Administrative Package Cover Page

This file contains the following documents:

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

Plain Language Summary Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS
Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER
The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

City of Coleman (CN600244677) operates the City of Coleman Wastewater Treatment Plant (RN102845971), a municipal wastewater treatment plant. The facility is located at Located east of the City of Coleman on the south side of Hords Creek and approximately 0.75 miles northwest of the intersection of FM 568 and US Hwy 84, in Coleman County, Texas 76834., in Coleman, Coleman County, Texas 76834. This application is for a renewal to discharge at an annual average flow of 800,000 gallons per day of treated wastewater..

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD5), total suspended solids (TSS), ammonia nitrogen (NH3-N), and Escherichia coli. Additional potential pollutants are included in Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater from residential and commercial sources is treated by This treatment plant is an extended aeration plant. It enters through the bar screen, then to the oxidation ditch, then to clarifiers. The water then is sent to a chlorine contact chamber, then discharged.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0010150001

APPLICATION. City of Coleman, P.O. Box 592, Coleman, Texas 76834, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010150001 (EPA I.D. No. TX0021555) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 800,000 gallons per day. The domestic wastewater treatment facility is located approximately 0.75 mile northwest of the intersection of Farm-to-Market Road 568 and US Highway 84, near the city of Coleman, in Coleman County, Texas 76834. The discharge route is from the plant site to Hords Creek; thence to Jim Ned Creek; thence to Lake Brownwood. TCEQ received this application on June 11, 2024. The permit application will be available for viewing and copying at Coleman City Hall, 200 West Live Oak Street, Coleman, in Coleman County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.408611,31.824444&level=18

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

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

OPPORTUNITY FOR A CONTESTED CASE HEARING. After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a

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

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

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

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

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

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

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

AGENCY CONTACTS AND INFORMATION. All public comments and requests must be submitted either electronically at **https://www14.tceq.texas.gov/epic/eComment/**, or in

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

Further information may also be obtained from City of Coleman at the address stated above or by calling Ms. Diana Lopez, City Manager, at 325-625-4116.

Issuance Date: June 21, 2024

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Coleman

PERMIT NUMBER (If new, leave blank): WQ00 10150001

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

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

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).

Flow	New/Major Amendment	Renewal
<0.05 MGD	$350.00 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☐
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☒
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed — Check/Money Order Number: Click to enter text.

Check/Money Order Amount: Click to enter text.

Name Printed on Check: City of Coleman

EPAY — Voucher Number: 708470

Copy of Payment Voucher enclosed? Yes ☒

Section 2. Type of Application (Instructions Page 26)

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

☒ Publicly-Owned Domestic Wastewater

☐ Privately-Owned Domestic Wastewater

☐ Conventional Wastewater Treatment

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

☒ 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 10150001

EPA I.D. (TPDES only): TX 0021555

Expiration Date: 12/10/2024

Section 3. Facility Owner (Applicant) and Co-Applicant 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 Coleman

(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: 600244677

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: Click to enter text. Last Name, First Name: Lopez, Diana

Title: City Manager 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?

Click to enter text.

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

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

CN: Click to enter text.

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

Prefix: Click to enter text. Last Name, First Name: Lopez, Diana

Title: City Manager Credential: Click to enter text.

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

C. Core Data Form

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

Title: Environmental Scientist Credential: Click to enter text.

Organization Name: Jacob Martin Engineering

Mailing Address: 3465 Curry Lane City, State, Zip Code: Abilene TX 79605

Phone No.: 325-695-1070 E-mail Address: dhudson@jacobmartin.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. 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 Coleman

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

Phone No.: Click to enter text. E-mail Address: Click to enter text.

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: Click to enter text. Last Name, First Name: Lopez, Diana

Title: City Manager Credential: Click to enter text.

Organization Name: City of Coleman

Mailing Address: PO Box 592 City, State, Zip Code: Coleman TX 76834

Phone No.: 325-625-4116 E-mail Address: **diana.lopez@cityofcolemantx.us**

B. Prefix: Click to enter text. Last Name, First Name: Allan, Kevin

Title: Public Works Credential: Click to enter text.

Organization Name: City of Coleman

Mailing Address: PO Box 592 City, State, Zip Code: Coleman TX 76834

Phone No.: 325-625-4116- E-mail Address: kevin.allan@cityofcolemantx.us

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: Click to enter text. Last Name, First Name: Lopez, Diana

Title: City manager Credential: Click to enter text.

Organization Name: City of Coleman

Mailing Address: PO Box 592 City, State, Zip Code: Coleman TX 76834

Phone No.: 325-625-4116 E-mail Address: **diana.lopez@cityofcolemantx.us**

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: Click to enter text. Last Name, First Name: Lopez, Diana

Title: City Manager Credential: Click to enter text.

Organization Name: City of Coleman

Mailing Address: PO Box 592 City, State, Zip Code: Coleman, TX 76834

Phone No.: 325-625-4116 E-mail Address: **diana.lopez@cityofcolemantx.us**

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Click to enter text. Last Name, First Name: Lopez, Diana

Title: City Manager Credential: Click to enter text.

Organization Name: City of Coleman

Mailing Address: **PO Box 592** City, State, Zip Code: Coleman, TX 76834

Phone No.: 325-625-4116 E-mail Address: **diana.lopez@cityofcolemantx.us**

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: Click to enter text. Last Name, First Name: Lopez, Diana

Title: City Manager Credential: Click to enter text.

Organization Name: City of Coleman

Mailing Address: PO Box 592 City, State, Zip Code: Coleman TX 76834

Phone No.: 325-625- 4116 E-mail Address: diana.lopez@cityofcolemantx.us

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: City Hall

Location within the building: lobby

Physical Address of Building: 200 West Liveoak

City: Coleman County: Coleman

Contact (Last Name, First Name): Lopez, Diana

Phone No.: 325-625-4116 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? Click to enter text.

F. Plain Language Summary Template

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

Attachment: Attachment 2

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: NA

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** 102845971

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 Coleman Wastewater Treatment Plant

C. Owner of treatment facility: City of Coleman

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: City of Coleman

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

Organization Name: City of Coleman

Mailing Address: PO Box 592 City, State, Zip Code: Coleman TX 76834

Phone No.: 325-625- 4116 E-mail Address: **diana.lopez@city ofcolemantx.us**

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

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: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

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

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

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: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

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

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): Coleman TX

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

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

☐ Yes ☒ No

If **yes**, indicate by a check mark if:

☐ Authorization granted ☐ Authorization pending

For **new and amendment** applications, provide copies of letters that show proof of contact and the approval letter upon receipt.

Attachment: Click to enter text.

D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: Click to enter text.

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: Charles Keith David Hudson

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: Click to enter text.

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0010150001

Applicant: City of Coleman

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): Diana L. Lopez

Signatory title: City Manager

Signature: Diana L Lopez Date: 06/01/2024

(Use blue ink)

Subscribed and Sworn to before me by the said Diana L. Lopez

on this 6th day of June, 2024.

