



Administrative Package Cover Page

This file contains the following documents:

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



Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

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



Permitting Services, LLC

6425 Bankside Drive, Suite 2111

Houston, TX 77096

robin@permittingservices.net

Tel. 713-458-8612

August 2, 2024

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

Re: Application to Renew Permit Number: WQ0010145001 – CITY OF CARRIZO SPRINGS
Customer Number: CN600241418
Regulated Entity Number: RN101721124

Dear Chief Officer,

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

The City of Carrizo Springs (CN600241418) operates the Carrizo Springs Wastewater Treatment Plant (RN101721124), the plant is a Extended Aeration and operates as an activated sludge wastewater treatment process to treat the wastewater before it is discharged. The facility is located approximately 0.5 miles NE of the intersection of US Hwy. 83 and S.H.-85 and S.H.-85 in Carrizo Springs, Dimmit County, Texas 78834.

This application is for a renewal to dispose a daily average flow not to exceed 950,000 gallons per day of treated domestic wastewater via outfall 001.

Discharges from the facility are expected to contain seven-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an Existing Phase I: The plant operates as an activated sludge wastewater treatment process to treat the wastewater prior to release into a stream. Treatment Plant includes extended aeration: effluent enters through a mechanical screen to a lift station & lifted to an aeration basin. MLSS flows by gravity to the clarifier. Sludge pumps return sludge from clarifier to an

aeration basin or is wasted to sludge beds. Clear effluent from the clarifier flows by gravity to UV for disinfection, to Parshall flume then to a point of discharge. The sludge is transported by truck from City of Carrizo Springs to the City of Carrizo Springs Municipal Landfill in Dimmit County.

The plant discharges treated wastewater at a volume not to exceed an annual average flow of 950,000 gallons per day. The effluent discharges through a 20" pipe to Carrizo Creek; thence to Soldier Slough; thence to Nueces River above Holland Dam in Segment No. 2105 of the Nueces River Basin.

I appreciate your time and effort in reviewing my summary. If you have any questions, please contact me at (713) 458-8612, or via email at robin@permittingservices.net.

Yours truly,

Robin Butcko

Robin Butcko
Senior Wastewater Consultant
Permitting Services, LLC
(713) 458-8612



Permitting Services, LLC

6425 Bankside Drive, Suite 2111

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2 de agosto de 2024

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

Re: Solicitud de renovación del número de permiso: WQ0010145001
Número de cliente: CN600241418
Número de entidad regulada: RN101721124

Estimado Oficial Principal,

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.

La ciudad de Carrizo Springs (CN600241418) opera la Planta de Tratamiento de Aguas Residuales (RN101721124) de Carrizo Springs, la planta es de aireación extendida y funciona como una planta de aguas residuales de lodos activados proceso de tratamiento para tratar las aguas residuales antes de su vertido. La instalación está ubicada aproximadamente a 0.5 millas al NE de la intersección de US Hwy. 83 y S.H.-85 y S.H.-85 en Carrizo Springs, Dimmit County, Texas 78834.

Esta solicitud es para una renovación para disponer de un flujo promedio diario que no exceda los 950,000 galones por día de aguas residuales domésticas tratadas a través del desagüe 001.

Se espera que las descargas de la instalación contengan una demanda bioquímica de oxígeno carbonoso (CBOD5) de siete días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y Escherichia coli. En la sección 7 del Informe Técnico Nacional 1.0 se incluyen contaminantes potenciales adicionales. Análisis de Contaminantes de Efluentes Tratados en el paquete de solicitud de permisos. Las aguas residuales domésticas se tratan mediante una Fase I existente: La planta funciona como un proceso de tratamiento de aguas residuales con lodos activados para tratar las aguas residuales antes de su vertido en un arroyo. La Planta de Tratamiento incluye la extensión Aireación: El efluente ingresa a través de una pantalla mecánica a una estación de bombeo y se eleva a una cuenca de aireación. MLSS fluye por

gravedad hacia el clarificador. Las bombas de lodos devuelven los lodos del clarificador a uncuenca de aireación o se desperdicia en lechos de lodos. El efluente claro del clarificador fluye por gravedad a los rayos UV para su desinfección, al canal de Parshall y luego a un punto de descarga. El lodo se transporta en camión desde la ciudad de Carrizo Springs hasta el vertedero municipal de la ciudad de Carrizo Springs en el condado de Dimmit.

La planta descarga aguas residuales tratadas a un volumen que no excede un flujo promedio anual de 950,000 galones por día. El efluente se descarga a través de una tubería de 20" al arroyo Carrizo; de allí al Soldier Slough; de allí al río Nueces por encima de la presa Holland en el segmento No. 2105 de la cuenca del río Nueces.

Agradezco su tiempo y esfuerzo en la revisión de mi resumen. Si tiene alguna pregunta, comuníquese conmigo al (713) 458-8612, o por correo electrónico a robin@permittingservices.net.

Atentamente,

Robin Butcko

Robin Butcko
Senior Wastewater Consultant
Permitting Services, LLC
713.458.8612

Jon Niermann, *Chairman*
Bobby Janecka, *Commissioner*
Catarina R. Gonzales, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

September 12, 2024

Ms. Robin Butcko, BBA
Senior Wastewater Consultant
Permitting Services LLC
6425 Bankside Drive, Suite 2111
Houston, Texas 77096

RE: Application to Renew, for Permit No.: WQ0010145001 (EPA I.D. No. TX0025976)
Applicant Name: City of Carrizo Springs (CN600241418)
Site Name: City of Carrizo Springs WWTP (RN101721124)
Type of Application: Renewal without changes

VIA EMAIL

Dear Ms. Butcko:

We have received the application for the above referenced permit, and it is currently under review. Your attention to the following item(s) are requested before we can declare the application administratively complete. Please submit responses to the following items via email.

The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

APPLICATION. City of Carrizo Springs, P.O. Box 329, Carrizo Springs, Texas 78834, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010145001 (EPA I.D. No. TX0025976) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 950,000 gallons per day. The domestic wastewater treatment facility is located at located approximately 0.5 mile northeast of the intersection of U.S. Highway 83 and State Highway 85, near the city of Carrizo Springs, in Dimmit County, Texas 78834. The discharge route is from the plant site to Carrizo Creek; thence to Soldier Slough; thence to Nueces River Above Holland Dam. TCEQ received this application on September 5, 2024. The permit application will be available for viewing and copying at Carrizo Springs City Hall, 308 Pena Street, Carrizo Springs, in Dimmit 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

Ms. Robin Butcko, BBA
Page 2
September 12, 2024
Permit No. WQ0010145001

courtesy and not part of the application or notice. For the exact location, refer to the application.

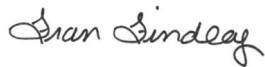
<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.85,28.525&level=18>

1. The application indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.

Further information may also be obtained from City of Carrizo Springs at the address stated above or by calling Ms. Robin Butcko, BBA, Senior Wastewater Consultant, at 713-458-8612.

Please submit the complete response, addressed to my attention by September 26, 2024. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-2441 or by email at Francesca.Findlay@tceq.texas.gov

Sincerely,



Francesca Findlay
Application Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality

F.F.

Enclosure(s)

cc: Mr. Ramsey Castillo, Waster Department Supervisor, City of Carizzo Springs, P.O. Box 329, Carizo Springs, Texas 78834

Comisión de Calidad Ambiental del Estado de Texas



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

PERMISO NO. WQ0010145001

SOLICITUD. Ciudad de Carrizo Springs, P.O. Box 329, Carrizo Springs, Texas 78834, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0010145001 (EPA I.D. No. TX 0025976) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 950,000 galones por día. La planta está ubicada aproximadamente 0.5 millas al noreste de la intersección de la autopista U.S. Highway 83 y la carretera estatal 85, cerca de la ciudad de Carrizo Springs en el Condado de Dimmit, Texas. La ruta de descarga es del sitio de la planta a Arroyo Carrizo; de allí a Soldier Slough; de allí al río Nueces Sobre la presa de Holland. La TCEQ recibió esta solicitud el septiembre 5, 2024. La solicitud para el permiso estará disponible para leerla y copiarla en 308 Pena Street, Carrizo Springs, en el condado de Dimmit, Texas antes de la fecha de publicación de este aviso en el periódico. La aplicación incluidas las actualizaciones y los avisos asociados están disponibles electrónicamente en la siguiente pagina web:

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

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.85.28.525&level=18>

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

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

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO.

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

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

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión. La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios. Si ciertos criterios se cumplen, la TCEQ puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.

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

TCEQ.

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

También se puede obtener información adicional del Ciudad de Carrizo Springs a la dirección indicada arriba o llamando a Sra. Robin Butcko al 713-458-8612.

Fecha de emission: 30 de septiembre de 2024



Permitting Services, LLC

6425 Bankside Drive, Suite 2111

Houston, TX 77096

robin@permittingservices.net

Tel. 713-458-8612

August 2, 2024

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

Re: Application to Renew Permit No. WQ0010145001 – CITY OF CARRIZO SPRINGS
(EPA I.D. No. TX0025976)

Dear TCEQ Review Team,

Permitting Services, LLC is pleased to submit a Domestic Wastewater Permit Renewal Application (WQ0010145001) on behalf of the CITY OF CARRIZO SPRINGS WASTEWATER TREATMENT FACILITY (CN600241418) (RN101721124).

In this package you will find the original application and three copies. The Supplemental Permit Information Form, all other relevant forms and attachments are included as well.

I appreciate your time and effort in reviewing my request. If you have any questions, please contact me at (713) 458-8612, or via email at robin@permittingservices.net.

