



# **Administrative Package Cover Page**

**This file contains the following documents:**

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

## Section 15. Plain Language Summary (Instructions Page 40)

If you are subject to the alternative language notice requirements in [30 Texas Administrative Code §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

#### DOMESTIC WASTEWATER

*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.*

City of Ganado, Texas (CN600248926 ) operates Ganado Wastewater Treatment Facility RN101614006. a wastewater treatment facility. The facility is located at 900 Baker St., in Ganado, Jackson County, Texas 77962.

Renewal of existing permit for wastewater treatment plant with an average daily discharge amount not to exceed a daily average flow of 350,000 gallons per day.

Discharges from the facility are expected to contain five-day Biochemical Oxygen Demand (BODs), Total Suspended Solids (TSS), and Escherichia Coli (Ecoli). 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. Treated domestic wastewater is treated by a bar screen and grit chamber, two aeration basins, two final clarifiers, two sludge holding tanks/aerobic digesters, eight sludge drying beds, a sludge de-watering unit, and two chlorine contact chambers.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010010001

**APPLICATION.** City of Ganado, P.O. Box 264, Ganado, Texas 77962, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010010001 (EPA I.D. No. TX0026026) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 350,000 gallons per day. The domestic wastewater treatment facility is located at 900 Baker Street, in the city of Ganado, in Jackson County, Texas 77962. The discharge route is from the plant site directly to Lake Texana. TCEQ received this application on July 1, 2024. The permit application will be available for viewing and copying at Ganado City Hall, Front Desk, 112 East Putnam, Ganado, in Jackson 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=-96.512222,29.028055&level=18>

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

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

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

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

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

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

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

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

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

**INFORMATION AVAILABLE ONLINE.** For details about the status of the application, visit the Commissioners' Integrated Database at [www.tceq.texas.gov/goto/cid](http://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](http://www.tceq.texas.gov/goto/pep). Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from City of Ganado at the address stated above or by calling Mr. John Mercer, P.E., Lynn Engineering, LLC., at 361-782-7121.

Issuance Date: July 17, 2024



**LYNNENGINEERING**

**Texas Commission on Environmental Quality**

**CITY OF GANADO**

**WWTP Permit Renewal Application**

**Permit No. WQ0010010001**

**Expires August 2024**

**Prepared By:**

**Lynn Engineering, LLC**

**2200 Avenue A**

**Bay City, TX**

**979.245.8900**

**F-324**

**20.101623**

June 27, 2024

Texas Commission on Environmental Quality  
Water Quality Division  
Applications Review and Processing Team (MC148)  
P.O. Box 13087  
Austin, Texas 78711-3087

RE: Domestic Wastewater Permit Number WQ0010010001 Renewal

To Whom It May Concern,

You will find one original and two photocopies of the permit application documentation included for your reference. An electronic copy of the application has been submitted via TCEQ's file transfer protocol server as required.

Please do not hesitate to contact me should you require anything further.

Sincerely,



John D. Mercer, PE



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

**Complete and submit this checklist with the application.**

APPLICANT: City of Ganado, Texas

PERMIT NUMBER: WQ0010010001

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

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Affected Landowners Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input type="checkbox"/>	<input type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Involvement Plan Form	<input type="checkbox"/>	<input type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Original Photographs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Design Calculations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

**For TCEQ Use Only**

Segment Number \_\_\_\_\_ County \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Region \_\_\_\_\_  
 Permit Number \_\_\_\_\_



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
**APPLICATION FOR A DOMESTIC WASTEWATER PERMIT  
ADMINISTRATIVE REPORT 1.0**

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

**Section 1. Application Fees (Instructions Page 29)**

Indicate the amount submitted for the application fee (check only one).

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <input type="checkbox"/>	\$315.00 <input type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input type="checkbox"/>	\$815.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input type="checkbox"/>	\$1,215.00 <input checked="" type="checkbox"/>
≥0.50 but <1.0 MGD	\$1,650.00 <input type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00 ☐

**Payment Information:**

Mailed      Check/Money Order Number: 21870  
Check/Money Order Amount: 1,215  
Name Printed on Check: City of Ganado Public Works Department  
EPAY      Voucher Number: Click here to enter text  
Copy of Payment Voucher enclosed?      Yes ☐

**Section 2. Type of Application (Instructions Page 29)**

- |   |   |
|---|---|
| <input type="checkbox"/> New TPDES                              | <input type="checkbox"/> New TLAP                               |
| <input type="checkbox"/> Major Amendment <u>with</u> Renewal    | <input type="checkbox"/> Minor Amendment <u>with</u> Renewal    |
| <input type="checkbox"/> Major Amendment <u>without</u> Renewal | <input type="checkbox"/> Minor Amendment <u>without</u> Renewal |
| <input checked="" type="checkbox"/> Renewal without changes     | <input type="checkbox"/> Minor Modification of permit           |

For amendments or modifications, describe the proposed changes: Click here to enter text

**For existing permits:**

Permit Number: WQ0010010001

EPA I.D. (TPDES only): TX0026026

Expiration Date: August 20, 2024

## Section 3. Facility Owner (Applicant) and Co-Applicant Information (Instructions Page 29)

### A. The owner of the facility must apply for the permit.

What is the Legal Name of the entity (applicant) applying for this permit?

City of Ganado, Texas

*(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)*

If the applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at <http://www15.tceq.texas.gov/crpub/>

CN: 600248926

What is the name and title of the person signing the application? The person must be an executive official meeting signatory requirements in 30 TAC § 305.44.

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

First and Last Name: Clinton Tegeler

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

Title: Mayor

### B. Co-applicant information. Complete this section only if another person or entity is required to apply as a co-permittee.

What is the Legal Name of the co-applicant applying for this permit?

Click here to enter text

*(The legal name must be spelled exactly as filed with the TX SOS, with the County, or in the legal documents forming the entity.)*

If the co-applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at:  
<http://www15.tceq.texas.gov/crpub/>

CN: Click here to enter text

What is the name and title of the person signing the application? The person must be an executive official meeting signatory requirements in 30 TAC § 305.44.

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

First and Last Name: Click here to enter text

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

Title: Click here to enter text

Provide a brief description of the need for a co-permittee: Click here to enter text

### C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0.

**Attachment:** See Attachment 1

## Section 4. Application Contact Information (Instructions Page 30)

This is the person(s) TCEQ will contact if additional information is needed about this application. Provide a contact for administrative questions and technical questions.

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

First and Last Name: Clinton Tegeler

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

Title: Mayor

Organization Name: City of Ganado

Mailing Address: PO Box 264

City, State, Zip Code: Ganado, TX 77962

Phone No.: 361-771-2232 Ext.: Click here to enter text Fax No.: 361-771-3015

E-mail Address: ganadomayor@cityofganado.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

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

First and Last Name: John Mercer

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

Title: Professional Engineer

Organization Name: Lynn Engineering, LLC

Mailing Address: 2200 Ave. A

City, State, Zip Code: Bay City, TX 77414

Phone No.: 361-782-7121 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: john.mercer@lynngroup.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

## Section 5. Permit Contact Information (Instructions Page 30)

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

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



First and Last Name: Clinton Tegeler

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

Title: Mayor

Organization Name: City of Ganado

Mailing Address: PO Box 264

City, State, Zip Code: Ganado, TX 77962

Phone No.: 361-771-2232 Ext.: Click here to enter text Fax No.: 361-771-3015

E-mail Address: ganadomayor@cityofganado.com

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

First and Last Name: Phillip Green

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

Title: Public Works Director

Organization Name: City of Ganado

Mailing Address: PO Box 264

City, State, Zip Code: Ganado, TX 77962

Phone No.: 361-771-2232 Ext.: Click here to enter text Fax No.: 361-771-3015

E-mail Address: ganadopwd@cityofganado.com

## Section 6. Billing Information (Instructions Page 30)

The permittee is responsible for paying the annual fee. The annual fee will be assessed to 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 (using form TCEQ-20029).

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

First and Last Name: Clinton Tegeler

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

Title: Mayor

Organization Name: City of Ganado

Mailing Address: PO Box 264

City, State, Zip Code: Ganado, TX 77962

Phone No.: 361-771-2232 Ext.: Click here to enter text Fax No.: 361-771-3015

E-mail Address: ganadomayor@cityofganado.com

## Section 7. DMR/MER Contact Information (Instructions Page 31)

Provide the name and complete mailing address of the person delegated to receive and submit Discharge Monitoring Reports (EPA 3320-1) or maintain Monthly Effluent Reports.

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

First and Last Name: Phillip Green

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

Title: Public Works Director

Organization Name: City of Ganado

Mailing Address: PO Box 264

City, State, Zip Code: Ganado, TX 77962

Phone No.: 361-771-2232 Ext.: Click here to enter text Fax No.: 361-771-3015

E-mail Address: ganadopwd@cityofganado.com

DMR data is required to be submitted electronically. Create an account at:

<https://www.tceq.texas.gov/permitting/netdmr/netdmr.html>.

## Section 8. Public Notice Information (Instructions Page 31)

### A. Individual Publishing the Notices

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

First and Last Name: John Mercer

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

Title: Project Engineer

Organization Name: Lynn Engineering, LLC

Mailing Address: 2200 Ave. A

City, State, Zip Code: Bay City, TX 77414

Phone No.: 361-782-7121 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: john.mercer@lynnngroup.com

### B. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package

Indicate by a check mark the preferred method for receiving the first notice and instructions:

☒ E-mail Address

☐ Fax

☒ Regular Mail

### C. Contact person to be listed in the Notices

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

First and Last Name: John Mercer

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

Title: Project Engineer

Organization Name: Lynn Engineering, LLC

Phone No.: 361-782-7121 Ext.: Click here to enter text.

E-mail: john.mercer@lynngroup.com

#### D. Public Viewing Information

*If the facility or outfall is located in more than one county, a public viewing place for each county must be provided.*

Public building name: Ganado City Hall

Location within the building: Front Desk

Physical Address of Building: 112 E. Putnam St.

City: Ganado

County: Jackson

Contact Name: Phillip Green

Phone No.: 361-771-2232 Ext.: Click here to enter text.

#### 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.

Please call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine whether an alternative language notices are 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** Section 9 below.

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

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

#### F. Public Involvement Plan Form

Complete the Public Involvement Plan Form (TCEQ Form 20960) for each application for a **new permit or major amendment to a permit** and include as an attachment.

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

### Section 9. Regulated Entity and Permitted Site Information (Instructions Page 33)

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN101614006

Search the TCEQ's Central Registry at <http://www15.tceq.texas.gov/crpub/> to determine if the site is currently regulated by TCEQ.

- B. Name of project or site (the name known by the community where located):

Ganado Wastewater Treatment Facility

- C. Owner of treatment facility: City of Ganado, Texas

Ownership of Facility: ☒ Public ☐ Private ☐ Both ☐ Federal

- D. Owner of land where treatment facility is or will be:

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

First and Last Name: City of Ganado

Mailing Address: PO Box 264

City, State, Zip Code: Ganado, TX 77962

Phone No.: 361-771-2232

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

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

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

- E. Owner of effluent disposal site:

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

First and Last Name: N/A

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

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

Phone No.: [Click here to enter text](#) E-mail Address: [Click here to enter text](#)

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

**Attachment:** [Click here to enter text](#)

- F. Owner of sewage sludge disposal site (if authorization is requested for sludge disposal on property owned or controlled by the applicant):

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

First and Last Name: N/A

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

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

Phone No.: [Click here to enter text](#) E-mail Address: [Click here to enter text](#)

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

**Attachment:** [Click here to enter text](#)

## Section 10. TPDES Discharge Information (Instructions Page 34)

- A. Is the wastewater treatment facility location in the existing permit accurate?

☒ Yes ☐ No

If **no**, or a new permit application, please give an accurate description:

N/A

- B. Are the point(s) of discharge and the discharge route(s) in the existing permit correct?

☒ Yes ☐ No

If **no**, or a new or amendment permit application, provide an accurate description of the point of discharge and the discharge route to the nearest classified segment as defined in 30 TAC Chapter 307:

N/A

City nearest the outfall(s): Ganado, TX

County in which the outfalls(s) is/are located: Jackson

Outfall Latitude: 29.027463

Longitude: -96.513329

- C. 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, provide copies of letters that show proof of contact and the approval letter upon receipt.

**Attachment:** [Click here to enter text](#)

- D. 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

## Section 11. TLAP Disposal Information (Instructions Page 36)

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

☐ Yes ☐ No

If **no**, or a **new or amendment permit application**, provide an accurate description of the disposal site location:

N/A

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

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

- D. Disposal Site Latitude: N/A Longitude: N/A

- E. For **TLAPs**, describe the routing of effluent from the treatment facility to the disposal site:

N/A

- F. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained:

N/A

## Section 12. Miscellaneous Information (Instructions Page 37)

- A. Is the facility located on or does the treated effluent cross American Indian Land?

☐ Yes ☒ No

B. If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?

☐ Yes ☐ No ☒ Not Applicable

If No, or if a new onsite sludge disposal authorization is being requested in this permit application, provide an accurate location description of the sewage sludge disposal site.

N/A

C. 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 formerly employed by the TCEQ who represented your company and was paid for service regarding the application:

N/A

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number:

Amount past due:

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number:

Amount past due:

## Section 13. Attachments (Instructions Page 38)

Indicate which attachments are included with the Administrative Report. Check all that apply:

☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.

☒ Original full-size USGS Topographic Map with the following information:

- Applicant's property boundary



- Treatment facility boundary
- Labeled point of discharge for each discharge point (TPDES only)
- Highlighted discharge route for each discharge point (TPDES only)
- Onsite sewage sludge disposal site (if applicable)
- Effluent disposal site boundaries (TLAP only)
- New and future construction (if applicable)
- 1 mile radius information
- 3 miles downstream information (TPDES only)
- All ponds.

☐ Attachment 1 for Individuals as co-applicants

☒ Other Attachments. Please specify: [Click here to enter text.](#)

## Section 14. Signature Page (Instructions Page 39)

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

Permit Number: W00010010001

Applicant: City of Ganado, Texas

Certification:

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.

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): Clinton Tegeler

Signatory title: Mayor

Signature: \_\_\_\_\_

(Use blue ink)

Date: 28 June 2024

Subscribed and Sworn to before me by the said Clinton Tegeler

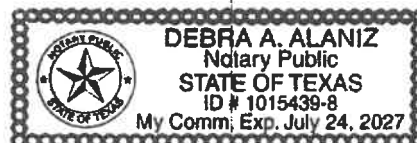
on this 28 day of June, 20 24.

My commission expires on the 24 day of July, 20 27.