My commission expires on the 21st day of May, 2025.

Notary Public

JAMES R. KING
Notary Public, State of Texas
Comm. Expires 05-21-2025
Notary ID 133114306

[SEAL]

Coleman

County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:

- ☐ The applicant's property boundaries
- ☐ The facility site boundaries within the applicant's property boundaries
- ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
- ☐ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
- ☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
- ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
- ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
- ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
- ☐ The property boundaries of all landowners surrounding the effluent disposal site
- ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
- ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located

B. ☐ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.

C. Indicate by a check mark in which format the landowners list is submitted:

☐ USB Drive ☐ Four sets of labels

D. Provide the source of the landowners' names and mailing addresses: Click to enter text.

E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?

☐ Yes ☐ No

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

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

- ☐ At least one original photograph of the new or expanded treatment unit location
- ☐ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- ☐ At least one photograph of the existing/proposed effluent disposal site
- ☐ A plot plan or map showing the location and direction of each photograph

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

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

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

☐ Yes ☐ No

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: Attachment 3

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if the mailing the payment.

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP **Waste Permit No:** WQ0010150001

1. Check or Money Order Number: voucher 708470
2. Check or Money Order Amount: Click to enter text.
3. Date of Check or Money Order: 1615.00
4. Name on Check or Money Order: City of Coleman
5. APPLICATION INFORMATION

   Name of Project or Site: City of Coleman Wastewater Treatment Plant

   Physical Address of Project or Site: Located approximately 0.75 miles northwest of the intersection of Farm-to-Market Road 568 and US Highway 84 in Coleman County Texas 76834

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

Staple Check or Money Order in This Space

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

Core Data Form (TCEQ Form No. 10400) ☒ Yes
(Required for all application types. Must be completed in its entirety and signed. Note: Form may be signed by applicant representative.)

Correct and Current Industrial Wastewater Permit Application Forms ☒ Yes
(TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)

Water Quality Permit Payment Submittal Form (Page 19) ☒ Yes
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)

7.5 Minute USGS Quadrangle Topographic Map Attached ☒ Yes
(Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)

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

Landowners Map ☒ N/A ☐ Yes
(See instructions for landowner requirements)

Things to Know:

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

Landowners Cross Reference List ☒ N/A ☐ Yes
(See instructions for landowner requirements)

Landowners Labels or USB Drive attached ☒ N/A ☐ Yes
(See instructions for landowner requirements)

Original signature per 30 TAC § 305.44 – Blue Ink Preferred ☒ Yes
(If signature page is not signed by an elected official or principle executive officer, a copy of signature authority/delegation letter must be attached)

Plain Language Summary ☒ Yes

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): 0.8

2-Hr Peak Flow (MGD): 2.00

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): Click to enter text.

2-Hr Peak Flow (MGD): Click to enter text.

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): Click to enter text.

2-Hr Peak Flow (MGD): Click to enter text.

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: 6/1/1972

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.**

This treatment plant is an extended aeration plant. It enters through the bar screen, then to the oxidation ditch, then to clarifiers. The water then is sent to a chlorine contact chamber, then discharged to Hord's Creek. Sludge from the clarifiers is sent to a belt press.

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)
Oxidation Ditch	1	414'8"L x 64'8"W x 6'D
Clarifiers	2	43' diameter x 10'D
Chlorine Contact Chamber	1	35'1"L x 14'W x 10'D

C. Process Flow Diagram

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

Attachment: Attachment 4

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

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

- Latitude: 31.825146
- Longitude: -99.404785

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

- Latitude: Click to enter text.
- Longitude: Click to enter text.

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: Attachment 5

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

City of Coleman

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
City of Coleman	City of Coleman	**Publicly Owned**	
		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.

Click to enter text.

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: Click to enter text.

Record **1** - **6** of **6** matching documents Page: **1**

#	Letter Dated	Project	Engineer	PE Lic. No.	Applicant	County
1	11/07/17	AERATOR REPLACEMENT	KEN MARTIN, P.E.	44025	CITY OF COLEMAN	COLEMAN
2	12/08/08	FINAL CLARIFIER ADDITION	SCOTT F. HIBBS, P.E.	63462	CITY OF COLEMAN	COLEMAN
3	08/26/05	WASTEWATER TREATMENT PLANT IMPROVEMENTS, CLARIFIER ADDITION	FRANK C. ROBEDEAU, P.E.	89064	CITY OF COLEMAN	COLEMAN
4	08/26/05	WASTEWATER TREATMENT PLANT IMPROVEMENTS, CLARIFIER ADDITION	FRANK C. ROBEDEAU, P.E.	89064	CITY OF COLEMAN	COLEMAN
5	09/14/99	WASTEWATER TREATMENT PLANT IMPROVEMENTS	BILLY JACOB, P.E.	27346	CITY OF COLEMAN	COLEMAN
6	05/19/98	WASTEWATER TREATMENT PLANT IMPROVEMENTS	BILLY JACOB, P.E.	27346	CITY OF COLEMAN	COLEMAN

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.**

Click to enter text.

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.

Click to enter text.

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 the 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 BOD_5 concentration of the sludge, and the design BOD_5 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 BOD_5 concentration of the septic waste, and the design BOD_5 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	NA	3.03	1	Grab	12:40a 3/26/24
Total Suspended Solids, mg/l	NA	<2.00	1	Grab	12:40a 3/26/24
Ammonia Nitrogen, mg/l	NA	0.116	1	Grab	12:40a 3/26/24
Nitrate Nitrogen, mg/l	NA	34.0	1	Grab	12:40a 3/26/24
Total Kjeldahl Nitrogen, mg/l	NA	<0.050	1	Grab	12:40a 3/26/24
Sulfate, mg/l	NA	103	1	Grab	12:40a 3/26/24
Chloride, mg/l	NA	131	1	Grab	12:40a 3/26/24
Total Phosphorus, mg/l	NA	0.386	1	Grab	12:40a 3/26/24
pH, standard units	NA	6.81	1	Grab	12:40a 3/26/24
Dissolved Oxygen*, mg/l	NA	8.30	1	Grab	12:40a 3/26/24
Chlorine Residual, mg/l	NA	2.71	1	Grab	12:40a 3/26/24
E.coli (CFU/100ml) freshwater	NA	Non Detect	1	Grab	12:40a 3/26/24
Entercocci (CFU/100ml) saltwater	NA	-	-	-	-
Total Dissolved Solids, mg/l	NA	680	1	Grab	12:40a 3/26/24
Electrical Conductivity, µmohs/cm, †	NA	-	-	-	-
Oil & Grease, mg/l	NA	-	-	-	-

Alkalinity ($CaCO_3$)*, mg/l	NA	49.6	1	Grab	12:40a 3/26/24

*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	-				
Total Dissolved Solids, mg/l	-				
pH, standard units	-				
Fluoride, mg/l	-				
Aluminum, mg/l	-				
Alkalinity ($CaCO_3$), mg/l	-				

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Andrew Lopez

Facility Operator's License Classification and Level: A

Facility Operator's License Number: WW0072906

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>= 1 MGD
- ☐ Serves >= 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 (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: Click to enter text.