Yours truly,

Robin Butcko

Robin Butcko
Senior Wastewater Consultant
(713) 458-8612
robin@permittingservices.net





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
**DOMESTIC WASTEWATER PERMIT APPLICATION
 CHECKLIST**

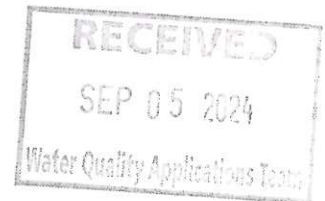
Complete and submit this checklist with the application.

APPLICANT NAME: City of Carrizo Springs

PERMIT NUMBER (If new, leave blank): WQ00 10145001

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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 6.0	<input type="checkbox"/>	<input type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input type="checkbox"/>			



For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

For any questions about this form, please contact the Applications Review and Processing Team at 512-239-4671.

Section 1. Application Fees (Instructions Page 26)

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

Table with 3 columns: Flow, New/Major Amendment, and Renewal. Rows include flow ranges from <0.05 MGD to ≥1.0 MGD with corresponding fees and checkboxes.

Minor Amendment (for any flow) \$150.00 [checkbox]

Payment Information:

Mailed Check/Money Order Number: 003754
Check/Money Order Amount: \$1,615
Name Printed on Check: City of Carrizo Springs
EPAY Voucher Number: Click to enter text.
Copy of Payment Voucher enclosed? Yes [checkbox]

Section 2. Type of Application (Instructions Page 26)

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

- [checked] Publicly-Owned Domestic Wastewater
[] Privately-Owned Domestic Wastewater
[] Conventional Wastewater Treatment

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

- [checked] Active [] Inactive

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

- TPDES Permit
- TLAP
- TPDES Permit with TLAP component
- Subsurface Area Drip Dispersal System (SADDS)

d. Check the box next to the appropriate application type

- New
- Major Amendment *with* Renewal
- Major Amendment *without* Renewal
- Renewal without changes
- Minor Amendment *with* Renewal
- Minor Amendment *without* Renewal
- Minor Modification of permit

e. For amendments or modifications, describe the proposed changes: [Click to enter text.](#)

f. For existing permits:

Permit Number: WQ00 WQ0010145001

EPA I.D. (TPDES only): TX 0025976

Expiration Date: May 14, 2025

Section 3. Facility Owner (Applicant) and Co-Applciant Information (Instructions Page 26)

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 Carrizo Springs

(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: 600241418

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.

Last Name, First Name: Oscar Puente

Title: Mayor

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

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?

N/A

(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: N/A

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: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Provide a brief description of the need for a co-permittee: N/A

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. 1

Section 4. Application Contact Information (Instructions Page 27)

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: Mrs. Last Name, First Name: Butcko, Robin
Title: Senior Wastewater Consultant Credential: BBA
Organization Name: Permitting Services, LLC
Mailing Address: 6425 Bankside Drive, Suite 2111 City, State, Zip Code: Houston, TX 77096
Phone No.: 713-458-8612 E-mail Address: robin@permittingservices.net
Check one or both: Administrative Contact Technical Contact
- B. Prefix: Mr. Last Name, First Name: Castillo, Ramsey
Title: Water Department Supervisor Credential: Click to enter text.
Organization Name: City of Carrizo Springs
Mailing Address: PO Box 329 City, State, Zip Code: Carrizo Springs, TX 78834-6329
Phone No.: 830-876-2476 E-mail Address: rcastillo@cityofcarrizo.org
Check one or both: Administrative Contact Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

Provide the names and contact information for two individuals that can be contacted throughout the permit term.

- A. Prefix: Mrs. Last Name, First Name: Butcko, Robin
Title: Senior Wastewater Consultant Credential: BBA
Organization Name: Permitting Services, LLC
Mailing Address: 6425 Bankside Drive, Suite 2111 City, State, Zip Code: Houston, TX 77096

Phone No.: 713-458-8612

E-mail Address: robin@permittingervices.net

B. Prefix: Mr.

Last Name, First Name: Castillo, Ramsey

Title: Water Department Supervisor Credential: Click to enter text.

Organization Name: City of Carrizo Springs

Mailing Address: PO Box 329
6329

City, State, Zip Code: Carrizo Springs, TX 78834-

Phone No.: 830-876-2476

E-mail Address: rcastillo@cityofcarrizo.org

Section 6. Billing Contact Information (Instructions Page 27)

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.

Last Name, First Name: Castillo, Ramsey

Title: Water Department Supervisor Credential: Click to enter text.

Organization Name: City of Carrizo Springs

Mailing Address: PO Box 329

City, State, Zip Code: Carrizo Springs, TX 78834

Phone No.: 830-876-2476

E-mail Address: rcastillo@cityofcarrizo.org

Section 7. DMR/MER Contact Information (Instructions Page 27)

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

Prefix: Mr.

Last Name, First Name: Camarillo, John

Title: Wastewater Treatment Plant Operator Credential: Click to enter text.

Organization Name: Wastewater Treatment Plant Operator

Mailing Address: PO Box 329

City, State, Zip Code: Carrizo Springs, TX 78834

Phone No.: 830-854-0484

E-mail Address: rcamarillo@cityofcarrizo.org

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mrs.

Last Name, First Name: Butcko, Robin

Title: Senior Wastewater Consultant Credential: BBA

Organization Name: Permitting Services, LLC

Mailing Address: 6425 Bankside Drive, Suite 2111

City, State, Zip Code: Houston, TX 77096

Phone No.: 713-458-8612

E-mail Address: robin@permittingervices.net

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 permit to be listed in the Notices

Prefix: Mrs. Last Name, First Name: Butcko, Robin

Title: Senior Wastewater Consultant Credential: BBA

Organization Name: Permitting Services, LLC

Mailing Address: 6425 Bankside Drive, Suite 2111 City, State, Zip Code: Houston, TX 77096

Phone No.: 713-458-8612 E-mail Address: robin@permittingservices.net

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: Carrizo Springs City Hall

Location within the building: Reception Area

Physical Address of Building: 308 W. Pena Street

City: Carrizo Springs County: Dimmit

Contact (Last Name, First Name): Martinez, Gloria

Phone No.: 830-876-2476 Ext.: Click 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? Spanish

F. Plain Language Summary Template

Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment.
Attachment: 7

G. 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: N/A

Section 9. Regulated Entity and Permitted Site Information (Instructions Page 29)

- A.** If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 101721124
 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):
City of Carrizo Springs Wastewater Treatment Plant
- C.** Owner of treatment facility: Click to enter text.
 Ownership of Facility: Public Private Both Federal
- D.** Owner of land where treatment facility is or will be:
 Prefix: Click to enter text. Last Name, First Name: Click to enter text.
 Title: Click to enter text. Credential: Click to enter text.
 Organization Name: City of Carrizo Springs
 Mailing Address: PO Box 329 City, State, Zip Code: Carrizo Springs, TX 78834
 Phone No.: 830-876-2476 E-mail Address: Click 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: N/A

E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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: N/A

Section 10. TPDES Discharge Information (Instructions Page 31)

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:

Click to enter text.

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:

Click to enter text.

City nearest the outfall(s): Carrizo Springs

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

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: N/A

- 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 32)

- 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:

[Click to enter text.](#)

- B. City nearest the disposal site: [Click to enter text.](#)

- C. County in which the disposal site is located: [Click to enter text.](#)

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

[Click to enter text.](#)

- E. For TLAPs, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: [Click to enter text.](#)

Section 12. Miscellaneous Information (Instructions Page 32)

- 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.

[Click to enter text.](#)

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: [Click to enter text.](#)

D. Do you owe any fees to the TCEQ?

Yes No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

Yes No

If yes, please provide the following information:

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

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

Section 13. Attachments (Instructions Page 33)

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: Core Data Form, Site Drawing, Flow Diagram, Copy of Check, Pollutant Analysis, PLS Language Summaries

Section 14. Signature Page (Instructions Page 39)

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

Permit Number: W00010145001

Applicant: City of Carrizo Springs

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): Oscar Puente

Signatory title: Mayor

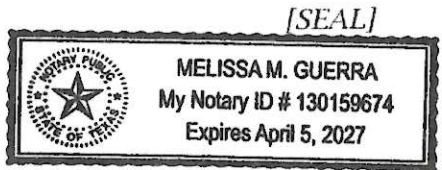
Signature: *Oscar Puente* Date: 8-7-2024
(Use blue ink)

Subscribed and Sworn to before me by the said *Oscar Puente*
on this 7th day of August, 2024.
My commission expires on the 5th day of April, 2027.

Melissa M. Guerra

Notary Public

Demmit
County, Texas



DOMESTIC WASTEWATER PERMIT APPLICATION
SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

This form applies to TPDES permit applications only. Complete and attach the Supplemental Permit information Form (SPIF) (TCEQ Form 20971).

Attachment: 8

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
**DOMESTIC WASTEWATER PERMIT APPLICATION
TECHNICAL REPORT 1.0**

For any questions about this form, please contact the Domestic Wastewater Permitting Team at 512-239-4671.

The following information is required for all renewal, new, and amendment applications.

Section 1. Permitted or Proposed Flows (Instructions Page 43)

A. Existing/Interim I Phase

Design Flow (MGD): 0.95

2-Hr Peak Flow (MGD): 2.97

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): N/A

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): N/A

2-Hr Peak Flow (MGD): N/A

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility: August 8, 2017

Section 2. Treatment Process (Instructions Page 43)

A. Current Operating Phase

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, a description of each phase must be provided.**

Activated Sludge – Extended Aeration: Effluent enters through a mechanical screen to lift station & lifted to aeration basin. MLSS flows by gravity to the clarifier. Sludge pumps return sludge from clarifier to aeration basin or is wasted to sludge beds. Clear effluent from clarifier flows by gravity to UV for disinfection, to Parshall flume then to a point of discharge.