Debra A. Alaniz  
Notary Public

Jackson  
County, Texas

[SEAL]



## Section 15. Plain Language Summary (Instructions Page 40)

If you are subject to the alternative language notice requirements in [30 Texas Administrative Code §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

#### DOMESTIC WASTEWATER

*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.*

City of Ganado, Texas (CN600248926 ) operates Ganado Wastewater Treatment Facility RN101614006. a wastewater treatment facility. The facility is located at 900 Baker St., in Ganado, Jackson County, Texas 77962.

Renewal of existing permit for wastewater treatment plant with an average daily discharge amount not to exceed 500,000 gallons per day.

Discharges from the facility are expected to contain five-day Biochemical Oxygen Demand (BODs), Total Suspended Solids (TSS), and Escherichia Coli (Ecoli). 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. Treated domestic wastewater is treated by a bar screen and grit chamber, two aeration basins, two final clarifiers, two sludge holding tanks/aerobic digesters, eight sludge drying beds, a sludge de-watering unit, and two chlorine contact chambers.

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

### AGUAS RESIDUALES DOMÉSTICAS

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

1. Introduzca el nombre del solicitante aquí. (2. Introduzca el número de cliente aquí (es decir, CN6 #####). ). 3. Elija del menú desplegable. 4. Introduzca el nombre de la instalación aquí. 5. Introduzca el número de entidad regulada aquí (es decir, RN1 #####). 6. Elija del menú desplegable. 7. Introduzca la descripción de la instalación aquí. La instalación 8. Elija del menú desplegable. ubicado 9. Introduzca la ubicación aquí. , en 10. Introduzca el nombre de la ciudad aquí , Condado de 11. Introduzca el nombre del condado aquí , Texas 12. Introduzca el código postal aquí . 13. Introduzca el resumen de la solicitud de solicitud aquí <<Para las aplicaciones de TLAP incluya la siguiente oración, de lo contrario, elimine:>> Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan 14. Liste todos los contaminantes esperados aquí. 15. Introduzca los tipos de aguas residuales descargadas aquí. 16. Elija del menú desplegable. tratado por 17. Introduzca una descripción del tratamiento de aguas residuales utilizado en la instalación aquí.

## DOMESTIC ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

### Section 1. Affected Landowner Information (Instructions Page 41)

- A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:
- ☐ 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 (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
  - ☐ The property boundaries of all landowners surrounding the effluent disposal site
  - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding 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 (for example, sludge surface disposal site or sludge monofill) is located
- B. ☐ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. Indicate by a check mark in which format the landowners list is submitted:
- ☐ USB Drive
  - ☐ Four sets of labels
- D. Provide the source of the landowners' names and mailing addresses: [Click here to enter text](#)
- E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
- ☐ Yes
  - ☐ No

If **yes**, provide the location and foreseeable impacts and effects this application has on the land(s):

[Click here to enter text](#)

## Section 2. Original Photographs (Instructions Page 44)

Provide original ground level photographs. Indicate with checkmarks that the following information is provided.

- ☐ 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

## Section 3. Buffer Zone Map (Instructions Page 44)

A. Buffer zone map. Provide a buffer zone map on 8.5 x 11-inch paper with all of the following information. The applicant's property line and the buffer zone line may be distinguished by using dashes or symbols and appropriate labels.

- The applicant's property boundary;
- The required buffer zone; and
- Each treatment unit; and
- The distance from each treatment unit to the property boundaries.

B. Buffer zone compliance method. Indicate how the buffer zone requirements will be met. Check all that apply.

- ☐ Ownership
- ☐ Restrictive easement
- ☐ Nuisance odor control
- ☐ Variance

C. Unsuitable site characteristics. Does the facility comply with the requirements regarding unsuitable site characteristic found in 30 TAC § 309.13(a) through (d)?

- ☐ Yes      ☐ No

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

### FOR AGENCIES REVIEWING DOMESTIC 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)

The SPIF must be completed as a separate document. The TCEQ will mail a copy of the SPIF to each agency as required by the TCEQ agreement with EPA. If any of the items are not completely addressed or further information is needed, you will be contacted to provide the information before the permit is issued. Each item must be completely addressed.

**Do not refer to a response of any item in the permit application form.** Each attachment must be provided with this form separately from the administrative report of the application. The application will not be declared administratively complete without this form being completed in its entirety including all attachments.

The following applies to all applications:

1. Permittee: City of Ganado

Permit No. WQ00 10010001EPA ID No. TX 0026026

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

900 Baker St., Ganado, Jackson County, Texas



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: Clinton Tegeler

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

Title: Mayor

Mailing Address: PO Box 264

City, State, Zip Code: Ganado, TX 77962

Phone No.: 361-771-2232 Ext.: Click here to enter text Fax No.: 361-771-3015

E-mail Address: ganadomayor@cityofganado.com

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

From the Wastewater Treatment Plant to Lake Texana Segment No. 1604 of the Lavaca River Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

N/A

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

N/A

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## ATTACHMENT 1

### INDIVIDUAL INFORMATION

---

#### **Section 1. Individual Information (Instructions Page 50)**

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., Miss): [Click here to enter text.](#)

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

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

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

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

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

Phone Number: [Click here to enter text.](#) Fax Number: [Click here to enter text.](#)

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

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

#### **For Commission Use Only:**

Customer Number:

Regulated Entity Number:

Permit Number:

## CHECKLIST OF COMMON DEFICIENCIES

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

Core Data Form (TCEQ Form No. 10400) <i>(Required for all applications types. Must be completed in its entirety and signed. Note: Form may be signed by applicant representative.)</i>	<input type="checkbox"/>	Yes
Correct and Current Industrial Wastewater Permit Application Forms <i>(TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)</i>	<input type="checkbox"/>	Yes
Water Quality Permit Payment Submittal Form (Page 19) <i>(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)</i>	<input type="checkbox"/>	Yes
7.5 Minute USGS Quadrangle Topographic Map Attached <i>(Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)</i>	<input type="checkbox"/>	Yes
Current/Non-Expired, Executed Lease Agreement or Easement Attached	<input type="checkbox"/> N/A <input type="checkbox"/>	Yes
Landowners Map <i>(See instructions for landowner requirements)</i>	<input type="checkbox"/> N/A <input type="checkbox"/>	Yes

### 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.

Landowners Cross Reference List <i>(See instructions for landowner requirements)</i>	<input type="checkbox"/> N/A <input type="checkbox"/>	Yes
Landowners Labels or USB Drive attached <i>(See instructions for landowner requirements)</i>	<input type="checkbox"/> N/A <input type="checkbox"/>	Yes
Original signature per 30 TAC § 305.44 – Blue Ink Preferred <i>(If signature page is not signed by an elected official or principle executive officer, a copy of signature authority/delegation letter must be attached)</i>	<input type="checkbox"/>	Yes



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
DOMESTIC WASTEWATER PERMIT APPLICATION

**DOMESTIC TECHNICAL REPORT 1.0**

**The Following Is Required For All Applications  
Renewal, New, And Amendment**

**Section 1. Permitted or Proposed Flows (Instructions Page 51)**

**A. Existing/Interim I Phase**

Design Flow (MGD): 0.35

2-Hr Peak Flow (MGD): 1.050

Estimated construction start date: [Click here to enter text.](#)

Estimated waste disposal start date: [Click here to enter text.](#)

**B. Interim II Phase**

Design Flow (MGD): [Click here to enter text.](#)

2-Hr Peak Flow (MGD): [Click here to enter text.](#)

Estimated construction start date: [Click here to enter text.](#)

Estimated waste disposal start date: [Click here to enter text.](#)

**C. Final Phase**

Design Flow (MGD): [Click here to enter text.](#)

2-Hr Peak Flow (MGD): [Click here to enter text.](#)

Estimated construction start date: [Click here to enter text.](#)

Estimated waste disposal start date: [Click here to enter text.](#)

**D. Current operating phase: Existing**

Provide the startup date of the facility: 02/15/1996

**Section 2. Treatment Process (Instructions Page 51)**

**A. Treatment process description**

Provide a detailed description of the treatment process. **Include the type of**

**treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and finish with the point of discharge. Include all sludge processing and drying units. **If more than one phase exists or is proposed in the permit, a description of *each phase* must be provided.** Process description:

**The City of Ganado's existing treatment plant process consists of primary screening prior to the flow splitting to two (2) parallel trains. Each train consists off an aeration basin with diffused air; secondary clarification (final settling); two stage aerobic digestion with airlift decant for thickening and chlorine contact chamber. Plant effluent is metered and recorded with an ultrasound flow meter. The air supply consists of separate sets of blowers for the aeration and digester requirements. A collection and dewatering unit will be used and then the remaining sludge will be transported to another permitted sludge treatment facility.**

Port or pipe diameter at the discharge point, in inches: 15

## **B. Treatment Units**

In Table 1.0(1), provide the treatment unit type, the number of units, and dimensions (length, width, depth) of each treatment unit, accounting for *all* phases of operation.

***Table 1.0(1) - Treatment Units***

<b>Treatment Unit Type</b>	<b>Number of Units</b>	<b>Dimensions (L x W x D)</b>
Aeration Basin	2	79.5'X28'X8.75'
Clarifier	2	47.5'X15.52'X8.75'
Sludge Holding	2	15.5'X31.5'X9.25'
Sludge Drying Bed	2	56.5'X18.5'X2.2'
Sludge Drying Bed	6	41'X18.5'X2.2'
Chlorine Contact Chamber (1 <sup>st</sup> )	1	38'X10'X8.3'
Chlorine Contact Chamber (2 <sup>nd</sup> )	1	20'X12'X4.5'

## **C. Process flow diagrams**

Provide flow diagrams for the existing facilities and **each** proposed phase of



construction.

**Attachment:** Exhibit E

### Section 3. Site Drawing (Instructions Page 52)

Provide a site drawing for the facility that shows the following:

- The boundaries of the treatment facility;
- The boundaries of the area served by the treatment facility;
- If land disposal of effluent, the boundaries of the disposal site and all storage/holding ponds; and
- If sludge disposal is authorized in the permit, the boundaries of the land application or disposal site.

**Attachment:** Exhibits A & B

Provide the name and a description of the area served by the treatment facility.

City of Ganado

### Section 4. Unbuilt Phases (Instructions Page 52)

Is the application for a renewal of a permit that contains an unbuilt phase or phases?

Yes ☐

No ☒

**If yes**, does the existing permit contain a phase that has not been constructed within five years of being authorized by the TCEQ?

Yes ☐

No ☐

**If yes**, provide a detailed discussion regarding the continued need for the unbuilt phase. Failure to provide sufficient justification may result in the Executive Director recommending denial of the unbuilt phase or phases.

N/A

### Section 5. Closure Plans (Instructions Page 53)

Have any treatment units been taken out of service permanently, or will any units be taken out of service in the next five years?

Yes ☐

No ☒

If yes, was a closure plan submitted to the TCEQ?

Yes ☐

No ☐

If yes, provide a brief description of the closure and the date of plan approval.

N/A

### Section 6. Permit Specific Requirements (Instructions Page 53)

For applicants with an existing permit, check the *Other Requirements* or *Special Provisions* of the permit.

#### A. Summary transmittal

Have plans and specifications been approved for the existing facilities and each proposed phase?

Yes ☒

No ☐

If yes, provide the date(s) of approval for each phase: 9/15/1994

Provide information, including dates, on any actions taken to meet a requirement or provision pertaining to the submission of a summary transmittal letter. Provide a copy of an approval letter from the TCEQ, if applicable.

N/A

**B. Buffer zones**

Have the buffer zone requirements been met?

Yes ☒

No ☐

Provide information below, including dates, on any actions taken to meet the conditions of the buffer zone. If available, provide any new documentation relevant to maintaining the buffer zones.

N/A

**C. Other actions required by the current permit**

Does the *Other Requirements* or *Special Provisions* section in the existing permit require submission of any other information or other required actions? Examples include Notification of Completion, progress reports, soil monitoring data, etc.

Yes ☐

No ☒

**If yes,** provide information below on the status of any actions taken to meet the conditions of an *Other Requirement* or *Special Provision*.

N/A

**D. Grit and grease treatment**

***1. Acceptance of grit and grease waste***

Does the facility have a grit and/or grease processing facility onsite that treats and decants or accepts transported loads of grit and grease waste that are discharged directly to the wastewater treatment plant prior to any treatment?

Yes ☐

No ☒

If No, stop here and continue with Subsection E. Stormwater Management.

## ***2. Grit and grease processing***

Describe below how the grit and grease waste is treated at the facility. In your description, include how and where the grit and grease is introduced to the treatment works and how it is separated or processed. Provide a flow diagram showing how grit and grease is processed at the facility.

[Click here to enter text.](#)

## ***3. Grit disposal***

Does the facility have a Municipal Solid Waste (MSW) registration or permit for grit disposal?

Yes ☐ No ☐

If No, contact the TCEQ Municipal Solid Waste team at 512-239-0000. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.

Describe the method of grit disposal.

[Click here to enter text.](#)

## ***4. Grease and decanted liquid disposal***

Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-0000.

Describe how the decant and grease are treated and disposed of after grit separation.

[Click here to enter text.](#)

## **E. Stormwater management**

### **1. Applicability**

Does the facility have a design flow of 1.0 MGD or greater in any phase?

Yes ☐ No ☒

Does the facility have an approved pretreatment program, under 40 CFR Part 403?

Yes ☐ No ☒

**If no to both of the above, then skip to Subsection F, Other Wastes Received.**

### **2. MSGP coverage**

Is the stormwater runoff from the WWTP and dedicated lands for sewage disposal currently permitted under the TPDES Multi-Sector General Permit (MSGP), TXR050000?

Yes ☐ No ☐

**If yes, please provide MSGP Authorization Number and skip to Subsection F, Other Wastes Received:**

TXR05  or TXRNE

**If no, do you intend to seek coverage under TXR050000?**

Yes ☐ No ☐

### **3. Conditional exclusion**

Alternatively, do you intend to apply for a conditional exclusion from permitting based TXR050000 (Multi Sector General Permit) Part II B.2 or TXR050000 (Multi Sector General Permit) Part V, Sector T 3(b)?

Yes ☐ No ☐

**If yes, please explain below then proceed to Subsection F, Other Wastes Received:**

### **4. Existing coverage in individual permit**

Is your stormwater discharge currently permitted through this individual TPDES or TLAP permit?

Yes ☐ No ☐

**If yes**, provide a description of stormwater runoff management practices at the site that are authorized in the wastewater permit then skip to Subsection F, Other Wastes Received.

[Click here to enter text](#)

### ***5. Zero stormwater discharge***

Do you intend to have no discharge of stormwater via use of evaporation or other means?