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
Disposal in Landfill	Choose an item.	Choose an item.		Class B: PSRP Aerobic Digestion	Option 5: Aerobic process for 14 days at >40C
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): Click to enter text.

D. Disposal site

Disposal site name: Brownwood Regional Landfill

TCEQ permit or registration number: 1562A

County where disposal site is located: Brown

E. Transportation method

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

Name of the hauler: Progressive Waste Solutions of Texas

Hauler registration number: 22591

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	☐ Yes	☒ No
Marketing and Distribution of sludge	☐ Yes	☒ No
Sludge Surface Disposal or Sludge Monofill	☐ Yes	☒ No
Temporary storage in sludge lagoons	☐ Yes	☒ No

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 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 $1x10^{-7}$ 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:

Water Treatment Plant sludge, registration #730164

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: Click to enter text.

Section 14. Laboratory Accreditation (Instructions Page 56)

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: Diana L Lopez

Title: City Manager

Signature: Diana L Lopez

Date: 06-01-2024

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 it 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: Click to enter text.

C. Downstream perennial confluences

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

Click to enter text.

D. Downstream characteristics

Do the receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.)?

☐ Yes ☐ No

If yes, discuss how.

Click to enter text.

E. Normal dry weather characteristics

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

Click to enter text.

Date and time of observation: Click to enter text.

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.

☐ Oil field activities
☐ Upstream discharges
☐ Septic tanks
☐ Urban runoff
☐ Agricultural runoff
☐ Other(s), specify: Click to enter text.

B. Waterbody uses

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

- ☐ Livestock watering
- ☐ Irrigation withdrawal
- ☐ Fishing
- ☐ Domestic water supply
- ☐ Park activities
- ☐ Contact recreation
- ☐ Non-contact recreation
- ☐ Navigation
- ☐ Industrial water supply
- ☐ 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: 11

Average Daily Flows, in MGD: 0.0075

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.

E. Service Area Map

Attach a map indicating the service area of the POTW. The map should include the applicant's service area boundaries and the location of any known industrial users discharging to the POTW. Please see the instructions for guidance.

Attachment: Click to enter text.

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

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission *(If other is checked please describe in space provided.)*		
☐ New Permit, Registration or Authorization *(Core Data Form should be submitted with the program application.)*		
☒ Renewal *(Core Data Form should be submitted with the renewal form)*		☐ Other
2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	**3. Regulated Entity Reference Number** *(if issued)*
CN 600244677		**RN 102845971**

SECTION II: Customer Information

4. General Customer Information	**5. Effective Date for Customer Information Updates** (mm/dd/yyyy)	6/1/2024
☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership ☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).		
6. Customer Legal Name *(If an individual, print last name first: eg: Doe, John)*	*If new Customer, enter previous Customer below:*	
City of Coleman		

7. TX SOS/CPA Filing Number	**8. TX State Tax ID** (11 digits)	**9. Federal Tax ID** (9 digits)	**10. DUNS Number** *(if applicable)*
		756000495	

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

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

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

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

15. Mailing Address:	PO Box 592						
	City	Coleman	**State**	TX	**ZIP**	76834	**ZIP + 4**

16. Country Mailing Information *(if outside USA)*	**17. E-Mail Address** *(if applicable)*
	Diana.lopez@cityofcolemantx.us

18. Telephone Number	**19. Extension or Code**	**20. Fax Number** *(if applicable)*

(325) 625-4116	101	( ) -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information *(If 'New Regulated Entity" is selected, a new permit application is also required.)*

☐ New Regulated Entity ☐ Update to Regulated Entity Name ☐ Update to Regulated Entity Information

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

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

City of Coleman Wastewater Treatment Plant

23. Street Address of the Regulated Entity: *(No PO Boxes)*								
	City		**State**		**ZIP**		**ZIP + 4**	
24. County	Coleman							

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

25. Description to Physical Location:	Located east of the City of Coleman on the south side of Hords Creek and approximately 0.75 miles northwest of the intersection of FM 568 and US Hwy 84, in Coleman County, Texas 76834.

26. Nearest City	**State**	**Nearest ZIP Code**
Coleman	TX	76834

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

27. Latitude (N) In Decimal:	31.825146		**28. Longitude (W) In Decimal:**	-99.404785	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
4952		221320	

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

Collectng and treating wastewater.

34. Mailing Address:	**PO Box 592**							
	City	**Coleman**	**State**	**TX**	**ZIP**	**76834**	**ZIP + 4**	

35. E-Mail Address:	Diana.lopez@cityofcolemantx.us

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(325) 625-4116	**101**	( ) -

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

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

SECTION IV: Preparer Information

40. Name:	David Hudson	**41. Title:**	Environmental Scientist

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(325) 695-1070		( ) -	dhudson@jacobmartin.com

SECTION V: Authorized Signature

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

Company:	City of Coleman	**Job Title:**	City Manager
Name *(In Print):*	Diana L. Lopez	**Phone:**	(325) 625- **4116**
Signature:	Diana L Lopez	**Date:**	05-31-2024

Attachment 2

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

Plain Language Summary Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS
Enter 'INDUSTRIAL' or 'DOMESTIC' here WASTEWATER/STORMWATER
The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

City of Coleman (CN600244677) operates the City of Coleman Wastewater Treatment Plant (RN102845971), a municipal wastewater treatment plant. The facility is located at Located east of the City of Coleman on the south side of Hords Creek and approximately 0.75 miles northwest of the intersection of FM 568 and US Hwy 84, in Coleman County, Texas 76834., in Coleman, Coleman County, Texas 76834. This application is for a renewal to discharge at an annual average flow of 800,000 gallons per day of treated wastewater..

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD5), total suspended solids (TSS), ammonia nitrogen (NH3-N), and Escherichia coli. Additional potential pollutants are included in Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater from residential and commercial sources is treated by This treatment plant is an extended aeration plant. It enters through the bar screen, then to the oxidation ditch, then to clarifiers. The water then is sent to a chlorine contact chamber, then discharged.

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

AGUAS RESIDUALES Introduzca 'INDUSTRIALES' o 'DOMÉSTICAS' aquí **/AGUAS PLUVIALES**

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

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

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

INSTRUCTIONS

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

Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by phone at (512) 239-4671.

Example

Individual Industrial Wastewater Application

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

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

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

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

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

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

Attachment 3

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

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

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

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

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

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

The following applies to all applications:

1. Permittee: City of Coleman

   Permit No. WQ00 10150001 EPA ID No. TX 0021555

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

   Located east of the City of Coleman on the south side of Hords Creek and approximately 0.75 miles northwest of the intersection of FM 568 and US Hwy 84, in Coleman County, Texas 76834.