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

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Cylindrical Screen Channel	1	32'-6" x 5'-2" x 3'-8"
Lift Station	1	23'-8" x 12'-9" x 20'-2.4"
Aeration Basin	1	125'-4" x 105'-4" x 15'-0"
Final Clarifiers	1	65'-0" Dia. x 15'-8" SWD
UV Chamber	1	42'-0" x 2'-4" x 5'-2"
Sludge Drying Beds	1	60'-0" x 32'-0" x 3'-0"
Parshall Flume	1	19'-10" x 6'-8" x 7'-2.4"

C. Process Flow Diagram

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

Attachment: 3

Section 3. Site Information and Drawing (Instructions Page 44)

Provide the TPDES discharge outfall latitude and longitude. Enter N/A if not applicable.

- Latitude: 28°31'30" N
- Longitude: -99°51'00" W

Provide the TLAP disposal site latitude and longitude. Enter N/A if not applicable.

- Latitude: N/A
- Longitude: N/A

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: 4

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

City of Carrizo Springs City Limits

Collection System Information for wastewater TPDES permits only: Provide information for each **uniquely owned** collection system, existing and new, served by this facility, including satellite collection systems. **Please see the instructions for a detailed explanation and examples.**

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
Carrizo Springs WWTP	City of Carrizo Springs	Publicly Owned	4,892
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 45)

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.**

Click to enter text.

Section 5. Closure Plans (Instructions Page 45)

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.

aerial

Section 6. Permit Specific Requirements (Instructions Page 45)

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: August 6, 2014

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*.

Click to enter text.

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 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 512-239-2335. 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 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 512-239-2335.

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

[Click 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 [Click to enter text.](#) or TXRNE [Click to enter text.](#)

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:

Click to enter text.

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 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 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 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, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions.

[Click to enter text.](#)

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

1. Acceptance of sludge from other WWTPs

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

Yes No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD₅ concentration of the sludge, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

[Click 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 the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD₅ concentration of the septic waste, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click 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 or will the facility 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 to enter text.

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 50)

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). Provide copies of the laboratory results sheets. **These tables are not applicable for a minor amendment without renewal.** See the instructions for guidance.

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

Table1.0(2) – Pollutant Analysis for Wastewater Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	<3		1	Grab	8/15/24
Total Suspended Solids, mg/l	3		1	Grab	8/15/24
Ammonia Nitrogen, mg/l	<0.1		1	Grab	8/15/24
Nitrate Nitrogen, mg/l	23.9		1	Grab	8/15/24
Total Kjeldahl Nitrogen, mg/l	2		1	Grab	8/15/24
Sulfate, mg/l	66		1	Grab	8/15/24
Chloride, mg/l	111		1	Grab	8/15/24
Total Phosphorus, mg/l	4.1		1	Grab	8/15/24
pH, standard units	7.9		1	Grab	8/15/24
Dissolved Oxygen*, mg/l	N/A		N/A	N/A	N/A
Chlorine Residual, mg/l	N/A		N/A	N/A	N/A
<i>E.coli</i> (CFU/100ml) freshwater	N/A		N/A	N/A	N/A
Enterococci (CFU/100ml) saltwater	N/A		N/A	N/A	N/A
Total Dissolved Solids, mg/l	336		1	Grab	8/15/24
Electrical Conductivity, μ mohs/cm, †	1,034		1	Grab	8/15/24
Oil & Grease, mg/l	N/A		N/A	N/A	N/A
Alkalinity (CaCO ₃)*, mg/l	N/A		N/A	N/A	N/A

*TPDES permits only

†TLAP permits only

Table1.0(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	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	N/A	N/A	N/A	N/A	N/A
pH, standard units	N/A	N/A	N/A	N/A	N/A
Fluoride, mg/l	N/A	N/A	N/A	N/A	N/A
Aluminum, mg/l	N/A	N/A	N/A	N/A	N/A
Alkalinity (CaCO ₃), mg/l	N/A	N/A	N/A	N/A	N/A

Section 8. Facility Operator (Instructions Page 50)Facility Operator Name: John CamarilloFacility Operator's License Classification and Level: CFacility Operator's License Number: WW0029565

Section 9. Sludge and Biosolids Management and Disposal (Instructions Page 51)

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

- Design flow \geq 1 MGD
- Serves \geq 10,000 people
- Class I Sludge Management Facility (per 40 CFR § 503.9)
- Biosolids generator
- Biosolids end user - land application (onsite)
- Biosolids end user - surface disposal (onsite)
- Biosolids end user - incinerator (onsite)

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- Aerobic Digestion
- Air Drying (or sludge drying beds)
- Lower Temperature Composting
- Lime Stabilization
- Higher Temperature Composting
- Heat Drying
- Thermophilic Aerobic Digestion
- Beta Ray Irradiation
- Gamma Ray Irradiation
- Pasteurization
- Preliminary Operation (e.g. grinding, de-gritting, blending)
- Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- Sludge Lagoon
- Temporary Storage ($<$ 2 years)
- Long Term Storage (\geq 2 years)
- Methane or Biogas Recovery
- Other Treatment Process: Activated Sludge – Extended Aeration

C. Biosolids Management

Provide information on the *intended* biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the permit will authorize

all biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
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.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): transport to City of Carrizo Springs Municipal Landfill

D. Disposal site

Disposal site name: City of Carrizo Springs Municipal Landfill

TCEQ permit or registration number: MSW2225

County where disposal site is located: Dimmit

E. Transportation method

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

Name of the hauler: City of Carrizo Springs

Hauler registration number: 22041

Sludge is transported as a:

Liquid semi-liquid semi-solid solid

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 53)

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 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Marketing and Distribution of sludge | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Sludge Surface Disposal or Sludge Monofill | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Temporary storage in sludge lagoons | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 53)

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 to enter text.](#)
- USDA Natural Resources Conservation Service Soil Map:
Attachment: [Click to enter text.](#)
- Federal Emergency Management Map:
Attachment: [Click to enter text.](#)
- Site map:
Attachment: [Click 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 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 to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

Yes No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

- Plan view and cross-section of the sludge lagoon(s)
Attachment: [Click to enter text.](#)
- Copy of the closure plan
Attachment: [Click to enter text.](#)
- Copy of deed recordation for the site
Attachment: [Click to enter text.](#)
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons
Attachment: [Click to enter text.](#)
- Description of the method of controlling infiltration of groundwater and surface water from entering the site
Attachment: [Click to enter text.](#)
- Procedures to prevent the occurrence of nuisance conditions
Attachment: [Click 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 to enter text.](#)

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 55)

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 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 to enter text.

Section 13. RCRA/CERCLA Wastes (Instructions Page 55)

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: N/A

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.

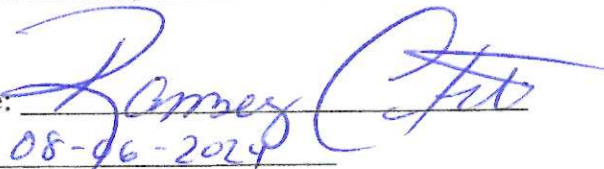
The following certification statement shall be signed and submitted with every application. See the *Signature Page* section in the Instructions, for a list of designated representatives who may sign the certification.

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: Ramsey Castillo

Title: Water Department Supervisor

Signature: 

Date: 08-06-2024

- 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 WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

Section 1. Domestic Drinking Water Supply (Instructions Page 64)

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 **no**, proceed to Section 2. If **yes**, provide the following:

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

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

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

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

Section 2. Discharge into Tidally Affected Waters (Instructions Page 64)

Does the facility discharge into tidally affected waters?

Yes No

If **no**, proceed to Section 3. 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 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 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 to enter text.](#)

Section 3. Classified Segments (Instructions Page 64)

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 65)

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

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

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

- Man-made Channel or Ditch
 Open Bay
 Tidal Stream, Bayou, or Marsh
 Other, specify: [Click 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: Operator's Observation

C. Downstream perennial confluences

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

None

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.

N/A

E. Normal dry weather characteristics

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

N/A

Date and time of observation: 7/18/2024 @1:30pm

Was the water body influenced by stormwater runoff during observations?

- Yes No

Section 5. General Characteristics of the Waterbody (Instructions Page 66)

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.

- | | |
|---|---|
| <input type="checkbox"/> Oil field activities | <input type="checkbox"/> Urban runoff |
| <input type="checkbox"/> Upstream discharges | <input type="checkbox"/> Agricultural runoff |
| <input type="checkbox"/> Septic tanks | <input checked="" type="checkbox"/> Other(s), specify: <u>None of the above</u> |

B. Waterbody uses

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

- | | |
|---|--|
| <input type="checkbox"/> Livestock watering | <input type="checkbox"/> Contact recreation |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Navigation |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply |
| <input checked="" type="checkbox"/> Park activities | <input type="checkbox"/> Other(s), specify: Click to enter text. |

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 WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 89)

A. Industrial users (IUs)

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: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0.005

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 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 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 90)

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 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 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 to enter text.