Yes ☐ No ☐

**If yes**, explain below then skip to Subsection F. Other Wastes Received.

[Click here to enter text](#)

Note: If there is a potential to discharge any stormwater to surface water in the state as the result of any storm event, then permit coverage is required under the MSGP or an individual discharge permit. This requirement applies to all areas of facilities with treatment plants or systems that treat, store, recycle, or reclaim domestic sewage, wastewater or sewage sludge (including dedicated lands for sewage sludge disposal located within the onsite property boundaries) that meet the applicability criteria of above. You have the option of obtaining coverage under the MSGP for direct discharges, (recommended), or obtaining coverage under this individual permit.

### ***6. Request for coverage in individual permit***

Are you requesting coverage of stormwater discharges associated with your treatment plant under this individual permit?

Yes ☐ No ☐

**If yes**, provide a description of stormwater runoff management practices at the site for which you are requesting authorization in this individual wastewater permit and describe whether you intend to comingle this discharge with your treated effluent or discharge it via a separate dedicated stormwater outfall. Please also indicate if you intend to divert stormwater to

the treatment plant headworks and indirectly discharge it to water in the state.

[Click here to enter text.](#)

Note: Direct stormwater discharges to waters in the state authorized through this individual permit will require the development and implementation of a stormwater pollution prevention plan (SWPPP) and will be subject to additional monitoring and reporting requirements. Indirect discharges of stormwater via headworks recycling will require compliance with all individual permit requirements including 2-hour peak flow limitations. All stormwater discharge authorization requests will require additional information during the technical review of your application.

#### **F. Discharges to the Lake Houston Watershed**

Does the facility discharge in the Lake Houston watershed?

Yes ☐ No ☒

If yes, a Sewage Sludge Solids Management Plan is required. See Example 5 in the instructions.

#### **G. Other wastes received including sludge from other WWTPs and septic waste**

##### ***1. Acceptance of sludge from other WWTPs***

Does the facility accept or will it accept sludge from other treatment plants at the facility site?

Yes ☐ No ☒

**If yes, attach sewage sludge solids management plan. See Example 5 of the instructions.**

In addition, provide the date that the plant started accepting sludge or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click here to enter text.

Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.

## ***2. Acceptance of septic waste***

Is the facility accepting or will it accept septic waste?

Yes ☐ No ☒

If yes, does the facility have a Type V processing unit?

Yes ☐ No ☐

If yes, does the unit have a Municipal Solid Waste permit?

Yes ☐ No ☐

If yes to any of the above, provide a the date that the plant started accepting septic waste, or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click here to enter text.

Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.

## ***3. Acceptance of other wastes (not including septic, grease, grit, or RCRA, CERCLA or as discharged by IUs listed in Worksheet 6)***

Is the facility accepting or will it accept wastes that are not domestic in nature excluding the categories listed above?

Yes ☐ No ☒

If yes, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or other physical characteristic of the waste. Also



note if this information has or has not changed since the last permit action.

[Click here to enter text](#)

## Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 58)

Is the facility in operation?

Yes ☒ No ☐

If **no**, this section is not applicable. Proceed to Section 8.

If **yes**, provide effluent analysis data for the listed pollutants. **Wastewater treatment facilities** complete Table 1.0(2). **Water treatment facilities** discharging filter backwash water, complete Table 1.0(3).

Note: The sample date must be within 1 year of application submission.

**Table 1.0(2) - Pollutant Analysis for Wastewater Treatment Facilities**

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	2.23	2.23	1	Grab	4/11/2024 10:00AM
Total Suspended Solids, mg/l	14.0	14.0	1	Grab	4/11/2024 10:00AM
Ammonia Nitrogen, mg/l	7.77	7.77	1	Grab	4/11/2024 10:00AM
Nitrate Nitrogen, mg/l	0.822	0.822	1	Grab	4/11/2024 10:00AM
Total Kjeldahl Nitrogen, mg/l	9.78	9.78	1	Grab	4/11/2024 10:00AM
Sulfate, mg/l	24.2	24.2	1	Grab	4/11/2024 10:00AM
Chloride, mg/l	80.1	80.1	1	Grab	4/11/2024 10:00AM
Total Phosphorus, mg/l	0.0338	0.0338	1	Grab	4/11/2024 10:00AM
pH, standard units	8.40	8.40	1	Grab	4/11/2024 10:00AM
Dissolved Oxygen*, mg/l	2.23	2.23	1	Grab	4/11/2024 10:00AM
Chlorine Residual, mg/l	1.80	1.80	1	Grab	4/11/2024 10:00AM
<i>E.coli</i> (CFU/100ml) freshwater	<1	<1	1	Grab	4/11/2024 10:00AM

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l	375	375	1	Grab	4/11/2024 10:00AM
Electrical Conductivity, µmohs/cm, †	712	712	1	Grab	4/11/2024 10:00AM
Oil & Grease, mg/l	<0.380	<0.380	1	Grab	4/11/2024 10:00AM
Alkalinity (CaCO <sub>3</sub> )*, mg/l					

\*TPDES permits only

†TLAP permits only

**Table 1.0(3) - Pollutant Analysis for Water Treatment Facilities**

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO <sub>3</sub> ), mg/l					

## Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: Lewis Dodson

Facility Operator's License Classification and Level: Wastewater Treatment Operator C

Facility Operator's License Number: WW0026632

## Section 9. Sewage Sludge Management and Disposal (Instructions

**A. Sludge disposal method**

Identify the current or anticipated sludge disposal method or methods from the following list. Check all that apply.

- ☐ Permitted landfill
- ☐ Permitted or Registered land application site for beneficial use
- ☐ Land application for beneficial use authorized in the wastewater permit
- ☐ Permitted sludge processing facility
- ☐ Marketing and distribution as authorized in the wastewater permit
- ☐ Composting as authorized in the wastewater permit
- ☐ Permitted surface disposal site (sludge monofill)
- ☐ Surface disposal site (sludge monofill) authorized in the wastewater permit
- ☒ Transported to another permitted wastewater treatment plant or permitted sludge processing facility. If you selected this method, a written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.
- ☐ Other: [Click here to enter text.](#)

**B. Sludge disposal site**

Disposal site name: Aqua-Zyme

TCEQ permit or registration number: Permit MSW-2318

County where disposal site is located: Matagorda

**C. Sludge transportation method**

Method of transportation (truck, train, pipe, other): Truck

Name of the hauler: Aqua-Zyme

Hauler registration number: SlgTr21480

Sludge is transported as a:

Liquid ☐

semi-liquid ☐

semi-solid ☒

solid ☐

## Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

### A. Beneficial use authorization

Does the existing permit include authorization for land application of sewage sludge for beneficial use?

Yes ☐ No ☒

If yes, are you requesting to continue this authorization to land apply sewage sludge for beneficial use?

Yes ☐ No ☐

If yes, is the completed **Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)** attached to this permit application (see the instructions for details)?

Yes ☐ No ☐

### B. Sludge processing authorization

Does the existing permit include authorization for any of the following sludge processing, storage or disposal options?

Sludge Composting Yes ☐ No ☒

Marketing and Distribution of sludge Yes ☐ No ☒

Sludge Surface Disposal or Sludge Monofill Yes ☐ No ☒

Temporary storage in sludge lagoons Yes ☐ No ☒

If yes to any of the above sludge options and the applicant is requesting to continue this authorization, is the completed **Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056)** attached to this permit application?

Yes ☐ No ☐

## Section 11. Sewage Sludge Lagoons (Instructions Page 61)

Does this facility include sewage sludge lagoons?

Yes ☐ No ☒

If yes, complete the remainder of this section. If no, proceed to Section 12.

### A. Location information

The following maps are required to be submitted as part of the application. For each map, provide the Attachment Number.

- Original General Highway (County) Map:

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

- USDA Natural Resources Conservation Service Soil Map:

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

- Federal Emergency Management Map:

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

- Site map:

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

Discuss in a description if any of the following exist within the lagoon area.

Check all that apply.

- ☐ Overlap a designated 100-year frequency flood plain
- ☐ Soils with flooding classification
- ☐ Overlap an unstable area
- ☐ Wetlands
- ☐ Located less than 60 meters from a fault
- ☐ None of the above

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

If a portion of the lagoon(s) is located within the 100-year frequency flood plain, provide the protective measures to be utilized including type and size of protective structures:

[Click here to enter text.](#)

### B. Temporary storage information

Provide the results for the pollutant screening of sludge lagoons. These results are in addition to pollutant screening results in Section 7 of Technical Report 1.0.

Nitrate Nitrogen, mg/kg: [Click here to enter text.](#)

Total Kjeldahl Nitrogen, mg/kg: [Click here to enter text.](#)

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: [Click here to enter text.](#)

Phosphorus, mg/kg: [Click here to enter text.](#)

Potassium, mg/kg: [Click here to enter text.](#)

pH, standard units: [Click here to enter text.](#)

Ammonia Nitrogen mg/kg: [Click here to enter text.](#)

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

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

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

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

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

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

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

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

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

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

Total PCBs: [Click here to enter text.](#)

Provide the following information:

Volume and frequency of sludge to the lagoon(s): [Click here to enter text.](#)

Total dry tons stored in the lagoons(s) per 365-day period: [Click here to enter text.](#)

Total dry tons stored in the lagoons(s) over the life of the unit: [Click here to enter text.](#)

### **C. Liner information**

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of  $1 \times 10^{-7}$  cm/sec?

Yes ☐ No ☐

If yes, describe the liner below. Please note that a liner is required.

Click here to enter text.

#### **D. Site development plan**

Provide a detailed description of the methods used to deposit sludge in the lagoon(s):

Click here to enter text.

Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)

**Attachment:** Click here to enter text.

- Copy of the closure plan

**Attachment:** Click here to enter text.

- Copy of deed recordation for the site

**Attachment:** Click here to enter text.

- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

**Attachment:** Click here to enter text.

- Description of the method of controlling infiltration of groundwater and surface water from entering the site

**Attachment:** Click here to enter text.

- Procedures to prevent the occurrence of nuisance conditions

**Attachment:** Click here to enter text.

#### **E. Groundwater monitoring**

Is groundwater monitoring currently conducted at this site, or are any wells available for groundwater monitoring, or are groundwater monitoring data otherwise available for the sludge lagoon(s)?

Yes ☐ No ☐

If groundwater monitoring data are available, provide a copy. Provide a profile of soil types encountered down to the groundwater table and the depth to the shallowest groundwater as a separate attachment.

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

## Section 12. Authorizations/Compliance/Enforcement (Instructions Page 63)

### A. Additional authorizations

Does the permittee have additional authorizations for this facility, such as reuse authorization, sludge permit, etc?

Yes ☐ No ☒

If yes, provide the TCEQ authorization number and description of the authorization:

[Click here to enter text.](#)

### B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

Yes ☐ No ☒

Is the permittee required to meet an implementation schedule for compliance or enforcement?

Yes ☐ No ☒

If yes to either question, provide a brief summary of the enforcement, the implementation schedule, and the current status:

[Click here to enter text.](#)

## Section 13. RCRA/CERCLA Wastes (Instructions Page 63)

### A. RCRA hazardous wastes

Has the facility received in the past three years, does it currently receive, or will it receive RCRA hazardous waste?

Yes ☐ No ☒

### B. Remediation activity wastewater

Has the facility received in the past three years, does it currently receive, or will



it receive CERCLA wastewater, RCRA remediation/corrective action wastewater or other remediation activity wastewater?

Yes ☐ No ☒

**C. Details about wastes received**

If **yes** to either Subsection A or B above, provide detailed information concerning these wastes with the application.

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

## Section 14. Laboratory Accreditation (Instructions Page 64)

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: John D. Mercer

Title: Professional Engineer

Signature:   
Date: 6/28/2024

# DOMESTIC TECHNICAL REPORT 1.1

The following is required for new and amendment applications

## Section 1. Justification for Permit (Instructions Page 66)

### A. Justification of permit need

Provide a detailed discussion regarding the need for any phase(s) not currently permitted. Failure to provide sufficient justification may result in the Executive Director recommending denial of the proposed phase(s) or permit.

[Click here to enter text.](#)

### B. Regionalization of facilities

Provide the following information concerning the potential for regionalization of domestic wastewater treatment facilities:

#### 1. *Municipally incorporated areas*

If the applicant is a city, then Item 1 is not applicable. Proceed to Item 2 Utility CCN areas.

Is any portion of the proposed service area located in an incorporated city?

Yes ☐

No ☐

Not Applicable ☐

If yes, within the city limits of: [Click here to enter text.](#)

If yes, attach correspondence from the city.

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

If consent to provide service is available from the city, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the city versus the cost of the proposed facility or expansion attached.

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

#### 2. *Utility CCN areas*

Is any portion of the proposed service area located inside another utility's CCN area?

Yes ☐ No ☐

**If yes**, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the CCN facilities versus the cost of the proposed facility or expansion.

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

### ***3. Nearby WWTPs or collection systems***

Are there any domestic permitted wastewater treatment facilities or collection systems located within a three-mile radius of the proposed facility?

Yes ☐ No ☐

**If yes**, attach a list of these facilities that includes the permittee's name and permit number, and an area map showing the location of these facilities.

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

**If yes**, attach copies of your certified letters to these facilities **and** their response letters concerning connection with their system.

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

Does a permitted domestic wastewater treatment facility or a collection system located within three (3) miles of the proposed facility currently have the capacity to accept or is willing to expand to accept the volume of wastewater proposed in this application?

Yes ☐ No ☐

**If yes**, attach an analysis of expenditures required to connect to a permitted wastewater treatment facility or collection system located within 3 miles versus the cost of the proposed facility or expansion.

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

## **Section 2. Organic Loading (Instructions Page 67)**

Is this facility in operation?

Yes ☐ No ☐

**If no**, proceed to Item B, Proposed Organic Loading.

If yes, provide organic loading information in Item A, Current Organic Loading

**A. Current organic loading**

Facility Design Flow (flow being requested in application): [Click here to enter text.](#)

Average Influent Organic Strength or BOD<sub>5</sub> Concentration in mg/l: [Click here to enter text.](#)

Average Influent Loading (lbs/day = total average flow X average BOD<sub>5</sub> conc. X 8.34): [Click here to enter text.](#)

Provide the source of the average organic strength or BOD<sub>5</sub> concentration.

[Click here to enter text.](#)

**B. Proposed organic loading**

This table must be completed if this application is for a facility that is not in operation or if this application is to request an increased flow that will impact organic loading.