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): Ms

First and Last Name: Diana Lopez

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

Title: City Manager

Mailing Address: P O Box 592

City, State, Zip Code: Coleman TX 76834

Phone No.: 325-625-4116 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: diana.lopez@cityofcolemantx..us

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

   Click here to enter text.

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.

   To Hords Creek; thence to Jim Ned Creek; thence to Lake Brownwood in Segment No. 1418 of the Colorado 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

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

N/A

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

N/A

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

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

Click here to enter text.

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

Unknown

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

The National Map US Topo

COLEMAN QUADRANGLE
TEXAS-COLEMAN CO.
7.5-MINUTE SERIES

Area Served: City of Coleman

Applicant Property Boundary

Discharge Point

3 Miles Downstream

1 Mile Downstream

WWTP Facility Boundary

1.00 mi

City of Coleman WWTP
WQ0010150001
WWTP Permit Renewal
USGS-SPIF Map
2024

JACOB MARTIN
3465 CURRY LANE
ABILENE, TEXAS 79606
325.695.1070
1508 SANTA FE DR., SUITE 204
WEATHERFORD, TEXAS 76086
817.594.3886
FIRM # F-2448

Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and 1 000-meter grid: Universal Transverse Mercator, Zone 14R
10 000-foot ticks: Texas Coordinate System of 1983 (central zone)

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands.

Imagery.....NAIP, August 2014
Roads..... U.S. Census Bureau, 2014 - 2015
Names.....GNIS, 2015
Hydrography.....National Hydrography Dataset, 2014
Contours.....National Elevation Dataset, 2005
Boundaries.....Multiple sources; see metadata file 1972 - 2015

Wetlands.....FWS National Wetlands Inventory 1977 - 2014

UTM GRID AND 2016 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

MN 5° 1′ 89 MILS
GN 0° 14′ 4 MILS

U.S. National Grid
100,000-m Square ID
MA
Grid Zone Designation
14R

SCALE 1:24 000

1 0.5 0 KILOMETERS 1 2
1000 500 0 METERS 1000 2000
1 0.5 0 1
MILES
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000
FEET

CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.19

TEXAS
QUADRANGLE LOCATION

ROAD CLASSIFICATION

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

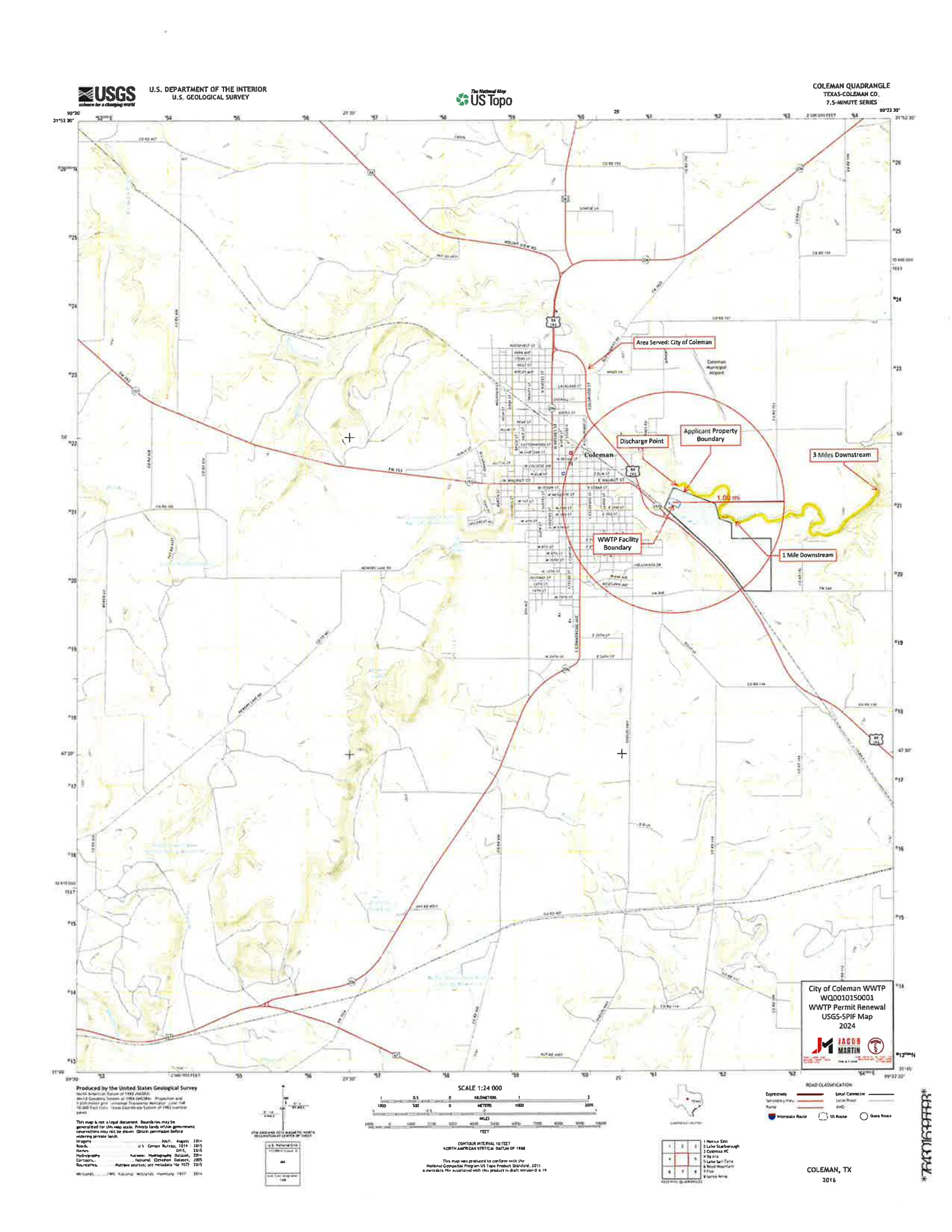
1	2	3
4		5
6	7	8

1 Novice East
2 Lake Scarborough
3 Coleman NE
4 Valera
5 Lake San Tana
6 Bead Mountain
7 Fisk
8 Santa Anna

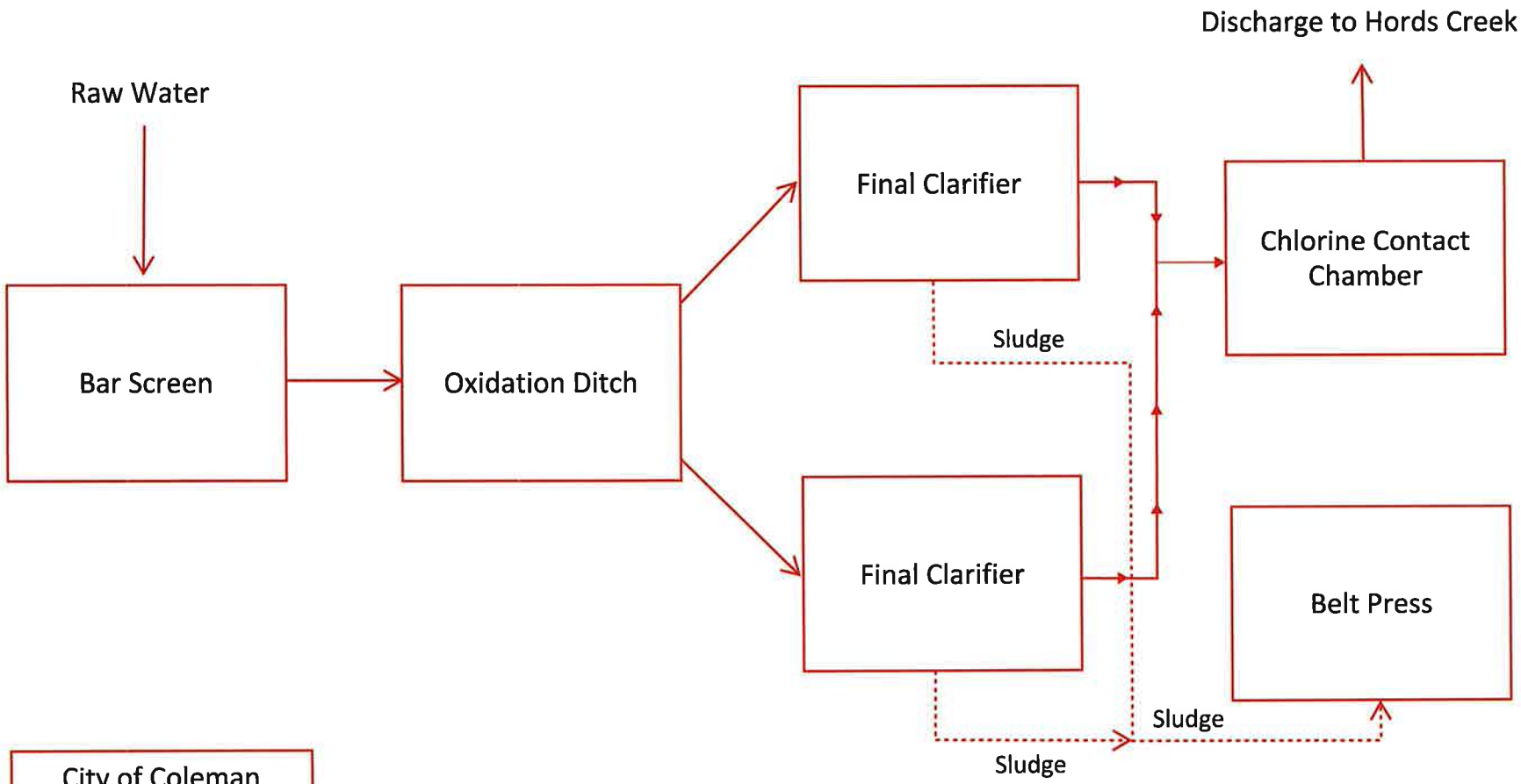
ADJOINING QUADRANGLES

COLEMAN, TX
2016

76430163955934
NSN. 7643016395593
NGA REF NO. USGSX24K9534


U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY
The National Map US Topo
COLEMAN QUADRANGLE
TEXAS-COLEMAN CO.
7.5-MINUTE SERIES
Area Served: City of Coleman
Applicant Property Boundary
Discharge Point
Coleman
3 Miles Downstream
1.00 mi
WWTP Facility Boundary
1 Mile Downstream
City of Coleman WWTP
WQ0010150001
WWTP Permit Renewal
USGS-SPIF Map
2024
JACOBS
MARTIN
Produced by the United States Geological Survey
SCALE 1:24 000
KILOMETERS
METERS
MILES
FEET
CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988
ROAD CLASSIFICATION
Interstate Route
US Route
State Route
COLEMAN, TX
2016