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 90)

A. General information

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

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

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

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

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

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

Email address: [Click 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 to enter text.](#)

C. Product and service information

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

[Click 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 to enter text.](#)

Discharge Type: Continuous Batch Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: [Click 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: Subcategories: [Click to enter text.](#)

[Click or tap here to enter text.](#) [Click to enter text.](#)

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

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

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

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

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

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

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

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

Attachment 1
Core Data Form



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<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
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600241418		RN 101721124

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
City of Carrizo Springs			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
		74-6000491	
11. Type of Customer:		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:	
12. Number of Employees		13. Independently Owned and Operated?	
<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 checked="" type="checkbox"/> No	
14. Customer Role (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"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant <input checked="" type="checkbox"/> Other: Partner			
15. Mailing Address:		City of Carrizo Springs	
PO Box 329			
City	Carrizo Springs	State	TX
ZIP	78834	ZIP + 4	
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		rcastillo@cityofcarrizosprings.org	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)							
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)							
City of Carrizo Springs Wastewater Treatment Facility							
23. Street Address of the Regulated Entity:							
<i>(No PO Boxes)</i>							
City		State		ZIP		ZIP + 4	
Dimmit							
24. County							
Dimmit							

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

25. Description to Physical Location:		Located approximately 0.5 miles NE of the Intersection of US Hwy. 83 and SH-85 and S.H. 85 in Carrizo Springs, Dimmit County, Texas 78834					
26. Nearest City		State		Nearest ZIP Code			
Carrizo Springs		TX		78834			
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>							
27. Latitude (N) In Decimal:		28°31'30" N		28. Longitude (W) In Decimal:		-99°51'00" W	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
28°	31	30	-99°	51	00		
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		N/A		22132		N/A	
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Wastewater Treatment							
34. Mailing Address:		City of Carrizo Springs					
		PO Box 329					
		City	Carrizo Springs	State	TX	ZIP	78834
				ZIP + 4			
35. E-Mail Address:		rcastillo@cityofcarrizosprings.org					
36. Telephone Number		37. Extension or Code			38. Fax Number (if applicable)		
(830) 876-2476					(830) 876-3127		

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.

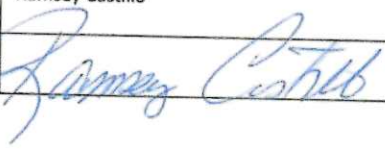
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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:
	WQ0010145001			

SECTION IV: Preparer Information

40. Name:	Robin Butcko	41. Title:	Senior Wastewater Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(713) 458-8612		() -	robin@permittingservices.net

SECTION V: Authorized Signature

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

Company:	City of Carrizo Springs	Job Title:	Water Department Supervisor
Name (In Print):	Ramsey Castillo	Phone:	(830) 876- 2476
Signature:		Date:	08-26-2024

Attachment 2

UGSG Map

ATTACHMENT No. 2
ADMINISTRATIVE
REPORT 2.0
USGS MAP
PG 17 OF 21

THREE MILES
DOWN STREAM

CITY LIMITS &
SERVICE AREA

ONE MILE
DOWN STREAM
WASTE WATER
TREATMENT PLANT
(FACILITY PROPERTY
BOUNDARY)