***Table 1.1(1) - Design Organic Loading***

Source	Total Average Flow (MGD)	Influent BOD <sub>5</sub> Concentration (mg/l)
Municipality		
Subdivision		
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria,		

Source	Total Average Flow (MGD)	Influent BOD <sub>5</sub> Concentration (mg/l)
no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD <sub>5</sub> from all sources		

### Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 68)

#### A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [Click here to enter text.](#)

Total Suspended Solids, mg/l: [Click here to enter text.](#)

Ammonia Nitrogen, mg/l: [Click here to enter text.](#)

Total Phosphorus, mg/l: [Click here to enter text.](#)

Dissolved Oxygen, mg/l: [Click here to enter text.](#)

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

### **B. Interim II Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l: [Click here to enter text.](#)

Total Suspended Solids, mg/l: [Click here to enter text.](#)

Ammonia Nitrogen, mg/l: [Click here to enter text.](#)

Total Phosphorus, mg/l: [Click here to enter text.](#)

Dissolved Oxygen, mg/l: [Click here to enter text.](#)

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

### **C. Final Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l: [Click here to enter text.](#)

Total Suspended Solids, mg/l: [Click here to enter text.](#)

Ammonia Nitrogen, mg/l: [Click here to enter text.](#)

Total Phosphorus, mg/l: [Click here to enter text.](#)

Dissolved Oxygen, mg/l: [Click here to enter text.](#)

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

### **D. Disinfection Method**

Identify the proposed method of disinfection.

☐ Chlorine: [Click here to enter text.](#) mg/l after [Click here to enter text.](#) minutes detention time at peak flow

Dechlorination process: [Click here to enter text.](#)

☐ Ultraviolet Light: [Click here to enter text.](#) seconds contact time at peak flow

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

## **Section 4. Design Calculations (Instructions Page 68)**

Attach design calculations and plant features for each proposed phase. Example 4 of the instructions includes sample design calculations and plant features.

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

## Section 5. Facility Site (Instructions Page 68)

### A. 100-year floodplain

Will the proposed facilities be located above the 100-year frequency flood level?

Yes ☐ No ☐

If **no**, describe measures used to protect the facility during a flood event. Include a site map showing the location of the treatment plant within the 100-year frequency flood level. If applicable, provide the size and types of protective structures.

[Click here to enter text.](#)

Provide the source(s) used to determine 100-year frequency flood plain.

[Click here to enter text.](#)

For a new or expansion of a facility, will a wetland or part of a wetland be filled?

Yes ☐ No ☐

If **yes**, has the applicant applied for a US Corps of Engineers 404 Dredge and Fill Permit?

Yes ☐ No ☐

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

If **no**, provide the approximate date you anticipate submitting your application to the Corps: [Click here to enter text.](#)

### B. Wind rose

Attach a wind rose. **Attachment:** [Click here to enter text.](#)

## Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 69)

### A. Beneficial use authorization

Are you requesting to include authorization to land apply sewage sludge for beneficial use on property located adjacent to the wastewater treatment facility under the wastewater permit?



Yes ☐ No ☐

**If yes, attach the completed Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)**

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

## **B. Sludge processing authorization**

Identify the sludge processing, storage or disposal options that will be conducted at the wastewater treatment facility:

- ☐ Sludge Composting
- ☐ Marketing and Distribution of sludge
- ☐ Sludge Surface Disposal or Sludge Monofill

**If any of the above** sludge options are selected, attach a completed DOMESTIC WASTEWATER PERMIT APPLICATION: SEWAGE SLUDGE TECHNICAL REPORT (TCEQ Form No. 10056).

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

## **Section 7. Sewage Sludge Solids Management Plan (Instructions Page 69)**

Attach a solids management plan to the application.

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

The sewage sludge solids management plan must contain the following information:

- Treatment units and processes dimensions and capacities
- Solids generated at 100, 75, 50, and 25 percent of design flow
- Mixed liquor suspended solids operating range at design and projected actual flow
- Quantity of solids to be removed and a schedule for solids removal
- Identification and ownership of the ultimate sludge disposal site
- For facultative lagoons, design life calculations, monitoring well locations and depths, and the ultimate disposal method for the sludge from the facultative lagoon

An example of a sewage sludge solids management plan has been included as Example 5 of the instructions.

# DOMESTIC TECHNICAL REPORT WORKSHEET 2.0

## RECEIVING WATERS

The following is required for all TPDES permit applications

### Section 1. Domestic Drinking Water Supply (Instructions Page 73)

Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?

Yes ☐ No ☒

If yes, provide the following:

Owner of the drinking water supply: [Click here to enter text](#)

Distance and direction to the intake: [Click here to enter text](#)

Attach a USGS map that identifies the location of the intake.

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

### Section 2. Discharge into Tidally Affected Waters (Instructions Page 73)

Does the facility discharge into tidally affected waters?

Yes ☐ No ☒

If yes, complete the remainder of this section. If no, proceed to Section 3.

#### A. Receiving water outfall

Width of the receiving water at the outfall, in feet: [Click here to enter text](#)

#### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes ☐ No ☐

If yes, provide the distance and direction from outfall(s).

[Click here to enter text](#)

### C. Sea grasses

Are there any sea grasses within the vicinity of the point of discharge?

Yes ☐ No ☐

If yes, provide the distance and direction from the outfall(s).

[Click here to enter text](#)

## Section 3. Classified Segments (Instructions Page 73)

Is the discharge directly into (or within 300 feet of) a classified segment?

Yes ☒ No ☐

If yes, this Worksheet is complete.

If no, complete Sections 4 and 5 of this Worksheet.

## Section 4. Description of Immediate Receiving Waters (Instructions Page 75)

Name of the immediate receiving waters: [Click here to enter text](#)

### A. Receiving water type

Identify the appropriate description of the receiving waters.

- ☐ Stream
- ☐ Freshwater Swamp or Marsh
- ☐ Lake or Pond

Surface area, in acres: [Click here to enter text](#)

Average depth of the entire water body, in feet: [Click here to enter text](#)

Average depth of water body within a 500-foot radius of discharge point, in feet: [Click here to enter text](#)

- ☐ Man-made Channel or Ditch

- ☐ Open Bay
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Other, specify: [Click here to enter text.](#)

### **B. Flow characteristics**

If a stream, man-made channel or ditch was checked above, provide the following. For existing discharges, check one of the following that best characterizes the area *upstream* of the discharge. For new discharges, characterize the area *downstream* of the discharge (check one).

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

Check the method used to characterize the area upstream (or downstream for new dischargers).

- ☐ USGS flow records
- ☐ Historical observation by adjacent landowners
- ☐ Personal observation
- ☐ Other, specify: [Click here to enter text.](#)

### **C. Downstream perennial confluences**

List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point.

[Click here to enter text.](#)

### **D. Downstream characteristics**

Do 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, discuss how.

Click here to enter text

### E. Normal dry weather characteristics

Provide general observations of the water body during normal dry weather conditions.

Click here to enter text

Date and time of observation: Click here to enter text

Was the water body influenced by stormwater runoff during observations?

Yes ☐

No ☐

## Section 5. General Characteristics of the Waterbody (Instructions Page 74)

### A. Upstream influences

Is the immediate receiving water upstream of the discharge or proposed discharge site influenced by any of the following? Check all that apply.

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☐ Agricultural runoff

☐ Septic tanks

☐ Other(s), specify Click here to enter

text

### B. Waterbody uses

Observed or evidences of the following uses. Check all that apply.

☐ Livestock watering

☐ Contact recreation

☐ Irrigation withdrawal

☐ Non-contact recreation

☐ Fishing

☐ Navigation

☐ Domestic water supply

☐ Industrial water supply

☐ Park activities

☐ Other(s), specify [click here to enter](#)

### C. Waterbody aesthetics

Check one of the following that best describes the aesthetics of the receiving water and the surrounding area.

☐ Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional

☐ Natural Area: trees and/or native vegetation; 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

# DOMESTIC WORKSHEET 2.1

## STREAM PHYSICAL CHARACTERISTICS

**Required for new applications, major facilities, and applications adding an outfall**

Worksheet 2.1 is not required for discharges to intermittent streams or discharges directly to (or within 300 feet of) a classified segment.

### Section 1. General Information (Instructions Page 75)

Date of study: [Click here to enter text.](#) Time of study: [Click here to enter text.](#)

Stream name: [Click here to enter text.](#)

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

Type of stream upstream of existing discharge or downstream of proposed discharge (check one).

☐

Perennial

☐

Intermittent with perennial pools

### Section 2. Data Collection (Instructions Page 75)

Number of stream bends that are well defined: [Click here to enter text.](#)

Number of stream bends that are moderately defined: [Click here to enter text.](#)

Number of stream bends that are poorly defined: [Click here to enter text.](#)

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

Evidence of flow fluctuations (check one):

☐

Minor

☐

moderate

☐

severe

Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification.

[Click here to enter text.](#)

### Stream transects

In the table below, provide the following information for each transect downstream of the existing or proposed discharges. Use a separate row for each transect.

**Table 2.1(1) - Stream Transect Records**

<b>Stream type at transect</b> Select riffle, run, glide, or pool. See Instructions, Definitions section.	<b>Transect location</b>	<b>Water surface width (ft)</b>	<b>Stream depths (ft)</b> at 4 to 10 points along each transect from the channel bed to the water surface. Separate the measurements with commas.
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			
Choose an item.			

### **Section 3. Summarize Measurements (Instructions Page 76)**

Streambed slope of entire reach, from USGS map in feet/feet: [Click here to](#)



enter text

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

Length of stream evaluated, in feet: [Click here to enter text.](#)

Number of lateral transects made: [Click here to enter text.](#)

Average stream width, in feet: [Click here to enter text.](#)

Average stream depth, in feet: [Click here to enter text.](#)

Average stream velocity, in feet/second: [Click here to enter text.](#)

Instantaneous stream flow, in cubic feet/second: [Click here to enter text.](#)

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): [Click here to enter text.](#)

Size of pools (large, small, moderate, none): [Click here to enter text.](#)

Maximum pool depth, in feet: [Click here to enter text.](#)

## DOMESTIC WORKSHEET 3.0

### LAND DISPOSAL OF EFFLUENT

The following is required for all permit applications

Renewal, New, and Amendments

#### Section 1. Type of Disposal System (Instructions Page 77)

Identify the method of land disposal:

- |  |  |
|--|--|
| <input type="checkbox"/> Surface application         | <input type="checkbox"/> Subsurface application                |
| <input type="checkbox"/> Irrigation                  | <input type="checkbox"/> Subsurface soils absorption           |
| <input type="checkbox"/> Drip irrigation system      | <input type="checkbox"/> Subsurface area drip dispersal system |
| <input type="checkbox"/> Evaporation                 |  |
| <input type="checkbox"/> Evapotranspiration beds     |  |
| <input type="checkbox"/> Other (describe in detail): | <input type="text" value="Click here to enter text"/>          |

**NOTE: All applicants without authorization or proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0.**

For existing authorizations, provide Registration Number:

#### Section 2. Land Application Site(s) (Instructions Page 77)

In table 3.0(1), provide the requested information for the land application sites. Include the agricultural or cover crop type (wheat, cotton, alfalfa, bermuda grass, native grasses, etc.), land use (golf course, hayland, pastureland, park, row crop, etc.), irrigation area, amount of effluent applied, and whether or not the public has access to the area. Specify the amount of land area and the amount of effluent that will be allotted to each agricultural or cover crop, if more than one crop will be used.

*Table 3.0(1) – Land Application Site Crops*

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N

### Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 77)

*Table 3.0(2) - Storage and Evaporation Ponds*

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type

Attach a copy of a liner certification that was prepared, signed, and sealed by a Texas licensed professional engineer for each pond.

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

### Section 4. Flood and Runoff Protection (Instructions Page 77)

Is the land application site within the 100-year frequency flood level?

Yes ☐ No ☐

If yes, describe how the site will be protected from inundation.

Provide the source used to determine the 100-year frequency flood level:

[Click here to enter text.](#)

Provide a description of tailwater controls and rainfall run-on controls used for the land application site.

[Click here to enter text.](#)

### Section 5. Annual Cropping Plan (Instructions Page 77)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why.

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

- Soils map with crops
- Cool and warm season plant species
- Crop yield goals
- Crop growing season
- Crop nutrient requirements
- Additional fertilizer requirements
- Minimum/maximum harvest height (for grass crops)
- Supplemental watering requirements
- Crop salt tolerances
- Harvesting method/number of harvests
- Justification for not removing existing vegetation to be irrigated

### Section 6. Well and Map Information (Instructions Page 78)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation (on a separate page) indicating why.

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

- The boundaries of the land application site(s)
- Waste disposal or treatment facility site(s)

- On-site buildings
- Buffer zones
- Effluent storage and tailwater control facilities
- All water wells within 1 mile of the disposal site or property boundaries
- All springs and seeps onsite and within 500 feet of the property boundaries
- All surface waters in the state onsite and within 500 feet of the property boundaries
- All faults and sinkholes onsite and within 500 feet of the property

List and cross reference all water wells shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

**Table 3.0(3) – Water Well Data**

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	

If water quality data or well log information is available please include the information in an attachment listed by Well ID.

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

## **Section 7. Groundwater Quality (Instructions Page 79)**

Attach a Groundwater Quality Technical Report which assesses the impact of the wastewater disposal system on groundwater. This report shall include an evaluation of the water wells (including the information in the well table provided in Item 6. above), the wastewater application rate, and pond liners.

Indicate by a check mark that this report is provided.

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

Are groundwater monitoring wells available onsite? Yes ☐ No ☐

Do you plan to install ground water monitoring wells or lysimeters around the land application site? Yes ☐ No ☐

If yes, then provide the proposed location of the monitoring wells or lysimeters on a site map.

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

## Section 8. Soil Map and Soil Analyses (Instructions Page 79)

### A. Soil map

Attach a USDA Soil Survey map that shows the area to be used for effluent disposal.

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

### B. Soil analyses

Attach the laboratory results sheets from the soil analyses. **Note:** for renewal applications, the current annual soil analyses required by the permit are acceptable as long as the test date is less than one year prior to the submission of the application.

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

List all USDA designated soil series on the proposed land application site. Attach additional pages as necessary.

**Table 3.0(4) - Soil Data**

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

### Section 9. Effluent Monitoring Data (Instructions Page 80)

Is the facility in operation?

Yes ☐ No ☐

If **no**, this section is not applicable and the worksheet is complete.

If **yes**, provide the effluent monitoring data for the parameters regulated in the existing permit. If a parameter is not regulated in the existing permit, enter N/A.

**Table 3.0(5) - Effluent Monitoring Data**

Date	30 Day Avg Flow MGD	BOD <sub>5</sub> mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated

<b>Date</b>	<b>30 Day Avg Flow MGD</b>	<b>BOD<sub>5</sub> mg/l</b>	<b>TSS mg/l</b>	<b>pH</b>	<b>Chlorine Residual mg/l</b>	<b>Acres irrigated</b>

Provide a discussion of all persistent excursions above the permitted limits and any corrective actions taken.

Click here to enter text.



## DOMESTIC WORKSHEET 3.1

### SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment applications.

Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

#### Section 1. Surface Disposal (Instructions Page 81)

Complete the item that applies for the method of disposal being used.