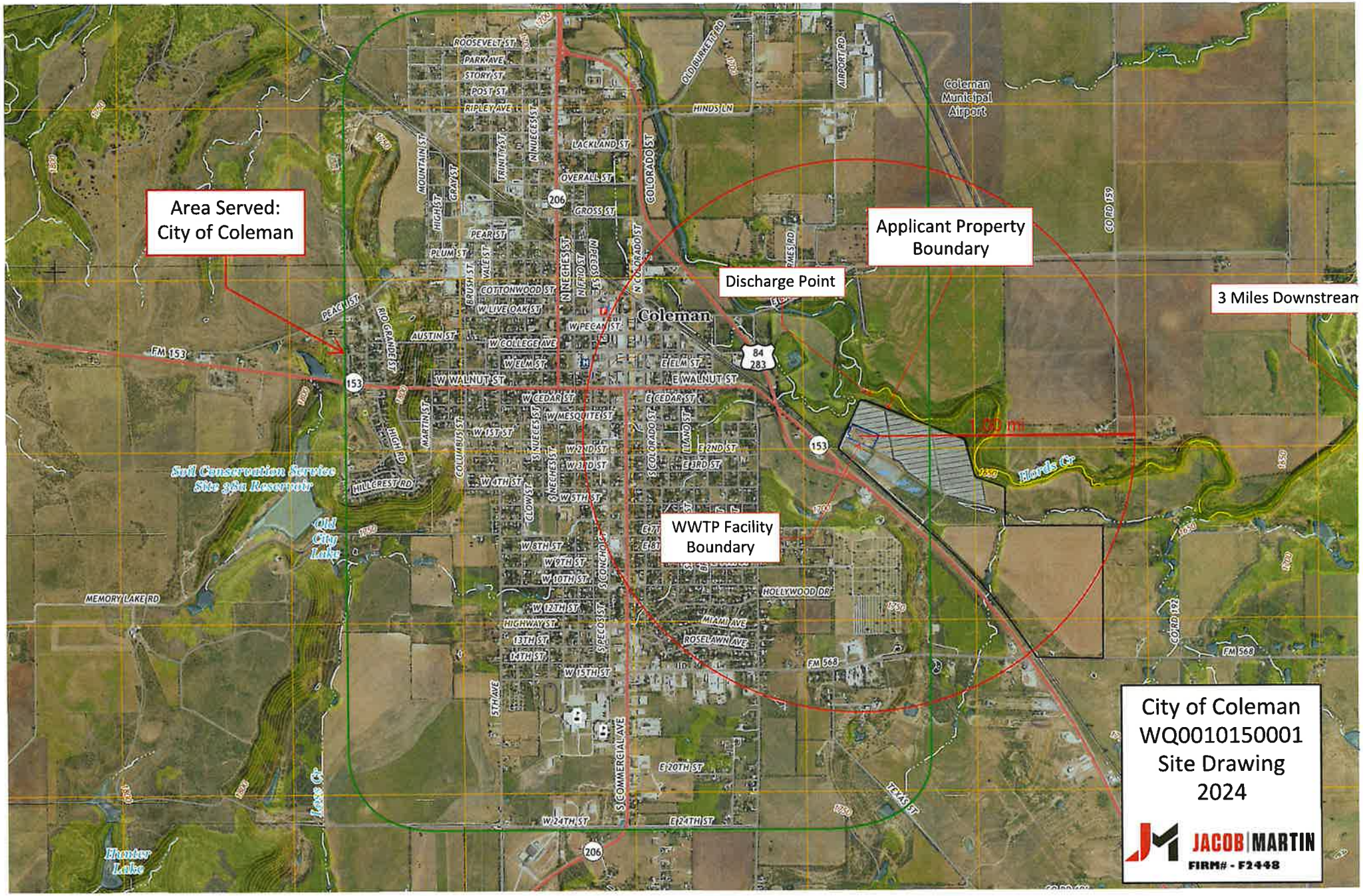
Attachment 4



City of Coleman
WQ0010150001
Flow Diagram
2024

JACOB|MARTIN
FIRM# - F2448

Attachment 5


Area Served:
City of Coleman
Applicant Property Boundary
Discharge Point
3 Miles Downstream
WWTP Facility Boundary
1.50 mi
Coleman
Coleman Municipal Airport
Soil Conservation Service Site 3Sa Reservoir
Old City Lake
Hunter Lake
Jess Cr
Hords Cr
City of Coleman
WQ0010150001
Site Drawing
2024
JACOB | MARTIN
FIRM# - F2448

Attachment 6

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

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1097008

COC8-W

City of Coleman/WWTP
Thomas Watson
P.O. Box 592
Coleman, TX 76834-

Printed 04/08/2024
13:52

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1097008_r03_03_ProjectResults	SPL Kilgore Project P:1097008 C:COC8 Project Results t:304	5
1097008_r10_05_ProjectQC	SPL Kilgore Project P:1097008 C:COC8 Project Quality Control Groups	8
1097008_r99_09_CoC__1_of_1	SPL Kilgore CoC COC8 1097008_1_of_1	10
	Total Pages:	24

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
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SAMPLE CROSS REFERENCE

Project
1097008

Printed 4/8/2024 Page 1 of 1
WW PERMIT 010

City of Coleman/WWTP
Thomas Watson
P.O. Box 592
Coleman, TX 76834-

Sample	Sample ID	Taken	Time	Received
2284716	*Treated Wastewater Effluent*	03/25/2024	15:15:00	03/27/2024

Bottle 01 Polyethylene 1/2 gal (White)
Bottle 02 8 oz Plastic H2SO4 pH < 2
Bottle 03 BOD Titration Beaker A (Batch 1111335) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 04 BOD Analytical Beaker B (Batch 1111335) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 05 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1111616) Volume: 6.00000 mL <== Derived from 02 (6 ml)
Bottle 06 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1111616) Volume: 6.00000 mL <== Derived from 02 (6 ml)
Bottle 07 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1111616) Volume: 6.00000 mL <== Derived from 02 (6 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
SM 5210 B-2016 (TCMP Inhibitor)	01	1111335	04/01/2024	1111335	04/01/2024
EPA 350.1 2	05	1111616	03/28/2024	1111821	03/28/2024
SM 2540 D-2015	01	1111759	03/28/2024	1111759	03/28/2024

Sample	Sample ID	Taken	Time	Received
2284717	*Permit Renewal WWTP*	03/26/2024	12:15:00	03/27/2024

Bottle 01 Polyethylene 1/2 gal (White)
Bottle 02 Polyethylene 1/2 gal (White)
Bottle 03 Polyethylene Quart
Bottle 04 8 oz Plastic H2SO4 pH < 2
Bottle 05 BOD Titration Beaker A (Batch 1111604) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 06 BOD Analytical Beaker B (Batch 1111604) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 07 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1111616) Volume: 6.00000 mL <== Derived from 04 (6 ml)
Bottle 08 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1111622) Volume: 20.00000 mL <== Derived from 04 (20 ml)
Bottle 09 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1112632) Volume: 20.00000 mL <== Derived from 04 (20 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	01	1111889	03/27/2024	1111889	03/27/2024
SM 2320 B-2011	01	1112301	04/02/2024	1112301	04/02/2024
SM 5210 B-2016 (TCMP Inhibitor)	01	1111604	04/02/2024	1111604	04/02/2024
Subcontract			03/26/2024		03/26/2024
EPA 350.1 2	07	1111616	03/28/2024	1112114	04/01/2024
SM 2540 C-2015	01	1112496	04/01/2024	1112496	04/01/2024
EPA 351.2 2	09	1112632	04/04/2024	1112768	04/04/2024
SM 4500-P E-2011	04	1112209	04/02/2024	1112209	04/02/2024
SM 2540 D-2015	01	1111961	03/28/2024	1111961	03/28/2024

Email: Kilgore.ProjectManagement@spllabs.com

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Project
1097008

City of Coleman/WWTP
Thomas Watson
P.O. Box 592
Coleman, TX 76834-

Printed: 04/08/2024

RESULTS

Sample Results

2284716 **Treated Wastewater Effluent** Received: 03/27/2024

Non-Potable Water | Collected by: Client | City of Coleman/WWTP | PO:
Taken: 03/25/2024 15:15:00

EPA 350.1 2 Prepared: 1111616 03/28/2024 07:46:28 Analyzed 1111821 03/28/2024 08:56:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Ammonia Nitrogen**	**0.116**	**mg/L**	0.020	D		05

SM 2540 D-2015 Prepared: 1111759 03/28/2024 06:10:00 Analyzed 1111759 03/28/2024 06:10:00 BEK

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Suspended Solids**	**<2.00**	**mg/L**	2.00			01

SM 5210 B-2016 (TCMP Inhibitor) Prepared: 1111335 03/27/2024 Analyzed 1111335 04/01/2024 12:04:37 JW1

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**BOD Carbonaceous**	**6.29**	**mg/L**	2.00			01

2284717 **Permit Renewal WWTP** Received: 03/27/2024

Non-Potable Water | Collected by: Client | City of Coleman/WWTP | PO:
Taken: 03/26/2024 12:15:00

EPA 300.0 2.1 Prepared: 1111889 03/27/2024 15:07:00 Analyzed 1111889 03/27/2024 15:07:00 NAZ

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Chloride**	**131**	**mg/L**	3.00			01
NELAC	**Nitrate-Nitrogen Total**	**34.0**	**mg/L**	0.226		**14797-55-8**	01
NELAC	**Sulfate**	**103**	**mg/L**	3.00			01