SCHOOL

CARRIZO
SPRINGS

SCHOOL

CARRIZO
SPRINGS

PARK

SCHOOL

CITY LIMITS &
SERVICE AREA

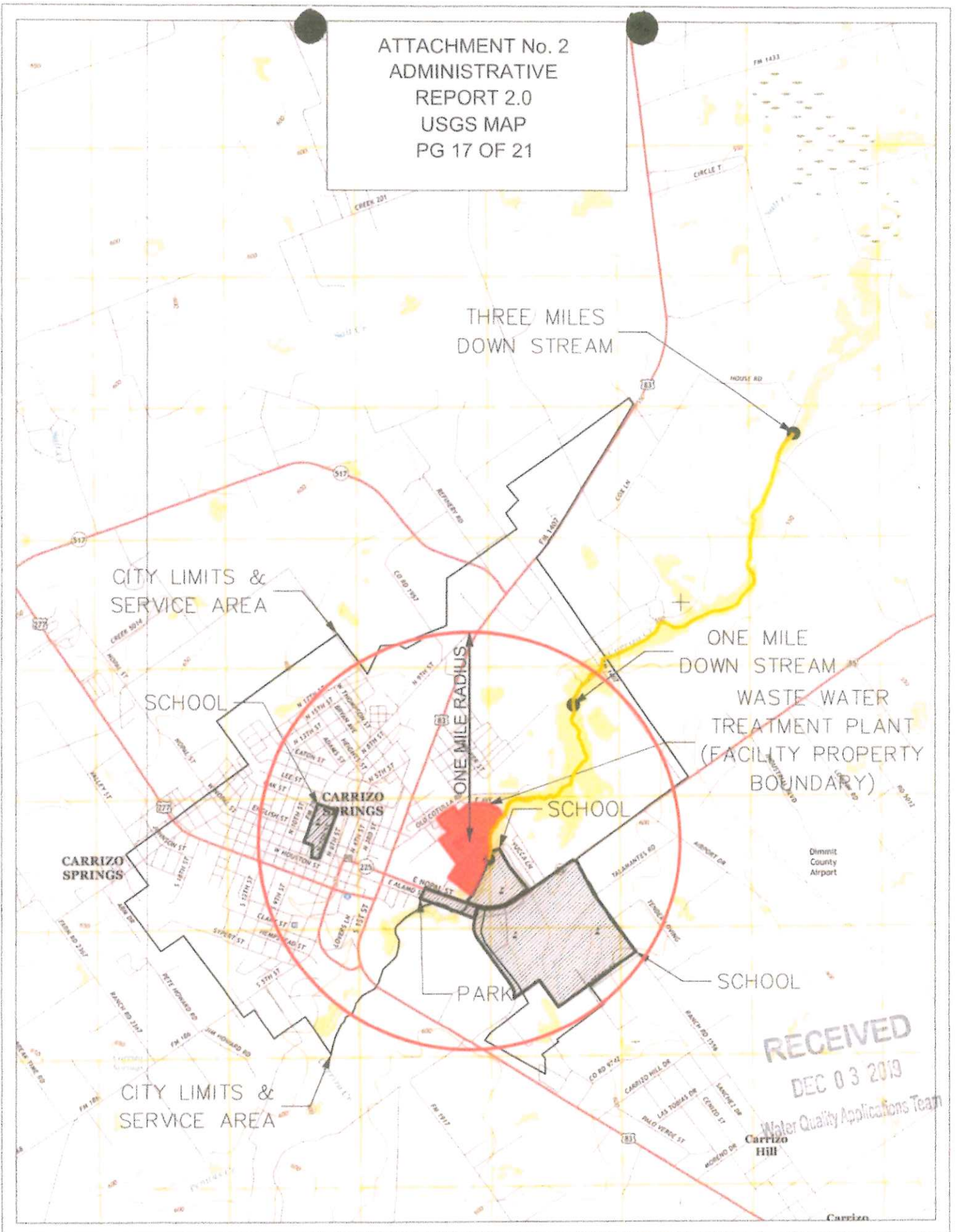
RECEIVED

DEC 03 2019

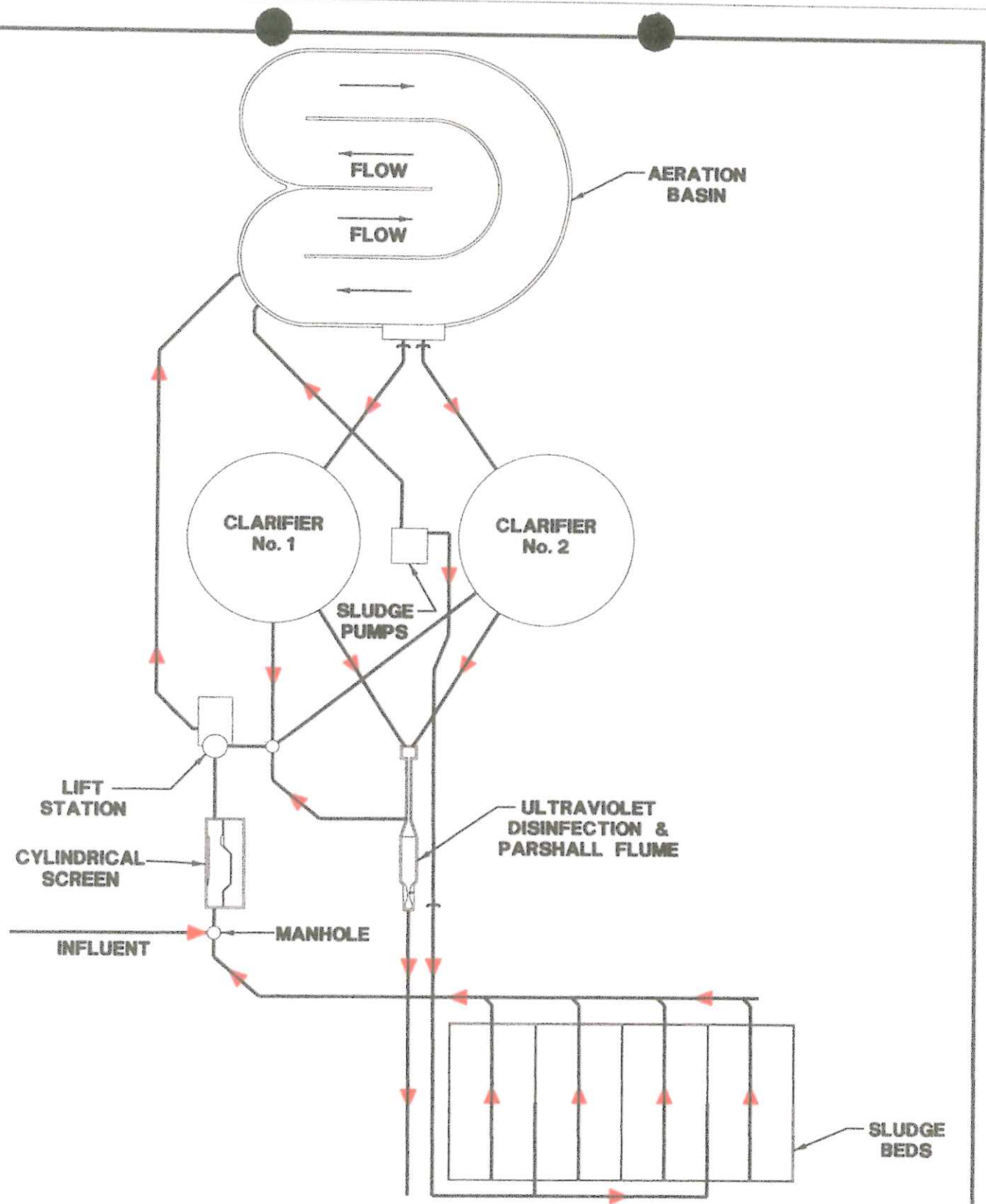
Water Quality Applications Team

Carrizo
Hill

Carrizo



Attachment 3
Flow Diagram



PROCESS FLOW DIAGRAM
TECHNICAL REPORT 1.0
ITEM 2.C, PAGE 2 OF 80
(ATTACHMENT No. 3)

GW PROJECT NO. C5701 FILE: #FILE# PLOTTED: #DATE# \$7/16/85

Attachment 4
Site Drawing



ATTACHMENT 2
Aerial View of Site



ATTACHMENT No. 4
DOMESTIC TECHNICAL
REPORT
SITE DRAWING
SECT. 3 PG 3 OF 80

THREE MILES
DOWN STREAM

CITY LIMITS &
SERVICE AREA

ONE MILE
DOWN STREAM
WASTE WATER
TREATMENT PLANT
(FACILITY PROPERTY
BOUNDARY)

SCHOOL

CARRIZO
SPRINGS

SCHOOL

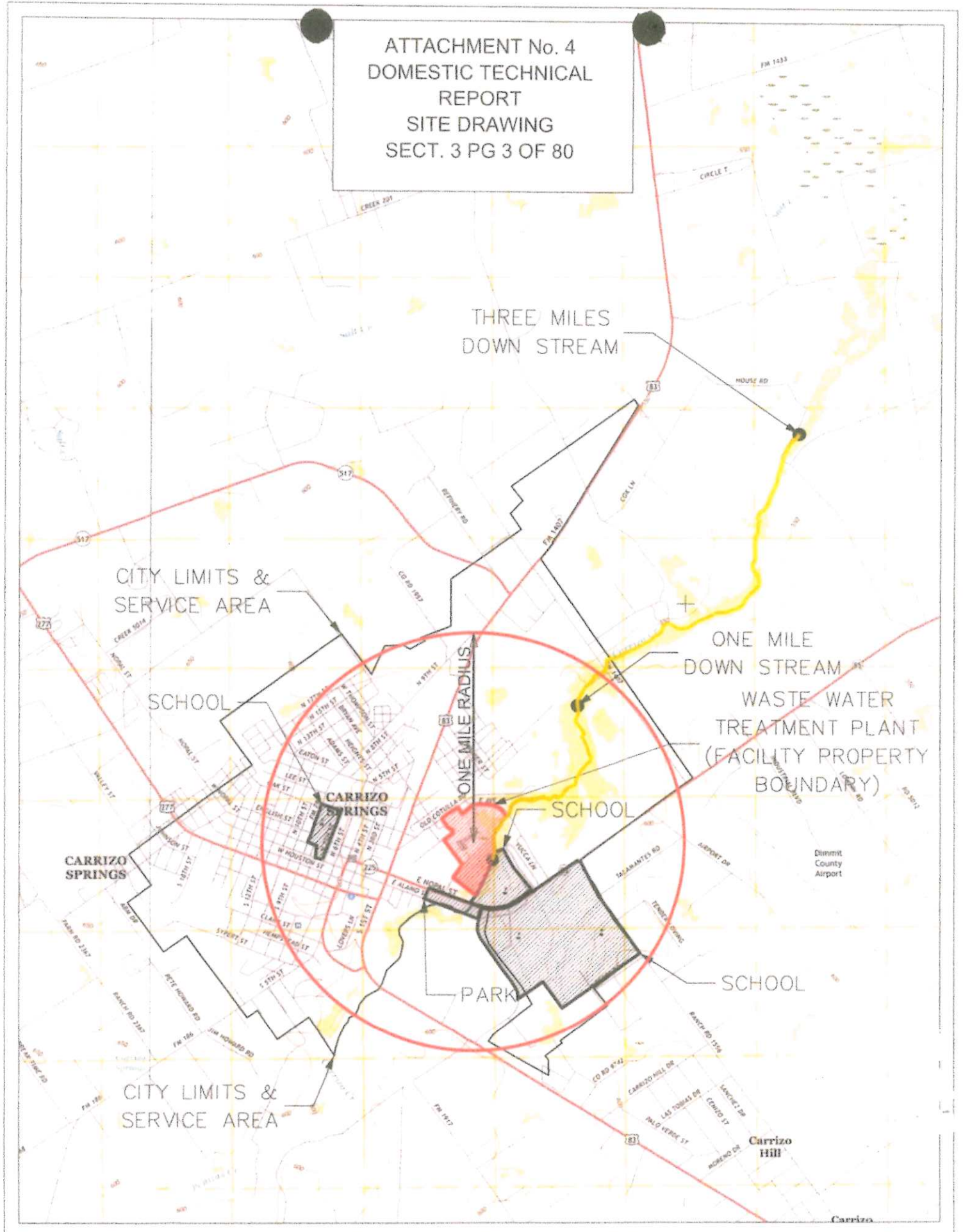
PARK

SCHOOL

CITY LIMITS &
SERVICE AREA

Carrizo
Hill

Dimmit
County
Airport



Attachment 5
Pollutant Analysis

POLLUTION CONTROL SERVICES



REVISED¹ Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Public Works Carrizo Springs, City of PO Box 329 Carrizo Springs, TX 78834	Project Name: TCEQ Minor Permit Renewal Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 8/14/2024 14:00	PCS Sample #: 771739 Page 1 of 2 Date/Time Received: 8/15/2024 11:35 Report Date: 8/26/2024 Approved by: Chuck Wallgren, President

Test Description	Flag	Result	Units	RL	Analysis Date/Time	Method	Analyst
pH	I	7.9	S.U.	N/A	08/15/2024 15:10	SM 4500-H+ B	GQM
CBOD5		<3	mg/L	3	08/15/2024 15:10	SM 5210 B	GQM
Chloride IC		111	mg/L	2	08/15/2024 18:59	EPA 300.0	JAS
Conductivity, Specific		1,034	µmhos/cm at 25° C	1	08/15/2024 16:48	SM 2510B	LCC
Nitrate-N_IC		23.9	mg/L	0.2	08/15/2024 18:59	EPA 300.0	JAS
Phosphorus, Total		4.1	mg/L	0.10	08/22/2024 00:00	SM 4500-P/B/E	JAS
Sulfate_IC	R	66	mg/L	2	08/15/2024 18:59	EPA 300.0	JAS
Total Dissolved Solids		336	mg/L	10	08/21/2024 12:00	SM 2540C	CLH

Test Description	Precision	Limit	Quality Assurance Summary				LCS Limit	Blank
			LCL	MS	MSD	UCL		
pH	N/A	N/A	N/A	N/A	N/A	N/A	Blank	
CBOD5	7	23	N/A	N/A	N/A	207	167 - 228	
Chloride IC	2	10	95	98	96	94	85 - 115	
Conductivity, Specific	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Nitrate-N_IC	2	20	70	97	99	102	85 - 115	
Phosphorus, Total	<1	10	91	96	97	100	85 - 115	
Sulfate_IC	3	10	94	*102	99	101	85 - 115	
Total Dissolved Solids	2.87	10	N/A	N/A	N/A	N/A	N/A	

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAP unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

* Approved for release per QA Plan, Exception to Limits - QAM Section 13-4
 † Spike recovery outside control limits due to matrix effect - LCS within limits
 ‡ Informational purposes only - pH outside hold time - pH Temperature: 30°C

These analytical results relate only to the sample tested.
 All data is reported on an 'As Is' basis unless designated as 'Dry Wt'.
 RL = Reporting Limits
 QC Data Reported in %, Except BOD in mg/L
 † - See Sample LogIn Checklist Comments for Revision Information

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POLLUTION CONTROL SERVICES



REVISED ¹ Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Public Works Carrizo Springs, City of PO Box 329 Carrizo Springs, TX 78834	Project Name: TCEQ Minor Permit Renewal Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 8/14/2024 14:00	PCS Sample #: 771739 Page 2 of 2 Date/Time Received: 8/15/2024 11:35 Report Date: 8/26/2024

Test Description	Result	Units	RL	Analysis Date/Time	Method	Analyst
Total Suspended Solids	3	mg/L	1	08/15/2024 15:45	SM 2540 D	PML
Ammonia-N (ISE)	<0.1	mg/L	0.1	08/15/2024 15:00	SM 4500-NH3 D	BMR
Kjeldahl-N, Total	2	mg/L	1	08/21/2024 11:00	SM 4500-N B/C	BMR