##### A. Irrigation

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

Design application frequency:

hours/day [Click here to enter text.](#) And days/week [Click here to enter text.](#)

Land grade (slope):

average percent (%): [Click here to enter text.](#)

maximum percent (%): [Click here to enter text.](#)

Design application rate in acre-feet/acre/year: [Click here to enter text.](#)

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

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

Method of application: [Click here to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations, method of application, irrigation efficiency, and nitrogen balance.

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

##### B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: [Click here to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations.

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

### **C. Evapotranspiration beds**

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

Area of bed(s), in acres: [Click here to enter text.](#)

Depth of bed(s), in feet: [Click here to enter text.](#)

Void ratio of soil in the beds: [Click here to enter text.](#)

Storage volume within the beds, in acre-feet: [Click here to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations, and a description of the lining.

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

### **D. Overland flow**

Area used for application, in acres: [Click here to enter text.](#)

Slopes for application area, percent (%): [Click here to enter text.](#)

Design application rate, in gpm/foot of slope width: [Click here to enter text.](#)

Slope length, in feet: [Click here to enter text.](#)

Design BOD<sub>5</sub> loading rate, in lbs BOD<sub>5</sub>/acre/day: [Click here to enter text.](#)

Design application frequency:

hours/day: [Click here to enter text.](#) And days/week: [Click here to enter text.](#)

Attach a separate engineering report with the method of application and design requirements according to *30 TAC Chapter 217*.

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

## **Section 2. Edwards Aquifer (Instructions Page 82)**

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

Yes ☐ No ☐

**If yes, attach a report concerning the recharge zone.**

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

## DOMESTIC WORKSHEET 3.2

### SUBSURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment applications. Renewal and minor amendments may require the worksheet on a case by case basis.

**NOTE: All applicants proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that does not meet the definition of a subsurface area drip dispersal system as defined in 30 TAC Chapter 222, *Subsurface Area Drip Dispersal System*.**

#### Section 1. Subsurface Application (Instructions Page 83)

Identify the type of system:

- ☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- ☐ Low Pressure Dosing
- ☐ Other, specify: [Click here to enter text.](#)

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

Area of drainfield, in square feet: [Click here to enter text.](#)

Application rate, in gal/square foot/day: [Click here to enter text.](#)

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

Area of trench, in square feet: [Click here to enter text.](#)

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

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

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

Infiltration rate, in inches/hour: [Click here to enter text.](#)

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

Area of bed(s), in square feet: [Click here to enter text.](#)

Soil Classification: [Click here to enter text.](#)

Attach a separate engineering report with the information required in 30 TAC § 309.20, excluding the requirements of § 309.20 b(3)(A) and (B) design analysis which may be asked for on a case by case basis. Include a description of the schedule of dosing basin rotation.

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

## Section 2. Edwards Aquifer (Instructions Page 83)

Is the subsurface system located on the Edwards Aquifer Recharge Zone as mapped by the TCEQ?

Yes ☐ No ☐

Is the subsurface system located on the Edwards Aquifer Transition Zone as mapped by the TCEQ?

Yes ☐ No ☐

**If yes to either question**, the subsurface system may be prohibited by 30 TAC §213.8. Please call the Municipal Permits Team, at 512-239-4671, to schedule a pre-application meeting.

## DOMESTIC WORKSHEET 3.3

### SUBSURFACE AREA DRIP DISPERSAL SYSTEM (SADDS) LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment subsurface area drip dispersal system applications. Renewal and minor amendments may require the worksheet on a case by case basis.

**NOTE: All applicants proposing new or amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that meets the definition of a subsurface area drip dispersal system as defined in 30 TAC Chapter 222, *Subsurface Area Drip Dispersal System*.**

#### Section 1. Administrative Information (Instructions Page 84)

- 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 here to enter text.](#)

- B. Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

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 treatment facility is located.

[Click here to enter text.](#)

- C. Owner of the subsurface area drip dispersal system:

[Click here to enter text.](#)

- D. Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

Yes ☐ No ☐

If **no**, identify the names of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.C.

[Click here to enter text.](#)

- E. Owner of the land where the subsurface area drip dispersal system is located:

[Click here to enter text.](#)

- F. Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

Yes ☐ No ☐

If **no**, identify the name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.E.

[Click here to enter text.](#)

## Section 2. Subsurface Area Drip Dispersal System (Instructions Page 84)

### A. Type of system

- ☐ Subsurface Drip Irrigation
- ☐ Surface Drip Irrigation
- ☐ Other, specify: [Click here to enter text.](#)

### B. Irrigation operations

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

Infiltration Rate, in inches/hour: [Click here to enter text.](#)

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

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

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

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

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

### C. Application rate

Is the facility located **west** of the boundary shown in 30 TAC § 222.83 and also using a vegetative cover of non-native grasses over seeded with cool

season grasses during the winter months (October-March)?

Yes ☐ No ☐

If **yes**, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.

Is the facility located **east** of the boundary shown in 30 TAC § 222.83 or in any part of the state when the vegetative cover is 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.

Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director?

Yes ☐ No ☐

Hydraulic application rate, in gal/square foot/day: [Click here to enter text.](#)

Nitrogen application rate, in lbs/gal/day: [Click here to enter text.](#)

#### **D. Dosing information**

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

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

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

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

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

Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?

Yes ☐ No ☐

If **yes**, provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a pre-application meeting.

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



### Section 3. Required Plans (Instructions Page 84)

#### A. Recharge feature plan

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

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

#### B. Soil evaluation

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

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

#### C. Site preparation plan

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

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

#### D. Soil sampling/testing

Attach soil sampling and testing that includes all information required in *30 TAC §222.157*.

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

### Section 4. Floodway Designation (Instructions Page 85)

#### A. Site location

Is the existing/proposed land application site within a designated floodway?

Yes ☐

No ☐

#### B. Flood map

Attach either the FEMA flood map or alternate information used to determine the floodway.

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

### Section 5. Surface Waters in the State (Instructions Page 85)

#### A. Buffer Map

Attach a map showing appropriate buffers on surface waters in the state, water wells, and springs/seeps.

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

**B. Buffer variance request**

Do you plan to request a buffer variance from water wells or waters in the state?

Yes ☐ No ☐

**If yes**, then attach the additional information required in *30 TAC § 222.81(c)*.

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

**Section 6. Edwards Aquifer (Instructions Page 85)**

**A.** Is the SADDs located on the Edwards Aquifer Recharge Zone as mapped by the TCEQ?

Yes ☐ No ☐

**B.** Is the SADDs located on the Edwards Aquifer Transition Zone as mapped by the TCEQ?

Yes ☐ No ☐

**If yes to either question**, then the SADDs may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team at 512-239-4671 to schedule a pre-application meeting.

## DOMESTIC WORKSHEET 4.0

### POLLUTANT ANALYSES REQUIREMENTS\*

The following is required for facilities with a permitted or proposed flow of 1.0 MGD or greater, facilities with an approved pretreatment program, or facilities classified as a major facility. See instructions for further details.

This worksheet is not required for minor amendments without renewal

#### Section 1. Toxic Pollutants (Instructions Page 87)

For pollutants identified in Table 4.0(1), indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click here to enter text](#)

*Table 4.0(1) - Toxics Analysis*

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile				50
Aldrin				0.01
Aluminum				2.5
Anthracene				10
Antimony				5
Arsenic				0.5
Barium				3
Benzene				10
Benzidine				50
Benzo(a)anthracene				5

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Benzo(a)pyrene				5
Bis(2-chloroethyl)ether				10
Bis(2-ethylhexyl)phthalate				10
Bromodichloromethane				10
Bromoform				10
Cadmium				1
Carbon Tetrachloride				2
Carbaryl				5
Chlordane*				0.2
Chlorobenzene				10
Chlorodibromomethane				10
Chloroform				10
Chlorpyrifos				0.05
Chromium (Total)				3
Chromium (Tri) (*1)				N/A
Chromium (Hex)				3
Copper				2
Chrysene				5
p-Chloro-m-Cresol				10
4,6-Dinitro-o-Cresol				50
p-Cresol				10

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Cyanide (*2)				10
4,4'- DDD				0.1
4,4'- DDE				0.1
4,4'- DDT				0.02
2,4-D				0.7
Demeton (O and S)				0.20
Diazinon				0.5/0.1
1,2-Dibromoethane				10
m-Dichlorobenzene				10
o-Dichlorobenzene				10
p-Dichlorobenzene				10
3,3'-Dichlorobenzidine				5
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
Dichloromethane				20
1,2-Dichloropropane				10
1,3-Dichloropropene				10
Dicofol				1
Dieldrin				0.02
2,4-Dimethylphenol				10
Di-n-Butyl Phthalate				10

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Diuron				0.09
Endosulfan I (alpha)				0.01
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Ethylbenzene				10
Fluoride				500
Guthion				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclohexane (alpha)				0.05
Hexachlorocyclohexane (beta)				0.05
gamma-Hexachlorocyclohexane (Lindane)				0.05
Hexachlorocyclopentadiene				10
Hexachloroethane				20
Hexachlorophene				10
Lead				0.5
Malathion				0.1

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Mercury				0.005
Methoxychlor				2
Methyl Ethyl Ketone				50
Mirex				0.02
Nickel				2
Nitrate-Nitrogen				100
Nitrobenzene				10
N-Nitrosodiethylamine				20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10
Polychlorinated Biphenyls (PCB's) (*3)				0.2
Pyridine				20
Selenium				5
Silver				0.5
1,2,4,5-Tetrachlorobenzene				20
1,1,2,2-Tetrachloroethane				10

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Tetrachloroethylene				10
Thallium				0.5
Toluene				10
Toxaphene				0.3
2,4,5-TP (Silvex)				0.3
Tributyltin (see instructions for explanation)				0.01
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

(\*1) Determined by subtracting hexavalent Cr from total Cr.

(\*2) Cyanide, amenable to chlorination or weak-acid dissociable.

(\*3) The sum of seven PCB congeners 1242, 1254, 1221, 1232, 1248, 1260, and 1016.



## Section 2. Priority Pollutants

For pollutants identified in Tables 4.0(2)A-E, indicate type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: [Click here to enter text.](#)

**Table 4.0(2)A - Metals, Cyanide, Phenols**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Antimony				5
Arsenic				0.5
Beryllium				0.5
Cadmium				1
Chromium (Total)				3
Chromium (Hex)				3
Chromium (Tri) (*1)				N/A
Copper				2
Lead				0.5
Mercury				0.005
Nickel				2
Selenium				5
Silver				0.5
Thallium				0.5
Zinc				5
Cyanide (*2)				10
Phenols, Total				10

(\*1) Determined by subtracting hexavalent Cr from total Cr.

(\*2) Cyanide, amenable to chlorination or weak-acid dissociable

**Table 4.0(2)B - Volatile Compounds**

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
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				10
1,2-Dichloropropane				10
1,3-Dichloropropylene [1,3-Dichloropropene]				10
1,2-Trans-Dichloroethylene				10
Ethylbenzene				10
Methyl Bromide				50
Methyl Chloride				50
Methylene Chloride				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Toluene				10
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
Vinyl Chloride				10

***Table 4.0(2)C - Acid Compounds***

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
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
Pentalchlorophenol				5
Phenol				10
2,4,6-Trichlorophenol				10

**Table 4.0(2)D – Base/Neutral Compounds**

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine				50
Benzo(a)Anthracene				5
Benzo(a)Pyrene				5
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)Fluoranthene				5
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl)Ether				10
Bis(2-Ethylhexyl)Phthalate				10
4-Bromophenyl Phenyl Ether				10
Butyl benzyl Phthalate				10
2-Chloronaphthalene				10
4-Chlorophenyl phenyl ether				10
Chrysene				5
Dibenzo(a,h)Anthracene				5
1,2-(o)Dichlorobenzene				10
1,3-(m)Dichlorobenzene				10
1,4-(p)Dichlorobenzene				10
3,3-Dichlorobenzidine				5
Diethyl Phthalate				10
Dimethyl Phthalate				10

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10
2,6-Dinitrotoluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenylhydrazine (as Azo- benzene)				20
Fluoranthene				10
Fluorene				10
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclo-pentadiene				10
Hexachloroethane				20
Indeno(1,2,3-cd)pyrene				5
Isophorone				10
Naphthalene				10
Nitrobenzene				10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine				20
N-Nitrosodiphenylamine				20
Phenanthrene				10
Pyrene				10
1,2,4-Trichlorobenzene				10

**Table 4.0(2)E - Pesticides**

<b>Pollutant</b>	<b>AVG Effluent Conc. (µg/l)</b>	<b>MAX Effluent Conc. (µg/l)</b>	<b>Number of Samples</b>	<b>MAL (µg/l)</b>
Aldrin				0.01
alpha-BHC (Hexachlorocyclohexane)				0.05
beta-BHC (Hexachlorocyclohexane)				0.05
gamma-BHC (Hexachlorocyclohexane)				0.05
delta-BHC (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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
PCB-1248				0.2
PCB-1260				0.2
PCB-1016				0.2
Toxaphene				0.3

\* For PCBS, if all are non-detects, enter the highest non-detect preceded by a "<".

### Section 3. Dioxin/Furan Compounds

A. Indicate which of the following compounds from may be present in the influent from a contributing industrial user or significant industrial user. Check all that apply.

- ☐ 2,4,5-trichlorophenoxy acetic acid  
Common Name 2,4,5-T, CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid  
Common Name Silvex or 2,4,5-TP, CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate  
Common Name Erbon, CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate  
Common Name Ronnel, CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol  
Common Name TCP, CASRN 95-95-4
- ☐ hexachlorophene  
Common Name HCP, CASRN 70-30-4

For each compound identified, provide a brief description of the conditions of its/their presence at the facility.

[Click here to enter text.](#)

B. Do you 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 your effluent?

Yes ☐ No ☐

If yes, provide a brief description of the conditions for its presence.

Click here to enter text.

If any of the compounds in Subsection A or B are present, complete Table 4.0(2)F.

For pollutants identified in Table 4.0(2)F, indicate the type of sample.

Grab ☐ Composite ☐

Date and time sample(s) collected: Click here to enter text.

**TABLE 4.0(2)F - DIOXIN/FURAN COMPOUNDS**

Compound	Toxic Equivalency Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
2,3,7,8 TCDD	1					10
1,2,3,7,8	0.5					50
2,3,7,8 HxCDDs	0.1					50
1,2,3,4,6,7,8 HpCDD	0.01					50
2,3,7,8 TCDF	0.1					10
1,2,3,7,8 PeCDF	0.05					50
2,3,4,7,8 PeCDF	0.5					50
2,3,7,8 HxCDFs	0.1					50
2,3,4,7,8	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					0.5
PCB 81	0.0003					0.5



Compound	Toxic Equivalency Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
PCB 126	0.1					0.5
PCB 169	0.03					0.5
Total						

## DOMESTIC WORKSHEET 5.0

### TOXICITY TESTING REQUIREMENTS

The following is required for facilities with a currently-operating design flow greater than or equal to 1.0 MGD, with an EPA-approved pretreatment program (or those that are required to have one under 40 CFR Part 403), or are required by the TCEQ to perform Whole Effluent Toxicity testing. This worksheet is not required for minor amendments without renewal.