EPA 350.1 2 Prepared: 1111616 03/28/2024 07:46:28 Analyzed 1112114 04/01/2024 13:44:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Ammonia Nitrogen**	**0.048**	**mg/L**	0.020			07

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City of Coleman/WWTP
Thomas Watson
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Coleman, TX 76834-

Printed: 04/08/2024

2284717 **Permit Renewal WWTP** Received: 03/27/2024

Non-Potable Water | Collected by: Client | City of Coleman/WWTP | PO:
Taken: 03/26/2024 12:15:00

EPA 351.2 2 Prepared: 1112632 04/04/2024 08:09:23 Analyzed 1112768 04/04/2024 13:16:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Kjeldahl Nitrogen**	**<0.050**	**mg/L**	0.050		**7727-37-9**	09

SM 2320 B-2011 Prepared: 1112301 04/02/2024 10:12:00 Analyzed 1112301 04/02/2024 10:12:00 KNI

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Alkalinity (as CaCO3)**	**49.6**	**mg/L**	1.00			01

SM 2540 C-2015 Prepared: 1112496 04/01/2024 07:40:00 Analyzed 1112496 04/01/2024 07:40:00 JMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Dissolved Solids**	**680**	**mg/L**	50.0			01

SM 2540 D-2015 Prepared: 1111961 03/28/2024 08:45:00 Analyzed 1111961 03/28/2024 08:45:00 SLS

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Suspended Solids**	**<2.00**	**mg/L**	2.00			01

SM 4500-P E-2011 Prepared: 1112209 04/02/2024 09:14:00 Analyzed 1112209 04/02/2024 09:14:00 LR3

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Phosphorus (as P), total**	**0.386**	**mg/L**	0.030		**7723-14-0**	04

SM 5210 B-2016 (TCMP Inhibitor) Prepared: 1111604 03/28/2024 Analyzed 1111604 04/02/2024 11:48:35 ESN

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**BOD Carbonaceous**	**3.03**	**mg/L**	2.00	B		01

Subcontract Prepared: 03/26/2024 15:03:00 Analyzed 03/26/2024 15:03:00 SUB

Parameter	Results	Units	RL	Flags	CAS	Bottle
MPN, E.coli NT	**See Attached**				**ABI1**	

Sample Preparation

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City of Coleman/WWTP
Thomas Watson
P.O. Box 592
Coleman, TX 76834-

Printed: 04/08/2024

2284716 **Treated Wastewater Effluent** Received: 03/27/2024

03/25/2024

			Prepared:		03/27/2024	14:40:22	Calculated	03/27/2024	14:40:22 CAL
	Sampling/Transport	Verified							
EPA 350.2, Rev. 2.0			Prepared:	1111616	03/28/2024	07:46:28	Analyzed	1111616	03/28/2024 07:46:28 MEG
NELAC	Ammonia Distillation	6/6	ml						02
SM 2540 D-2011			Prepared:	1111222	03/28/2024	06:10:00	Analyzed	1111222	03/28/2024 06:10:00 BEK
NELAC	TSS Set Started	Started							
SM 5210 B-2016 (TCMP Inhibitor)			Prepared:	1111335	03/27/2024		Analyzed	1111335	03/27/2024 14:27:00 JW1
NELAC	BODc Set Started	STARTED							

2284717 **Permit Renewal WWTP** Received: 03/27/2024

03/26/2024

			Prepared:		03/27/2024	14:40:23	Calculated	03/27/2024	14:40:23 CAL
z	Environmental Fee (per Project)	Verified							
EPA 350.2, Rev. 2.0			Prepared:	1111616	03/28/2024	07:46:28	Analyzed	1111616	03/28/2024 07:46:28 MEG
NELAC	Ammonia Distillation	6/6	ml						04

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1
2

COC8-W

City of Coleman/WWTP
Thomas Watson
P.O. Box 592
Coleman, TX 76834-

Project
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Printed: 04/08/2024

2284717 **Permit Renewal WWTP** Received: 03/27/2024

03/26/2024

EPA 351.2, Rev 2.0	*Prepared:*	*1112632*	*04/04/2024*	*08:09:23*	*Analyzed*	*1112632*	*04/04/2024*	*08:09:23*	*MEG*
NELAC **TKN Block Digestion**	**20/20**	**ml**							04
SM 2540 C-2015	*Prepared:*	*1111926*	*04/01/2024*	*07:40:00*	*Analyzed*	*1111926*	*04/01/2024*	*07:40:00*	*JMB*
NELAC **Total Dissolved Solids Started**	**Started**								
SM 2540 D-2011	*Prepared:*	*1111441*	*03/28/2024*	*08:45:00*	*Analyzed*	*1111441*	*03/28/2024*	*08:45:00*	*SLS*
NELAC **TSS Set Started**	**Started**								
SM 5210 B-2016 (TCMP Inhibitor)	*Prepared:*	*1111604*	*03/28/2024*		*Analyzed*	*1111604*	*03/28/2024*	*06:50:07*	*ESN*
NELAC **BODc Set Started**	**Started**								

2284718 **Pick Up Charge** Received: 03/27/2024

03/26/2024

	Prepared:		*03/27/2024*	*14:40:24*	*Calculated*		*03/27/2024*	*14:40:24*	*CAL*
Sampling/Transport	**Verified**								

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COC8-W

Project
1097008

City of Coleman/WWTP
Thomas Watson
P.O. Box 592
Coleman, TX 76834-

Printed: 04/08/2024

Qualifiers:

B - Analyte detected in the associated method blank

D - Duplicate RPD was higher than expected

We report results on an As Received (or Wet) basis unless marked Dry Weight.

Unless otherwise noted, testing was performed at SPL, Inc.- Kilgore laboratory which holds International, Federal, and state accreditations. Please see our Websites for details.

(N)ELAC - Covered in our NELAC scope of accreditation
z -- Not covered by our NELAC scope of accreditation

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAC.
RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.

Bill Peery

Bill Peery, MS, VP Technical Services

QUALITY CONTROL

SPL The Science of Sure

COC8-W

City of Coleman/WWTP
Thomas Watson
P.O. Box 592
Coleman, TX 76834-

Project
1097008

Printed 04/08/2024

Analytical Set 1111335 — SM 5210 B-2016 (TCMP Inhibitor)

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1111335	0.1	0.200	0.500	mg/L	126144583
BOD Carbonaceous	1111335	0.2	0.200	0.500	mg/L	126153078

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
BOD Carbonaceous	2284223	61.1	59.9	mg/L	1.98	30.0
BOD Carbonaceous	2284511	ND	ND	mg/L		30.0
BOD Carbonaceous	2284601	328	331	mg/L	0.910	30.0

Seed Drop

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1111335	1.30	0.200	0.500	mg/L	126144585
BOD Carbonaceous	1111335	1.09	0.200	0.500	mg/L	126153080

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
BOD Carbonaceous		211	198	mg/L	107	83.7 - 116	126144586
BOD Carbonaceous		212	198	mg/L	107	83.7 - 116	126153081