Test Description	Precision	Limit	Quality Assurance Summary					Blank
			LCL	MS	MSD	UCL	LCS	
Total Suspended Solids	<1	10	N/A			N/A		
Ammonia-N (ISE)	<1	10	80	105	106	120	88	85 - 115
Kjeldahl-N, Total	1	10	90	98	99	109	101	85 - 115

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

These analytical results relate only to the sample tested.
 All data is reported on an 'As Is' basis unless designated as 'Dry Wt.'
 RL = Reporting Limits
 1 - See Sample Log/In Checklist Comments for Revision Information

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POLLUTION CONTROL SERVICES

Chain of Custody Number
771738

MULTIPLE SAMPLE ANALYSIS REQUEST AND CHAIN OF CUSTODY FORM

Stamp 1st sample and COC as same number

CUSTOMER INFORMATION
 Name: Carrizo Springs, City of
SAMPLE INFORMATION
 Project Information: As Is Dry W/L

REPORT INFORMATION
 Attention: John Camarillo
 Phone: 830 859 0114
 Fax: 830 846 3127

Client / Field Sample ID	Collected		Residual mg/L	Composite or Grab	Matrix	Type	Number	Preservative	Requested Analysis					Instructions/Comments:
	Date	Time							pH, BOD, TSS	NH ₃	ph, CBOD, TSS	NH ₃ N	MLSS/MLSS	
Influent	Start: 07-15-2024 End: 07:55 AM			<input type="checkbox"/> C <input type="checkbox"/> G	DW <input type="checkbox"/> NPW Water, NPW-Non-potable water, WW-Wastewater, LW-Liquid Waste	<input type="checkbox"/> NP <input type="checkbox"/> G <input type="checkbox"/> O		<input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ PO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>	★	★				TKN, NP, TSS, SO ₄ , TDS Removal permit Renovation 015124
Effluent	Start: 07-14-2024 End: 10:00 AM			<input type="checkbox"/> C <input type="checkbox"/> G	DW <input type="checkbox"/> NPW Water, NPW-Non-potable water, WW-Wastewater, LW-Liquid Waste	<input type="checkbox"/> NP <input type="checkbox"/> G <input type="checkbox"/> O		<input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ PO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>	★	★				771739 AS OB ON OHEM Other:
Effluent	Start: 07-14-2024 End: 2:00 PM			<input type="checkbox"/> C <input type="checkbox"/> G	DW <input type="checkbox"/> NPW Water, NPW-Non-potable water, WW-Wastewater, LW-Liquid Waste	<input type="checkbox"/> NP <input type="checkbox"/> G <input type="checkbox"/> O		<input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ PO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>						771740 AS OB ON OHEM Other:
Aeration	Start: 07-15-2024 End: 07:50 AM			<input type="checkbox"/> C <input type="checkbox"/> G	DW <input type="checkbox"/> NPW Water, NPW-Non-potable water, WW-Wastewater, LW-Liquid Waste	<input type="checkbox"/> NP <input type="checkbox"/> G <input type="checkbox"/> O		<input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ PO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>			★			771741 AS OB ON OHEM Other:
RAS	Start: 07-16-2024 End: 07:50 AM			<input type="checkbox"/> C <input type="checkbox"/> G	DW <input type="checkbox"/> NPW Water, NPW-Non-potable water, WW-Wastewater, LW-Liquid Waste	<input type="checkbox"/> NP <input type="checkbox"/> G <input type="checkbox"/> O		<input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ PO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>				★		771742 AS OB ON OHEM Other:

Required Turnaround: Routine (6-10 days) EXPEDITE: (See Surcharge Schedule) < 8 Hrs. < 16 Hrs. < 24 Hrs. 5 days Other: _____ **Rush Charges Authorized by:** _____

Sample Archive/Disposition: Laboratory Standard Hold for client pick up **Container Type:** P = Plastic, G = Glass, O = Other

Relinquished By: [Signature] **Date:** 8/15/24 **Time:** 9:20 AM **Received By:** [Signature] **Date:** 8-15-24 **Time:** 9:20 AM

Relinquished By: [Signature] **Date:** 8-15-24 **Time:** 11:50 AM **Received By:** [Signature] **Date:** 8-15-24 **Time:** 11:50 AM

See Multiple Sample COC for details

1532 Universal City Blvd., Ste. 100, Universal City, Texas 78148
 P (210) 340-0343 or (800) 880-4616 - F (210) 658-7903

Login at www.pcsslab.net

Rick Wilborn

Carrizo Springs

From: Chuck Wallgren
Sent: Tuesday, August 6, 2024 4:21 PM
To: Rick Wilborn
Subject: Re: Testing Requirements for Permit Renewal

They don't need oil and grease or total alkalinity or enterococci - and the the DO and chlorine and pH need to come off their on site test data - we should be able to get the extra off the regular weekly sample - just go ahead and get receiving to log this week effluent fir them as TCEQ Minor Permit Renewal

Sent from my iPhone

On Aug 6, 2024, at 4:15 PM, Chuck Wallgren <Chuck@pcslab.net> wrote:

We can do this Minor Permit Renewal Testing list off the regular weekly sample - we don't need anything extra for it - pretty sure we get enough sample to do all the things that they need done -

Sent from my iPhone

On Aug 6, 2024, at 2:39 PM, Rick Wilborn <Rick@pcslab.net> wrote:

Ramsey, thank you very much. Can you please remind me of when you were wanting to do this testing? Do you need anything else from us in advance?

Rick Wilborn
General Manager
Pollution Control Services

<image001.png>[210-340-0343](tel:210-340-0343)
<image002.png>www.pcslab.net
<image003.png>1532 Universal City Blvd

How are we doing? <https://pcslab.net/feedback-survey/>

From: Ramsey Castillo <rcastillo@cityofcarrizo.org>
Sent: Tuesday, August 6, 2024 1:37 PM
To: Rick Wilborn <Rick@pcslab.net>
Subject: FW: Testing Requirements for Permit Renewal
Importance: High

Pollution Control Services

Sample Log-In Checklist

771738

771742

771738

PCS Sample No(s) _____ COC No. _____

Client/Company Name: Carti70 Checklist Completed by: JAA

Sample Delivery to Lab Via:

Client Drop Off Commercial Carrier: Bus _____ UPS _____ Lone Star _____ FedEx _____ USPS _____
PCS Field Services: Collection/Pick Up _____ Other: _____

Sample Kit/Coolers

Sample Kit/Cooler? Yes No _____ Sample Kit/Cooler: Intact? Yes No _____
Custody Seals on Sample Kit/Cooler: Not Present If Present, Intact _____ Broken _____
Sample Containers Intact; Unbroken and Not Leaking? Yes No _____
Custody Seals on Sample Bottles: Not Present If Present, Intact _____ Broken _____
COC Present with Shipment or Delivery or Completed at Drop Off? Yes No _____
Has COC sample date/time and other pertinent information been provided by client/sampler? Yes: No: _____
Has COC been properly Signed when Received/Relinquished? Yes No _____
Does COC agree with Sample Bottle Information, Bottle Types, Preservation, etc.? Yes No _____
All Samples Received before Hold Time Expiration? Yes No _____
Sufficient Sample Volumes for Analysis Requested? Yes No _____
Zero Headspace in VOA Vial? Yes _____ No _____

Sample Preservation:

* Cooling: Not Required _____ or Required
If cooling required, record temperature of submitted samples Observed/Corrected 4, 1 °C
Is Ice Present in Sample Kit/Cooler? Yes _____ No _____ Samples received same day as collected? Yes No
Lab Thermometer Make and Serial Number: Vaughan 1807009583 Other: _____

Acid Preserved Sample - If present, is pH <2? Yes No _____** H₂SO₄ _____ HNO₃ _____ H₃PO₄

Base Preserved Sample - If present, is pH >12? Yes _____ No _____ NaOH

Other Preservation: _____ If Present, Meets Requirements? Yes _____ No _____

Sample Preservations Checked by: JAA Date 8-15-24 Time 1214

pH paper used to check sample preservation (PCS log #): 23-131 (HEM pH checked at analysis).

Samples Preserved/Adjusted by Lab:	Lab #	Parameters Preserved	Preservative Used	Log #

Adjusted by Tech/Analyst: _____ Date: _____ Time: _____

Client Notification/ Documentation for "No" Responses Above/ Discrepancies/ Revision Comments

Person Notified: _____ Contacted by: _____
Notified Date: _____ Time: _____
Method of Contact: At Drop Off: _____ Phone _____ Left Voice Mail _____ E-Mail _____ Fax _____
Unable to Contact _____ Authorized Laboratory to Proceed: _____ (Lab Director)
Regarding / Comments: _____

Actions taken to correct problems/discrepancies: _____

Receiving qualifier needed (requires client notification above) Temp. _____ Holding Time _____ Initials: _____

Receiving qualifier entered into LIMS at login Initial/Date: _____

Revision Comments: low TDS - Template error - PCS # 771739 - corrected pres. results for TDS - Template error - PCS # 771739

POLLUTION CONTROL SERVICES



REVISED¹ Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Public Works Carrizo Springs, City of PO Box 329 Carrizo Springs, TX 78834	Project Name: TCEQ Minor Permit Renewal Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 8/14/2024 14:00	PCS Sample #: 771739 Page 1 of 2 Date/Time Received: 8/15/2024 11:35 Report Date: 8/27/2024 Approved by: Chuck Wallgren, President