#### Section 1. Required Tests (Instructions Page 97)

Indicate the number of 7-day chronic or 48-hour acute Whole Effluent Toxicity (WET) tests performed in the four and one-half years prior to submission of the application.

7-day Chronic: [Click here to enter text.](#)

48-hour Acute: [Click here to enter text.](#)

#### Section 2. Toxicity Reduction Evaluations (TREs)

Has this facility completed a TRE in the past four and a half years? Or is the facility currently performing a TRE?

Yes ☐

No ☐

If yes, describe the progress to date, if applicable, in identifying and confirming the toxicant.

[Click here to enter text.](#)

### Section 3. Summary of WET Tests

If the required biomonitoring test information has not been previously submitted via both the Discharge Monitoring Reports (DMRs) and the Table 1 (as found in the permit), provide a summary of the testing results for all valid and invalid tests performed over the past four and one-half years. Make additional copies of this table as needed.

*Table 5.0(1) - Summary of WET Tests*

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

## DOMESTIC WORKSHEET 6.0

### INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works (POTWs)

#### Section 1. All POTWs (Instructions Page 99)

##### A. Industrial users

Provide the number of each of the following types of industrial users (IUs) that discharge to your POTW and the daily flows from each user. See the Instructions for definitions of Categorical IUs, Significant IUs - non-categorical, and Other IUs.

If there are no users, enter 0 (zero).

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: [Click here to enter text.](#)

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: [Click here to enter text.](#)

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: [Click here to enter text.](#)

##### B. Treatment plant interference

In the past three years, has your POTW experienced treatment plant interference (see instructions)?

Yes ☐

No ☒

If yes, identify the dates, duration, description of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IUs that may have caused the interference.

[Click here to enter text.](#)

### C. Treatment plant pass through

In the past three years, has your POTW experienced pass through (see instructions)?

Yes ☐

No ☒

If yes, identify the dates, duration, a description of the pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass through event. Include the names of the IUs that may have caused pass through.

[Click here to enter text.](#)

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

Yes ☐

No ☒

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

Yes ☐

No ☒

If yes, complete Section 2.c. and 2.d. only, and skip Section 3.

If no to either question above, skip Section 2 and complete Section 3 for each significant industrial user and categorical industrial user.

## Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 100)

### A. Substantial modifications

Have there been any **substantial modifications** to the approved pretreatment program that have not been submitted to the TCEQ for approval according to *40 CFR §403.18*?

Yes ☐

No ☐

If yes, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.

Click here to enter text.

### B. Non-substantial modifications

Have there been any **non-substantial modifications** to the approved pretreatment program that have not been submitted to TCEQ for review and acceptance?

Yes ☐

No ☐

If yes, identify all non-substantial modifications that have not been submitted to TCEQ, including the purpose of the modification.

Click here to enter text.

### C. Effluent parameters above the MAL

In Table 6.0(1), list all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.

**Table 6.0(1) – Parameters Above the MAL**

Pollutant	Concentration	MAL	Units	Date

#### **D. Industrial user interruptions**

Has any SIU, CIU, or other IU caused or contributed to any problems (excluding interferences or pass throughs) at your POTW in the past three years?

Yes ☐

No ☐

If yes, identify the industry, describe each episode, including dates, duration, description of the problems, and probable pollutants.

[Click here to enter text.](#)

### **Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 100)**

#### **A. General information**

Company Name: N/A

SIC Code: [Click here to enter text.](#)

Telephone number: [Click here to enter text](#) Fax number: [Click here to enter text](#)

Contact name: [Click here to enter text](#)

Address: [Click here to enter text](#)

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

#### **B. Process information**

Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (i.e., process and non-process wastewater).

[Click here to enter text](#)

#### **C. Product and service information**

Provide a description of the principal product(s) or services performed.

Click here to enter text.

#### D. Flow rate information

See the Instructions for definitions of “process” and “non-process wastewater.”

Process Wastewater:

Discharge, in gallons/day: Click here to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: Click here to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

#### E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the instructions?

Yes ☐ No ☐

Is the SIU or CIU subject to categorical pretreatment standards found in *40 CFR Parts 405-471*?

Yes ☐ No ☐

**If subject to categorical pretreatment standards**, indicate the applicable category and subcategory for each categorical process.

Category: Click here to enter text.  
Subcategories: Click here to enter text.

Category: Click here to enter text.  
Subcategories: Click here to enter text.

Category: Click here to enter text.  
Subcategories: Click here to enter text.

Category: Click here to enter text.  
Subcategories: Click here to enter text.

Category: Click here to enter text.  
Subcategories: Click here to enter text.



#### **F. Industrial user interruptions**

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

Yes ☐

No ☐

**If yes, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.**

[Click here to enter text.](#)

# WORKSHEET 7.0

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit 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 \_\_\_\_\_

### Section 1. General Information (Instructions Page 102)

#### 1. TCEQ Program Area

Program Area (PST, VCP, IHW, etc.): [Click here to enter text.](#)

Program ID: [Click here to enter text.](#)

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

Phone Number: [Click here to enter text.](#)

#### 2. Agent/Consultant Contact Information

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

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

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

Phone Number: [Click here to enter text.](#)

#### 3. Owner/Operator Contact Information

Owner ☐

Operator ☐

Owner/Operator Name: [Click here to enter text.](#)

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

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

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

Phone Number: [Click here to enter text.](#)

#### 4. Facility Contact Information

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

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

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

Location description (if no address is available): [Click here to enter text.](#)

Facility Contact Person: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

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

Latitude: [Click here to enter text.](#) Longitude: [Click here to enter text.](#)

Method of determination (GPS, TOPO, etc.): [Click here 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 here to enter text.](#)

Number of Injection Wells: [Click here to enter text.](#)

**7. Purpose**

Detailed Description regarding purpose of Injection System:

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

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

Phone Number: [Click here to enter text.](#)

License Number: [Click here to enter text.](#)

## Section 2. Proposed Down Hole Design

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

*Table 7.0(1) –Down Hole Design Table*

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

## Section 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 here to enter text.](#)

System(s) Construction: [Click here to enter text.](#)

## Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: [Click here to enter text.](#)
2. Receiving Formation Name of Injection Zone: [Click here to enter text.](#)
3. Well/Trench Total Depth: [Click here to enter text.](#)
4. Surface Elevation: [Click here to enter text.](#)
5. Depth to Ground Water: [Click here to enter text.](#)
6. Injection Zone Depth: [Click here 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 here to enter text.](#)

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

8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer  
Attach as Attachment E.
9. Horizontal and Vertical extent of contamination and injection plume  
Attach as Attachment F.
10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.  
Attach 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 here to enter text.](#)
13. Maximum injection Rate/Volume/Pressure: [Click here to enter text.](#)
14. Water wells within 1/4 mile radius (attach map as Attachment I): [Click here to enter text.](#)
15. Injection wells within 1/4 mile radius (attach map as Attachment J): [Click here to enter text.](#)
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): [Click here to enter text.](#)
17. Sampling frequency: [Click here to enter text.](#)
18. Known hazardous components in injection fluid: [Click here to enter text.](#)

## Section 5. Site History

1. Type of Facility: [Click here to enter text.](#)
2. Contamination Dates: [Click here to enter text.](#)
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L): [Click here to enter text.](#)
4. Previous Remediation: [Click here to enter text.](#)

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.**

***Class V Injection Well Designations***

- 5A07 Heat Pump/AC return (IW used for groundwater to heat and/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 Storm Water 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 ground water 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, and/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)



# 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

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600248926		RN 101614006

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)						
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> 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>								
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>					
City of Ganado								
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)	<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)					
<b>11. Type of Customer:</b>		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited						
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual						
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:						
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>						
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following								
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant								
<b>15. Mailing Address:</b>	PO Box 264							
	City	Ganado	State	TX	ZIP	77962	ZIP + 4	
<b>16. Country Mailing Information</b> (if outside USA)					<b>17. E-Mail Address</b> (if applicable)			
<b>18. Telephone Number</b>			<b>19. Extension or Code</b>		<b>20. Fax Number</b> (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.)

Ganado Wastewater Treatment Facility

### 23. Street Address of the Regulated Entity:

900 Baker Street

(No PO Boxes)

City	Ganado	State	TX	ZIP	77962	ZIP + 4	
------	--------	-------	----	-----	-------	---------	--

### 24. County

Jackson

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

### 25. Description to

### Physical Location:

Southwest end of Baker St.; 2100 LF from SH172; 4750 LFSoutheast of US 59 Business

### 26. Nearest City

### State

### Nearest ZIP Code

Ganado

TX

77962

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

### 27. Latitude (N) In Decimal:

29.028028

### 28. Longitude (W) In Decimal:

-96.512250

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

29

01

40.9

96

30

44.1

### 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)

4952

221320

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

Wastewater Treatment

### 34. Mailing

PO Box 264

### Address:

City	Ganado	State	TX	ZIP	77962	ZIP + 4	
------	--------	-------	----	-----	-------	---------	--

### 35. E-Mail Address:

### 36. Telephone Number

### 37. Extension or Code

### 38. Fax Number (if applicable)

( 361 ) 771-2232

( 361 ) 771-3015

**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.



<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0010010001			

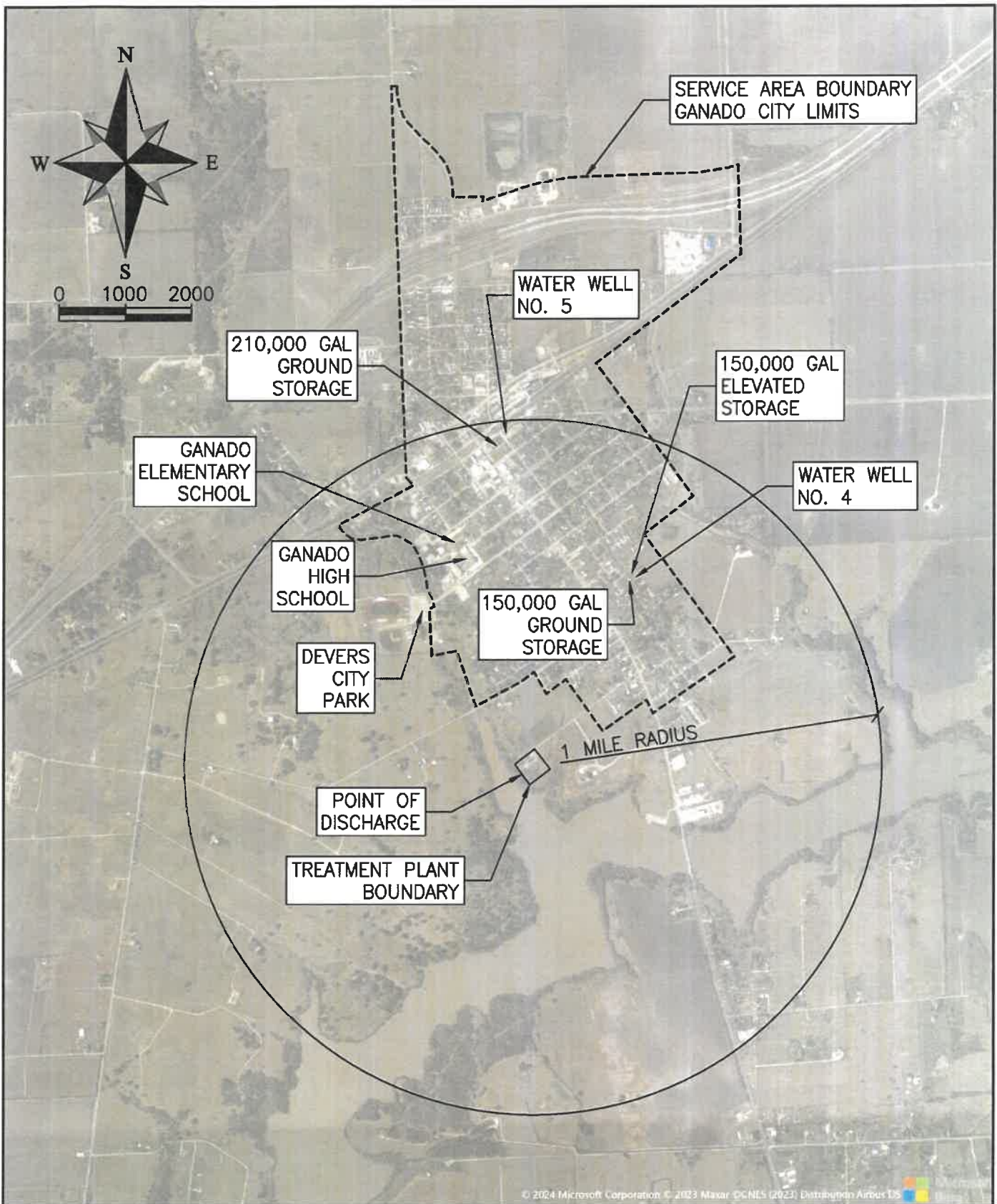
## **SECTION IV: Preparer Information**

<b>40. Name:</b>	John D. Mercer, PE	<b>41. Title:</b>	Professional Engineer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 361 ) 782-7121		( ) -	John.Mercer@lynngroup.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.

