOCIATED INC	919 CR 4714	CORPUS CHRIS	TX	78401
13	TRUJILLO DALIA L	1100 FM 2725	ROCKPORT	TX	78382
14	VICTOR KARL J (DEC)	3660 LAKE ASPEN DR E #B	HOUSTON	TX	77002



**WESTERN GULF
RECYCLING WASH OUT
FACILITY**

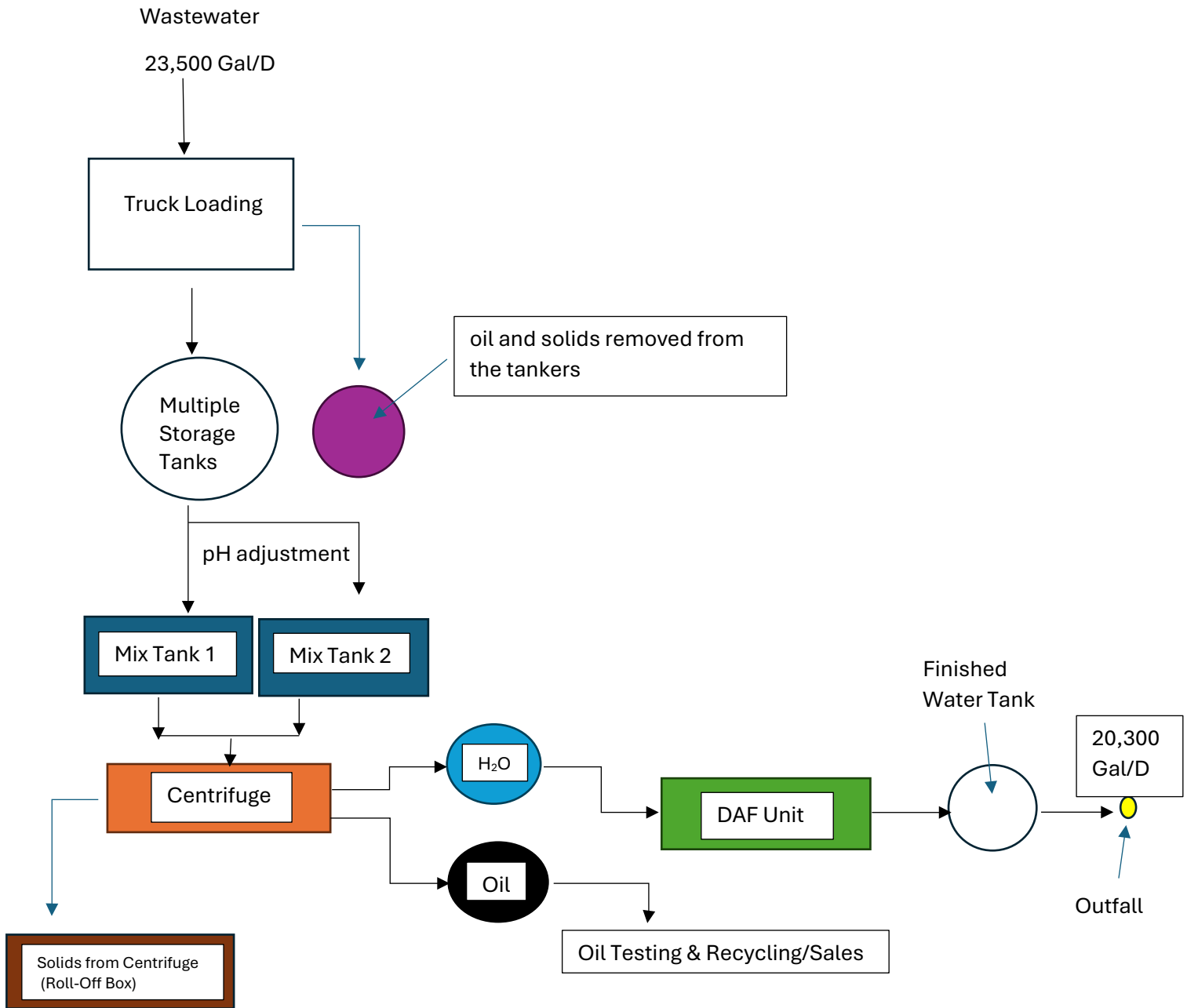
ATTACHMENT I- WATER BALANCE

DATE: 9/4/2025

PREPARED
BY:

Beatriz Rivera





**WESTERN GULF
RECYCLING WASH OUT
FACILITY**

ATTACHMENT I- WATER BALANCE

DATE: 9/4/2025

PREPARED
BY:

Beatriz Rivera