Test Description	Flag	Result	Units	RL	Analysis Date/Time	Method	Analyst
pH	I	7.9	S.U.	N/A	08/15/2024 15:10	SM 4500-H+B	GQM
CBOD5		<3	mg/L	3	08/15/2024 15:10	SM 5210 B	GQM
Chloride IC		111	mg/L	2	08/15/2024 18:59	EPA 300.0	JAS
Conductivity, Specific		1,034	µmhos/cm at 25° C	1	08/15/2024 16:48	SM 2510B	LCC
Nitrate-N_IC		23.9	mg/L	0.2	08/15/2024 18:59	EPA 300.0	JAS
Phosphorus, Total		4.1	mg/L	0.10	08/22/2024 00:00	SM 4500-P/B/E	JAS
Sulfate_IC	R	66	mg/L	2	08/15/2024 18:59	EPA 300.0	JAS
Total Dissolved Solids		600	mg/L	10	08/26/2024 15:25	SM 2540C	PML

Test Description	Precision	Limit	Quality Assurance Summary				LCS	LCS Limit	Blank
			LCL	MS	MSD	UCL			
pH	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
CBOD5	7	23	N/A	N/A	N/A	207	167 - 228		
Chloride IC	2	10	95	98	96	94	85 - 115		
Conductivity, Specific	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Nitrate-N_IC	2	20	70	97	99	102	85 - 115		
Phosphorus, Total	<1	10	91	96	97	100	85 - 115		
Sulfate_IC	3	10	94	*102	99	101	85 - 115		
Total Dissolved Solids	2	10	N/A	N/A	N/A	N/A	N/A		

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

* Approved for release per QA Plan, Exception to Limits - QAM Section 13-4
 R Spike recovery outside control limits due to matrix effect - LCS within limits
 1 Informational purposes only - pH outside hold time - pH Temperature: 30°C

These analytical results relate only to the sample tested.
 All data is reported on an 'As Is' basis unless designated as 'Dry Wt.'
 RL = Reporting Limits
 QC Data Reported in %, Except BOD in mg/L
 1 - See Sample LogIn Checklist Comments for Revision Information

POLLUTION CONTROL SERVICES



REVISED¹ Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Public Works Carrizo Springs, City of PO Box 329 Carrizo Springs, TX 78834	Project Name: TCEQ Minor Permit Renewal Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 8/14/2024 14:00	PCS Sample #: 771739 Page 2 of 2 Date/Time Received: 8/15/2024 11:35 Report Date: 8/27/2024

Test Description	Result	Units	RL	Analysis Date/Time	Method	Analyst
Total Suspended Solids	3	mg/L	1	08/15/2024 15:45	SM 2540 D	PML
Ammonia-N (ISE)	<0.1	mg/L	0.1	08/15/2024 15:00	SM 4500-NH3 D	BMR
Kjeldahl-N, Total	2	mg/L	1	08/21/2024 11:00	SM 4500-N B/C	BMR

Test Description	Precision	Quality Assurance Summary							
		Limit	LCL	MS	MSD	UCL	LCS	LCS Limit	Blank
Total Suspended Solids	<1	10	N/A			N/A			
Ammonia-N (ISE)	<1	10	80	105	106	120	88	85 - 115	
Kjeldahl-N, Total	1	10	90	98	99	109	101	85 - 115	<1

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAP unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

These analytical results relate only to the sample tested.
 All data is reported on an 'As Is' basis unless designated as 'Dry Wt'.
 RL = Reporting Limits
 1 - See Sample Login Checklist Comments for Revision Information

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POLLUTION CONTROL SERVICES

Chain of Custody Number
771738

Stamp 1st sample and COC as same number

MULTIPLE SAMPLE ANALYSIS REQUEST AND CHAIN OF CUSTODY FORM

CUSTOMER INFORMATION
 Name: Carrizo Springs, City of
 Attention: John Camarillo
 Phone: 830 854 0444 Fax: 830 876 3127

SAMPLE INFORMATION
 Project Information: _____
 Report "Soils" As Is Dry Wt.

Client / Field Sample ID	Collected		Field Chlorine Residual mg/L	Composite or Grab	Matrix	Type	Number	Preservative	Requested Analysis					Instructions/Comments
	Date	Time							PH, BOD, TSS	NH3n	ph, CBOD, TSS	NH3N	MLSS/MLSS	
Influent	Start: 07-15-2024 End: 07:55 am	Start: 07:55 am End:		<input type="checkbox"/> C <input type="checkbox"/> G	<input type="checkbox"/> DW <input type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Soil <input type="checkbox"/> Studge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input type="checkbox"/> DP <input type="checkbox"/> DG <input type="checkbox"/> DO		<input type="checkbox"/> H2SO4 <input type="checkbox"/> HNO3 <input type="checkbox"/> H3PO4 <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>	<input checked="" type="checkbox"/> PH, BOD, TSS <input checked="" type="checkbox"/> NH3n <input type="checkbox"/> ph, CBOD, TSS <input type="checkbox"/> NH3N <input type="checkbox"/> MLSS/MLSS <input type="checkbox"/> MLSS				771738 E. coli TKN, Nitrite, Nitrate SOL, TDS Instructions/Comments: Storage permit reanalysis 07/15/24	
Effluent	Start: 07-14-2024 End: 10:00 am	Start: 10:00 am End:		<input type="checkbox"/> C <input type="checkbox"/> G	<input type="checkbox"/> DW <input type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Soil <input type="checkbox"/> Studge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input type="checkbox"/> DP <input type="checkbox"/> DG <input type="checkbox"/> DO		<input type="checkbox"/> H2SO4 <input type="checkbox"/> HNO3 <input type="checkbox"/> H3PO4 <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>	<input checked="" type="checkbox"/> PH, BOD, TSS <input checked="" type="checkbox"/> NH3n <input type="checkbox"/> ph, CBOD, TSS <input type="checkbox"/> NH3N <input type="checkbox"/> MLSS/MLSS <input type="checkbox"/> MLSS				771739 Instructions/Comments: Storage permit reanalysis 07/15/24	
Effluent	Start: 07-14-2024 End: 2:00 pm	Start: 2:00 pm End:		<input type="checkbox"/> C <input type="checkbox"/> G	<input type="checkbox"/> DW <input type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Soil <input type="checkbox"/> Studge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input type="checkbox"/> DP <input type="checkbox"/> DG <input type="checkbox"/> DO		<input type="checkbox"/> H2SO4 <input type="checkbox"/> HNO3 <input type="checkbox"/> H3PO4 <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>	<input checked="" type="checkbox"/> PH, BOD, TSS <input checked="" type="checkbox"/> NH3n <input type="checkbox"/> ph, CBOD, TSS <input type="checkbox"/> NH3N <input type="checkbox"/> MLSS/MLSS <input type="checkbox"/> MLSS				771740 Instructions/Comments: Storage permit reanalysis 07/15/24	
Aeration	Start: 07-15-2024 End: 07:30 am	Start: 07:30 am End:		<input type="checkbox"/> C <input type="checkbox"/> G	<input type="checkbox"/> DW <input type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Soil <input type="checkbox"/> Studge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input type="checkbox"/> DP <input type="checkbox"/> DG <input type="checkbox"/> DO		<input type="checkbox"/> H2SO4 <input type="checkbox"/> HNO3 <input type="checkbox"/> H3PO4 <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>	<input checked="" type="checkbox"/> PH, BOD, TSS <input checked="" type="checkbox"/> NH3n <input type="checkbox"/> ph, CBOD, TSS <input type="checkbox"/> NH3N <input type="checkbox"/> MLSS/MLSS <input type="checkbox"/> MLSS				771741 Instructions/Comments: Storage permit reanalysis 07/15/24	
RAS	Start: 07-15-2024 End: 07:50 am	Start: 07:50 am End:		<input type="checkbox"/> C <input type="checkbox"/> G	<input type="checkbox"/> DW <input type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Soil <input type="checkbox"/> Studge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input type="checkbox"/> DP <input type="checkbox"/> DG <input type="checkbox"/> DO		<input type="checkbox"/> H2SO4 <input type="checkbox"/> HNO3 <input type="checkbox"/> H3PO4 <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>	<input checked="" type="checkbox"/> PH, BOD, TSS <input checked="" type="checkbox"/> NH3n <input type="checkbox"/> ph, CBOD, TSS <input type="checkbox"/> NH3N <input type="checkbox"/> MLSS/MLSS <input type="checkbox"/> MLSS				771742 Instructions/Comments: Storage permit reanalysis 07/15/24	

Required Turnaround: Routine (6-10 days) EXPEDITE: (See Surcharge Schedule) < 8 Hrs. < 16 Hrs. < 24 Hrs. 5 days Other: _____ Rush Charges Authorized by: _____

Sample Archive/Disposition: Laboratory Standard Hold for client pick up
 Relinquished By: _____ Date: 07/15/24 Time: 9:20 am
 Relinquished By: _____ Date: 07-15-24 Time: 11:50 am

Container Type: P = Plastic, G = Glass, O = Other
 Received By: _____
 Received By: _____

Carrier ID: _____
 Date: 7-15-24 Time: 9:20 AM
 Date: 7-15-24 Time: 11:55

From: Ramsey Castillo <rccastillo@cityofcarriazo.org>
Sent: Tuesday, August 6, 2024 1:37 PM
To: Rick Wilborn <Rick@pcslab.net>
Subject: FW: Testing Requirements for Permit Renewal
Importance: High

How are we doing? <https://pcslab.net/feedback-survey/>

Rick Wilborn
General Manager
Pollution Control Services
|
<image001.png>210-340-0343
<image002.png>www.pcslab.net
<image003.png>1532 Universal City Blvd

Ramsey, thank you very much. Can you please remind me of when you were wanting to do this testing? Do you need anything else from us in advance?