<b>Company:</b>	Lynn Engineering, LLC	<b>Job Title:</b>	Professional Engineer
<b>Name (In Print):</b>	John D. Mercer, PE	<b>Phone:</b>	( 361 ) 782- 7121
<b>Signature:</b>		<b>Date:</b>	6/28/2004



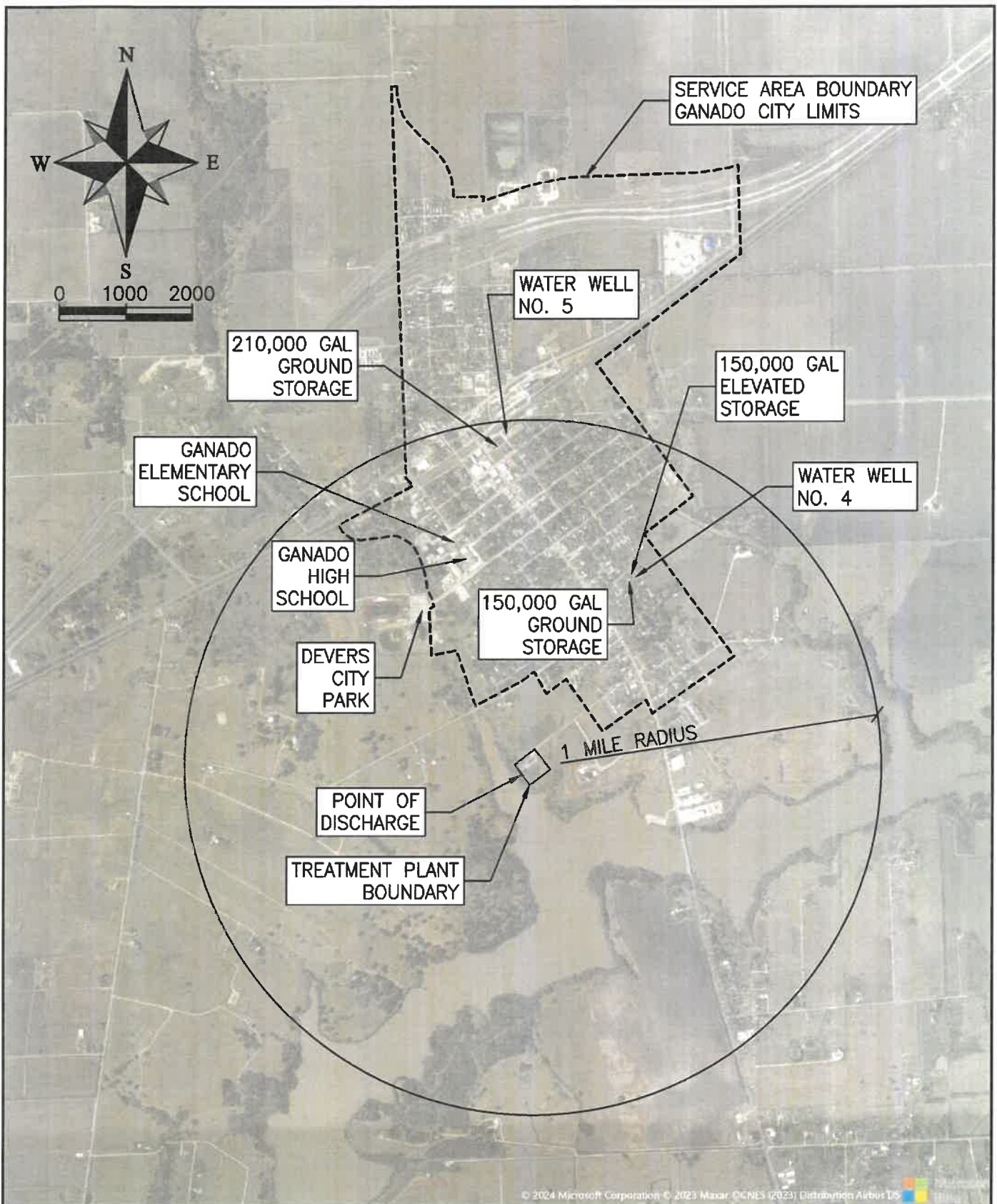
**LYNNENGINEERING**  
TEXAS REGISTERED ENGINEERING FIRM F-324  
TEXAS REGISTERED SURVEYING FIRM 10116600



2200 AVENUE A  
BAY CITY, TEXAS 77414  
PH. (361)782-7121

**EXHIBIT A**

JOB NO.  
20.101623.000



**LYNNENGINEERING**  
TEXAS REGISTERED ENGINEERING FIRM F-324  
TEXAS REGISTERED SURVEYING FIRM 10116600

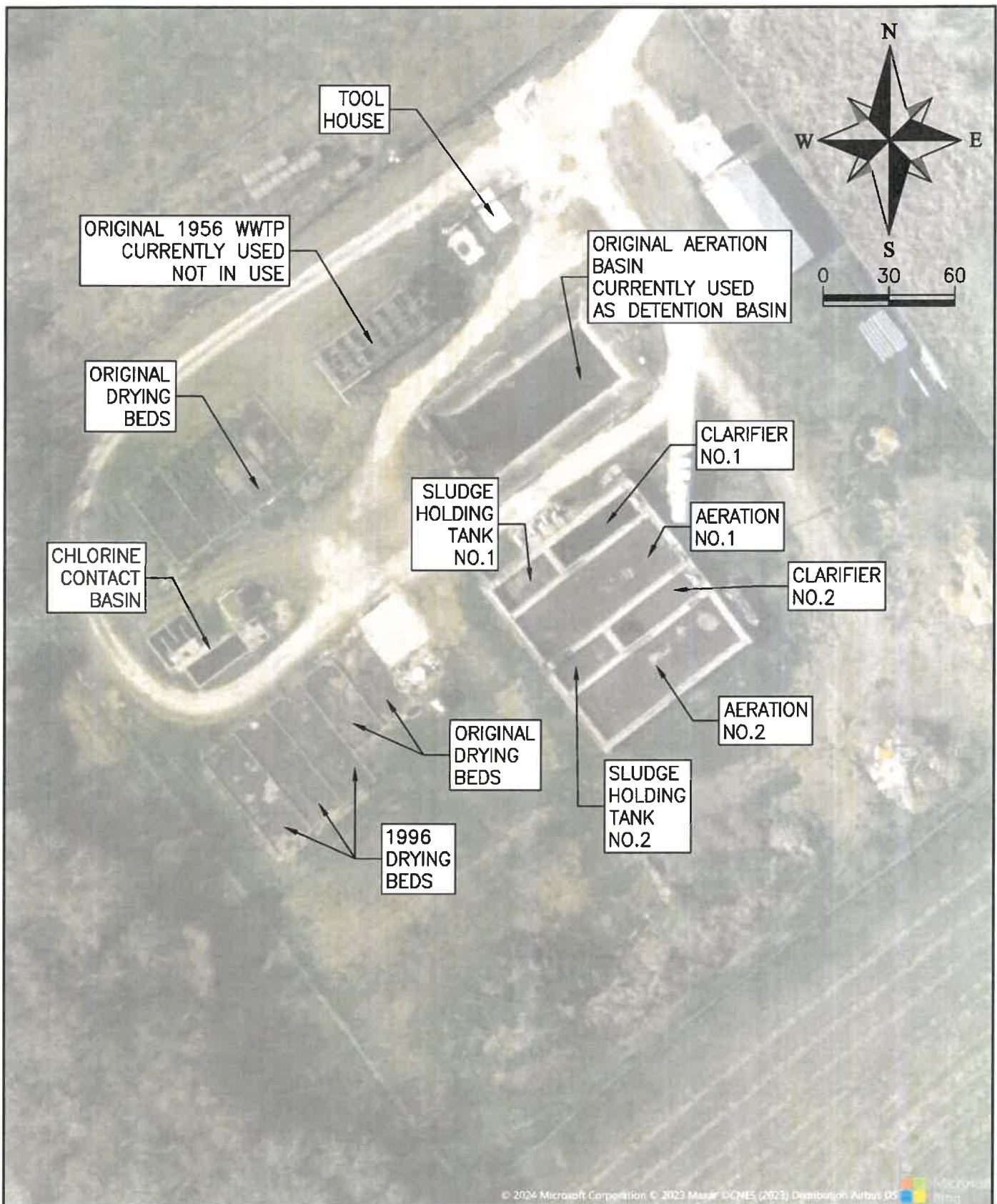


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BAY CITY, TEXAS 77414  
PH. (361)782-7121

**EXHIBIT B**

JOB NO.  
20.101623.000





**LYNNENGINEERING**

TEXAS REGISTERED ENGINEERING FIRM F-324  
TEXAS REGISTERED SURVEYING FIRM 10116600



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BAY CITY, TEXAS 77414  
PH. (361)782-7121

**EXHIBIT C**

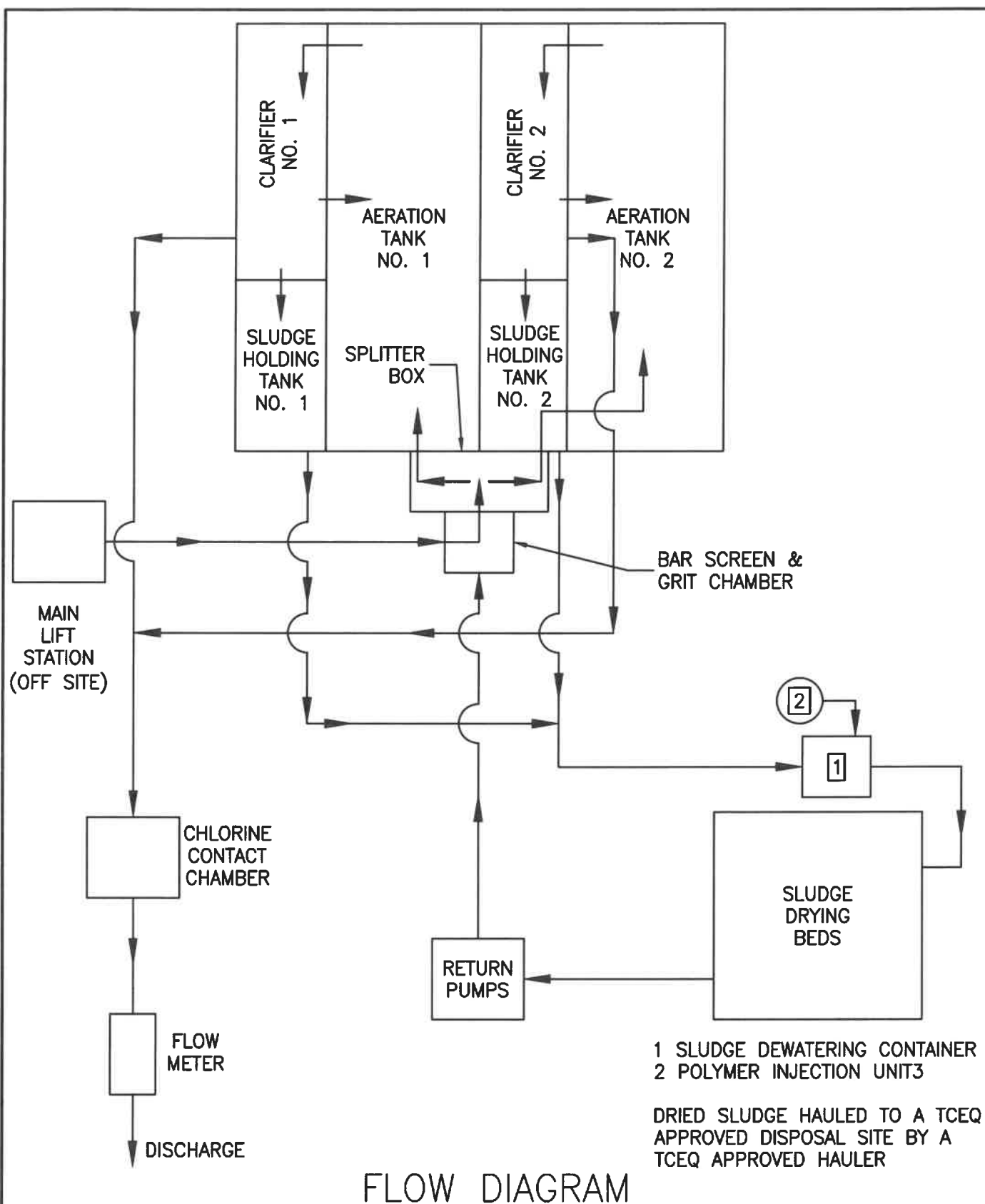
JOB NO.  
20.101623.000

## TREATMENT PROCESS

### Technical Report 1.0 Item 2a

The City of Ganado's existing treatment plant process consists of primary screening prior to the flow splitting to two (2) parallel trains. Each train consists of an aeration basin with diffused air; secondary clarification (final settling); two stage aerobic digestion with airlift decant for thickening and chlorine contact chamber. Plant effluent is metered and recorded with an ultrasound flow meter. The air supply consists of separate sets of blowers for the aeration and digester requirements. A collection and dewatering unit will be used and then the remaining sludge will be transported to another permitted sludge treatment facility.

EXHIBIT D



**LYNNENGINEERING**

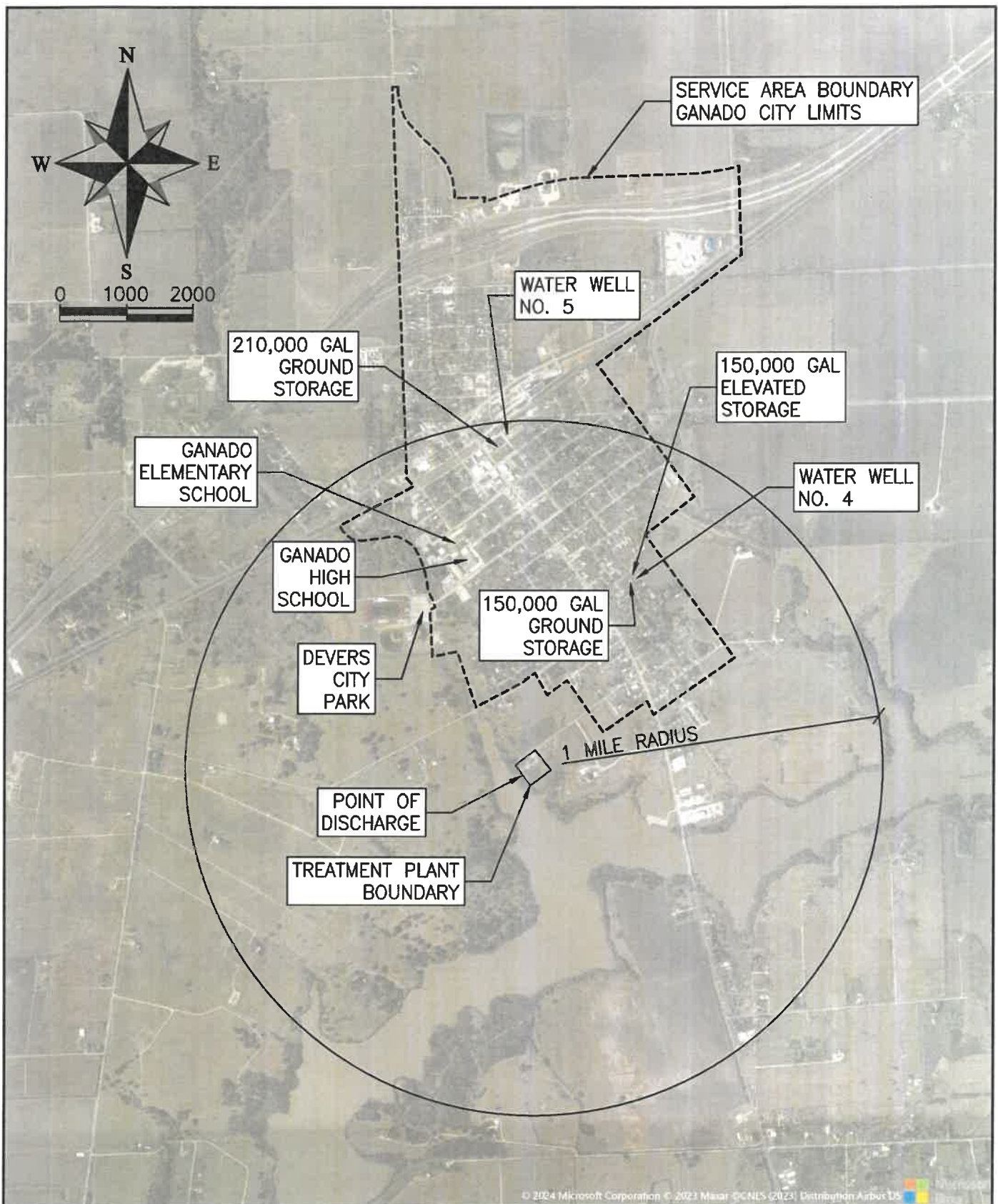
TEXAS REGISTERED ENGINEERING FIRM F-324  
TEXAS REGISTERED SURVEYING FIRM 10116600