On Aug 6, 2024, at 2:39 PM, Rick Wilborn <Rick@pcslab.net> wrote:

Sent from my iPhone

We can do this Minor Permit Renewal Testing list off the regular weekly sample - we don't need anything extra for it - pretty sure we get enough sample to do all the things that they need done -

On Aug 6, 2024, at 4:15 PM, Chuck Wallgren <Chuck@pcslab.net> wrote:

Sent from my iPhone

They don't need oil and grease or total alkalinity or enterococci - and the the DO and chlorine and pH need to come off their on site test data - we should be able to get the extra off the regular weekly sample - just go ahead and get receiving to log this week effluent fir them as TCEQ Minor Permit Renewal

From: Chuck Wallgren
Sent: Tuesday, August 6, 2024 4:21 PM
To: Rick Wilborn
Subject: Re: Testing Requirements for Permit Renewal

Rick Wilborn

Carriazo Springs

Attachment 6

Copy of Check

Attachment 7
PLS Summaries
English / Spanish



Permitting Services, LLC

6425 Bankside Drive, Suite 2111

Houston, TX 77096

robin@permittingservices.net

Tel. 713-458-8612

August 2, 2024

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

Re: Application to Renew Permit Number: WQ0010145001 – CITY OF CARRIZO SPRINGS
Customer Number: CN600241418
Regulated Entity Number: RN101721124

Dear Chief Officer,

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

The City of Carrizo Springs (CN600241418) operates the Carrizo Springs Wastewater Treatment Plant (RN101721124), the plant is a Extended Aeration and operates as an activated sludge wastewater treatment process to treat the wastewater before it is discharged. The facility is located approximately 0.5 miles NE of the intersection of US Hwy. 83 and S.H.-85 and S.H.-85 in Carrizo Springs, Dimmit County, Texas 78834.

This application is for a renewal to dispose a daily average flow not to exceed 950,000 gallons per day of treated domestic wastewater via outfall 001.

Discharges from the facility are expected to contain seven-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an Existing Phase I: The plant operates as an activated sludge wastewater treatment process to treat the wastewater prior to release into a stream. Treatment Plant includes extended aeration: effluent enters through a mechanical screen to a lift station & lifted to an aeration basin. MLSS flows by gravity to the clarifier. Sludge pumps return sludge from clarifier to an

aeration basin or is wasted to sludge beds. Clear effluent from the clarifier flows by gravity to UV for disinfection, to Parshall flume then to a point of discharge. The sludge is transported by truck from City of Carrizo Springs to the City of Carrizo Springs Municipal Landfill in Dimmit County.

The plant discharges treated wastewater at a volume not to exceed an annual average flow of 950,000 gallons per day. The effluent discharges through a 20" pipe to Carrizo Creek; thence to Soldier Slough; thence to Nueces River above Holland Dam in Segment No. 2105 of the Nueces River Basin.

I appreciate your time and effort in reviewing my summary. If you have any questions, please contact me at (713) 458-8612, or via email at robin@permittingservices.net.

Yours truly,

Robin Butcko

Robin Butcko
Senior Wastewater Consultant
Permitting Services, LLC
(713) 458-8612



Permitting Services, LLC

6425 Bankside Drive, Suite 2111

Houston, TX 77096

robin@permittingservices.net

Tel. 713-458-8612

2 de agosto de 2024

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

Re: Solicitud de renovación del número de permiso: WQ0010145001
Número de cliente: CN600241418
Número de entidad regulada: RN101721124

Estimado Oficial Principal,

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.

La ciudad de Carrizo Springs (CN600241418) opera la Planta de Tratamiento de Aguas Residuales (RN101721124) de Carrizo Springs, la planta es de aireación extendida y funciona como una planta de aguas residuales de lodos activados proceso de tratamiento para tratar las aguas residuales antes de su vertido. La instalación está ubicada aproximadamente a 0.5 millas al NE de la intersección de US Hwy. 83 y S.H.-85 y S.H.-85 en Carrizo Springs, Dimmit County, Texas 78834.

Esta solicitud es para una renovación para disponer de un flujo promedio diario que no exceda los 950,000 galones por día de aguas residuales domésticas tratadas a través del desagüe 001.

Se espera que las descargas de la instalación contengan una demanda bioquímica de oxígeno carbonoso (CBOD5) de siete días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y Escherichia coli. En la sección 7 del Informe Técnico Nacional 1.0 se incluyen contaminantes potenciales adicionales. Análisis de Contaminantes de Efluentes Tratados en el paquete de solicitud de permisos. Las aguas residuales domésticas se tratan mediante una Fase I existente: La planta funciona como un proceso de tratamiento de aguas residuales con lodos activados para tratar las aguas residuales antes de su vertido en un arroyo. La Planta de Tratamiento incluye la extensión Aireación: El efluente ingresa a través de una pantalla mecánica a una estación de bombeo y se eleva a una cuenca de aireación. MLSS fluye por

gravedad hacia el clarificador. Las bombas de lodos devuelven los lodos del clarificador a uncuenca de aireación o se desperdicia en lechos de lodos. El efluente claro del clarificador fluye por gravedad a los rayos UV para su desinfección, al canal de Parshall y luego a un punto de descarga. El lodo se transporta en camión desde la ciudad de Carrizo Springs hasta el vertedero municipal de la ciudad de Carrizo Springs en el condado de Dimmit.

La planta descarga aguas residuales tratadas a un volumen que no excede un flujo promedio anual de 950,000 galones por día. El efluente se descarga a través de una tubería de 20" al arroyo Carrizo; de allí al Soldier Slough; de allí al río Nueces por encima de la presa Holland en el segmento No. 2105 de la cuenca del río Nueces.

Agradezco su tiempo y esfuerzo en la revisión de mi resumen. Si tiene alguna pregunta, comuníquese conmigo al (713) 458-8612, o por correo electrónico a robin@permittingservices.net.

Atentamente,

Robin Butcko

Robin Butcko
Senior Wastewater Consultant
Permitting Services, LLC
713.458.8612

Attachment 8
Supplemental Permit Information Form
(SPIF)

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)**

**FOR AGENCIES REVIEWING DOMESTIC
TPDES WASTEWATER PERMIT APPLICATIONS**

TCEQ USE ONLY:	
Application type: <input type="checkbox"/> Renewal <input type="checkbox"/> Major Amendment <input type="checkbox"/> Minor Amendment <input type="checkbox"/> New	
County: _____	Segment Number: _____
Admin Complete Date: _____	
Agency Receiving SPIF:	
<input type="checkbox"/> Texas Historical Commission	<input type="checkbox"/> U.S. Fish and Wildlife
<input type="checkbox"/> Texas Parks and Wildlife Department	<input type="checkbox"/> 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 Carrizo Springs

Permit No. WQ00 10145001

EPA ID No. TX 0025976

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

Located approximately 0.5 miles NE of the intersection of US Hwy. 83 and S.H.-85 and S.H.-85 in Carrizo Springs, Dimmit County, Texas 78834

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: Ramsey Castillo

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

Title: Water Department Supervisor

Mailing Address: PO Box 329

City, State, Zip Code: Carrizo Springs, TX 78834

Phone No.: 830-876-2476 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: rcastillo@cityofcarrizo.org

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

Carrizo Creek; thence to Soldier Slough; thence to Nueces River above Holland Dam in segment No. 2105 of the Nueces 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

Francesca Findlay

From: Robin Butcko <robin@permittingervices.net>
Sent: Saturday, September 14, 2024 2:50 PM
To: Francesca Findlay
Subject: Re: WQ0010145001 City of Carrizo Springs
Attachments: Carrizo Springs Municipal Discharge Renewal Spanish NORI.docx; wq0010145001-nod1.pdf

Importance: High

Dear Francesca,

I hope you are doing well. Please see the attached for the Translated NORI. The only thing I see that you might want to fix in the NORI is down below highlighted in yellow. 5th line at the end says located at located. This you might want to delete one of the located words. See below.




APPLICATION. City of Carrizo Springs, P.O. Box 329, Carrizo Springs, Texas 78834, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010145001 (EPA I.D. No. TX0025976) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 950,000 gallons per day. The domestic wastewater treatment facility is located at located approximately 0.5 mile northeast of the intersection of U.S. Highway 83 and State Highway 85, near the city of Carrizo Springs, in Dimmit County, Texas 78834. The discharge route is from the plant site to Carrizo Creek; thence to Soldier Slough; thence to Nueces River Above Holland Dam. TCEQ received this application on September 5, 2024. The permit application will be available for viewing and copying at Carrizo Springs City Hall, 308 Pena Street, Carrizo Springs, in Dimmit 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

I hope this helps and thank you for your time and effort in reviewing the NORI.

Regards,
Robin

**Robin
Butcko**

President & CEO
6425 Bankside Drive
Suite 2111
Houston, TX 77096

 713-458-8612
 robin@permittingervices.net
 www.permittingervices.net

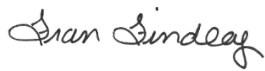
From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Thursday, September 12, 2024 3:14 PM

To: Robin Butcko <robin@permittingservices.net>
Cc: rcastillo@cityofcarrizo.org <rcastillo@cityofcarrizo.org>
Subject: FW: WQ0010145001 City of Carrizo Springs

Dear Ms. Butcko:

The attached Notice of Deficiency letter sent on September 12, 2024, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention September 26, 2024.

Thank you,



Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality



Please consider whether it is necessary to print this e-mail