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BAY CITY, TEXAS 77414  
PH. (361)782-7121

**EXHIBIT E**

JOB NO.  
20.101623.000



**LYNNENGINEERING**

TEXAS REGISTERED ENGINEERING FIRM F-324  
TEXAS REGISTERED SURVEYING FIRM 10116600

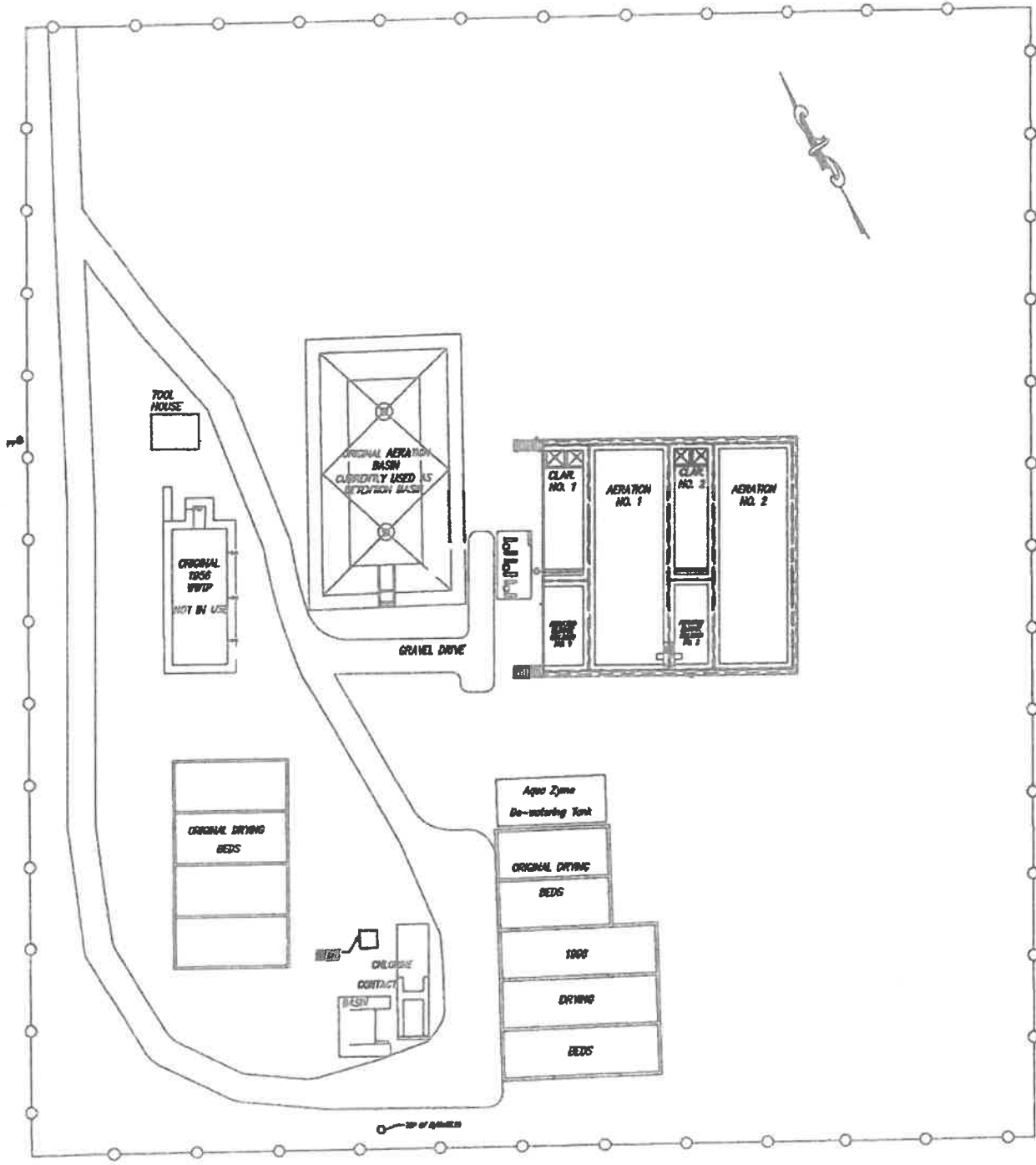


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BAY CITY, TEXAS 77414  
PH. (361)782-7121

**EXHIBIT F**

JOB NO.  
20.101623.000





OUTFALL

**SITE PLAN**  
 TECHNICAL REPORT 1.0 ITEM 12



# WATER QUALITY PERMIT PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if the mailing the payment.

- 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 Waste Permit No: WQ0010010001

1. Check or Money Order Number: 21870
2. Check or Money Order Amount: \$1215.00
3. Date of Check or Money Order: 06/27/2024
4. Name on Check or Money Order: City of Ganado
5. APPLICATION INFORMATION

Name of Project or Site: Ganado Wastewater Treatment Facility

Physical Address of Project or Site: 900 Baker St., Ganado, Jackson County, Texas

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.

Staple Check or Money Order in This Space

City of Ganado Public Works Dept

P.O. Box 264  
Ganado TX 77962  
361-771-2997

Stay connected, download app: Discover Ganado

Citizens State Bank  
201 S Third St  
Ganado, TX 77962  
88-1064/1131

21870

6/27/2024

PAY TO THE  
ORDER OF TCEQ

\$ \*\*1,215.00

One Thousand Two Hundred Fifteen and 00/100 \*\*\*\*\*

DOLLARS

Texas Commission on Environmental Quality  
Revenue Section (MC214)  
P.O. Box 13088  
Austin, Texas 78711-3088

MEMO

021870 1131106411 9000186

## Candice Calhoun

---

**From:** Elizabeth Abels <elizabeth.abels@lynngroup.com>  
**Sent:** Wednesday, July 10, 2024 1:44 PM  
**To:** Candice Calhoun  
**Cc:** John Mercer; clinton tegeler  
**Subject:** City of Ganado WWTP Permit Renewal Application  
**Attachments:** TCEQ Cashier Receipt.pdf; Application as Submitted 16.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Greetings, Ms. Calhoun!

I am writing in response to your letter dated July 8 regarding the notice of deficiencies in the application to renew Ganado's WWTP permit number WQ0010010001.

Item #1: The payment was received by the TCEQ cashier's office on July 8. I am attaching the receipt that they provided me with for your reference. A copy of the check was included with the application, if you will look at the last page of either the paper copy or the electronic copy you will find it.

Item #2: Exhibit A included with the application shows the requested information enumerated in your letter. The applicant's property boundary and the treatment facility boundary are one and the same. The point of discharge is labeled. The discharge route is not highlighted for three miles downstream; rather the discharge pipe from the plant is two hundred feet long and discharges directly into classified segment 1604 Lake Texana. The 1 mile radius is illustrated.

Item #3: I am attaching an updated PLS to show the average daily discharge amount in lieu of the 'not to exceed' amount.

Item #4: I see no errors in the NORI draft.

Please let me know if we have resolved the deficiencies noted. Thank you for your time!

**Elizabeth Abels**  
Engineering Secretary  
Texas Registered Engineering Firm F-324

phone: 361-782-7121  
email: [elizabeth.abels@lynngroup.com](mailto:elizabeth.abels@lynngroup.com)  
2200 Avenue A  
Bay City, TX 77414



This communication is intended for the sole use of the person(s) to whom it is addressed and may contain information that is privileged and confidential or subject to copyright. Any unauthorized use,

## Section 15. Plain Language Summary (Instructions Page 40)

If you are subject to the alternative language notice requirements in [30 Texas Administrative Code §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**

#### **DOMESTIC WASTEWATER**

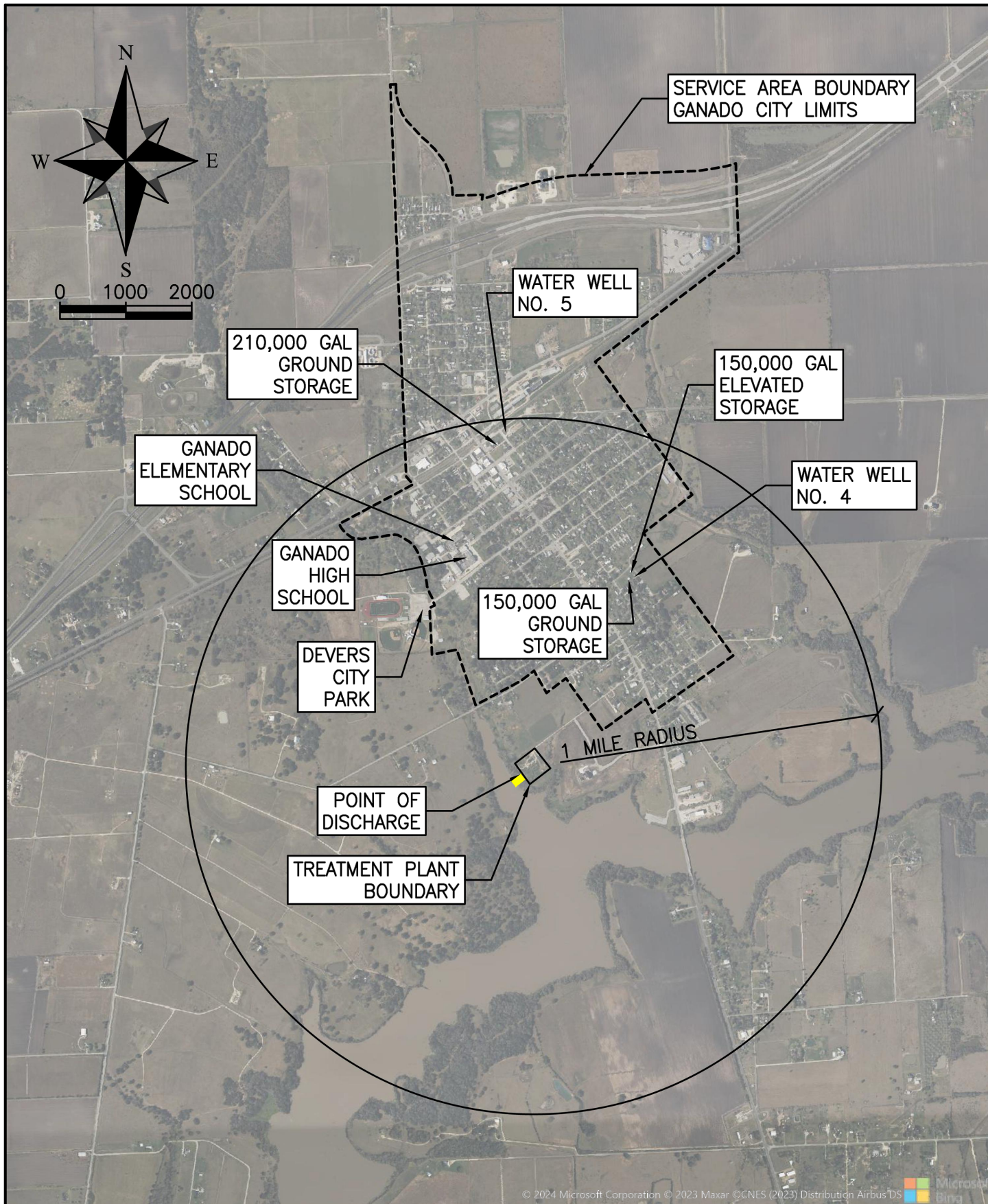
*The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application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

City of Ganado, Texas (CN600248926 ) operates Ganado Wastewater Treatment Facility RN101614006. a wastewater treatment facility. The facility is located at 900 Baker St., in Ganado, Jackson County, Texas 77962.

Renewal of existing permit for wastewater treatment plant with an average daily discharge amount not to exceed a daily average flow of 350,000 gallons per day.

Discharges from the facility are expected to contain five-day Biochemical Oxygen Demand (BODs), Total Suspended Solids (TSS), and Escherichia Coli (Ecoli). 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. Treated domestic wastewater is treated by a bar screen and grit chamber, two aeration basins, two final clarifiers, two sludge holding tanks/aerobic digesters, eight sludge drying beds, a sludge de-watering unit, and two chlorine contact chambers.





**LYNNENGINEERING**  
TEXAS REGISTERED ENGINEERING FIRM F-324  
TEXAS REGISTERED SURVEYING FIRM 10116600



2200 AVENUE A  
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**EXHIBIT A**

JOB NO.  
20.101623.000



# Basis2 Receipt Report by Endorsement Number

JUL-10-24 11:42 AM

<u>Acct. #:</u>	PTGQ	<u>Account Name:</u> NOTICE FEES WQP WATER QUALITY PMT							
<u>Paid For</u>	<u>Endors. #</u>	<u>Ref #2</u>	<u>Paid In By</u>	<u>PayTyp</u>	<u>Chk #</u>	<u>Card#</u>	<u>Bank Slip</u>	<u>Tran.Date</u>	<u>Receipt Amnt.</u>
	M419172B	10010001	GANADO, CITY OF	CK	21870		BS00110017	08-JUL-24	\$15.00
<u>Acct. #:</u>	WQP	<u>Account Name:</u> WATER QUALITY PERMIT APPLICATION							
<u>Paid For</u>	<u>Endors. #</u>	<u>Ref #2</u>	<u>Paid In By</u>	<u>PayTyp</u>	<u>Chk #</u>	<u>Card#</u>	<u>Bank Slip</u>	<u>Tran.Date</u>	<u>Receipt Amnt.</u>
GANADO WWTF	M419172A	10010001	GANADO, CITY OF	CK	21870		BS00110017	08-JUL-24	\$1200.00