Analytical Set 1111604 — SM 5210 B-2016 (TCMP Inhibitor)

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units		File
BOD Carbonaceous	1111604	0.3	0.200	0.500	mg/L	*	126154615
BOD Carbonaceous	1111604	0.3	0.200	0.500	mg/L	*	126154669

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD		Limit%
BOD Carbonaceous	2284586	147	162	mg/L	9.71		30.0
BOD Carbonaceous	2284774	6.95	8.23	mg/L	16.9		30.0
BOD Carbonaceous	2284932	3.07	3.87	mg/L	23.1		30.0
BOD Carbonaceous	2285169	3.35	2.47	mg/L	30.2	*	30.0

Seed Drop

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1111604	0.973	0.200	0.500	mg/L	126154617
BOD Carbonaceous	1111604	0.873	0.200	0.500	mg/L	126154671

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
BOD Carbonaceous		227	198	mg/L	115	83.7 - 116	126154618
BOD Carbonaceous		198	198	mg/L	100	83.7 - 116	126154672

Analytical Set 1111821 — EPA 350.1 2

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File

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Project 1097008

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Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Ammonia Nitrogen	1111616	ND	0.00336	0.020	mg/L	126160581

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.11	2.00	mg/L	106	90.0 - 110	126160465
Ammonia Nitrogen	2.07	2.00	mg/L	104	90.0 - 110	126160466
Ammonia Nitrogen	2.07	2.00	mg/L	104	90.0 - 110	126160476
Ammonia Nitrogen	2.06	2.00	mg/L	103	90.0 - 110	126160487
Ammonia Nitrogen	2.01	2.00	mg/L	100	90.0 - 110	126160496
Ammonia Nitrogen	2.02	2.00	mg/L	101	90.0 - 110	126160507
Ammonia Nitrogen	2.05	2.00	mg/L	102	90.0 - 110	126160516
Ammonia Nitrogen	2.02	2.00	mg/L	101	90.0 - 110	126160522
Ammonia Nitrogen	2.04	2.00	mg/L	102	90.0 - 110	126160530
Ammonia Nitrogen	2.06	2.00	mg/L	103	90.0 - 110	126160540
Ammonia Nitrogen	2.02	2.00	mg/L	101	90.0 - 110	126160551
Ammonia Nitrogen	2.04	2.00	mg/L	102	90.0 - 110	126160561
Ammonia Nitrogen	2.03	2.00	mg/L	102	90.0 - 110	126160571
Ammonia Nitrogen	2.01	2.00	mg/L	100	90.0 - 110	126160582
Ammonia Nitrogen	2.01	2.00	mg/L	100	90.0 - 110	126160589
Ammonia Nitrogen	1.98	2.00	mg/L	99.0	90.0 - 110	126160597

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD		Limit%
Ammonia Nitrogen	2284716	0.086	0.116	mg/L	29.7	*	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.12	2.00	mg/L	106	90.0 - 110	126160464

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Ammonia Nitrogen	1111616	2.07	2.10	2.00	90.0 - 110	104	105	mg/L	1.44	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Ammonia Nitrogen	2284716	2.06	0.116	2.00	mg/L	97.2	80.0 - 120	126160587

Analytical Set 1112114

EPA 350.1 2

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Ammonia Nitrogen	1111616	ND	0.00336	0.020	mg/L	126168884

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.10	2.00	mg/L	105	90.0 - 110	126168862
Ammonia Nitrogen	2.01	2.00	mg/L	100	90.0 - 110	126168871
Ammonia Nitrogen	2.03	2.00	mg/L	102	90.0 - 110	126168878

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CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.02	2.00	mg/L	101	90.0 - 110	126168886
Ammonia Nitrogen	1.97	2.00	mg/L	98.5	90.0 - 110	126168897
Ammonia Nitrogen	1.97	2.00	mg/L	98.5	90.0 - 110	126168905
Ammonia Nitrogen	1.96	2.00	mg/L	98.0	90.0 - 110	126168916
Ammonia Nitrogen	1.94	2.00	mg/L	97.0	90.0 - 110	126168923
Ammonia Nitrogen	1.91	2.00	mg/L	95.5	90.0 - 110	126168929
Ammonia Nitrogen	1.89	2.00	mg/L	94.5	90.0 - 110	126168940
Ammonia Nitrogen	1.88	2.00	mg/L	94.0	90.0 - 110	126168950
Ammonia Nitrogen	1.88	2.00	mg/L	94.0	90.0 - 110	126168959
Ammonia Nitrogen	1.85	2.00	mg/L	92.5	90.0 - 110	126168970
Ammonia Nitrogen	1.84	2.00	mg/L	92.0	90.0 - 110	126168978
Ammonia Nitrogen	1.86	2.00	mg/L	93.0	90.0 - 110	126168986
Ammonia Nitrogen	1.88	2.00	mg/L	94.0	90.0 - 110	126168997
Ammonia Nitrogen	1.88	2.00	mg/L	94.0	90.0 - 110	126169005
Ammonia Nitrogen	1.91	2.00	mg/L	95.5	90.0 - 110	126169009
Ammonia Nitrogen	1.86	2.00	mg/L	93.0	90.0 - 110	126169019
Ammonia Nitrogen	1.87	2.00	mg/L	93.5	90.0 - 110	126169021
Ammonia Nitrogen	1.84	2.00	mg/L	92.0	90.0 - 110	126169022
Ammonia Nitrogen	1.85	2.00	mg/L	92.5	90.0 - 110	126169032

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Ammonia Nitrogen	2284716	ND	ND	mg/L		20.0
Ammonia Nitrogen	2284726	1.57	1.66	mg/L	5.57	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.16	2.00	mg/L	108	90.0 - 110	126168861

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Ammonia Nitrogen	1111616	1.85	1.89	2.00	90.0 - 110	92.5	94.5	mg/L	2.14	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Ammonia Nitrogen	2284716	1.99	ND	2.00	mg/L	99.5	80.0 - 120	126168890
Ammonia Nitrogen	2284726	2.92	1.66	2.00	mg/L	63.0	80.0 - 120	126168893

Analytical Set **1112768** **EPA 351.2 2**

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1112632	ND	0.00712	0.050	mg/L	126182027

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.27	5.00	mg/L	105	90.0 - 110	126182026

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CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.15	5.00	mg/L	103	90.0 - 110	126182035
Total Kjeldahl Nitrogen	5.13	5.00	mg/L	103	90.0 - 110	126182046
Total Kjeldahl Nitrogen	5.12	5.00	mg/L	102	90.0 - 110	126182056

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD		Limit%
Total Kjeldahl Nitrogen	2284972	0.357	0.440	mg/L	20.8	*	20.0
Total Kjeldahl Nitrogen	2284973	0.441	0.358	mg/L	20.8	*	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.16	5.00	mg/L	103	90.0 - 110	126182025

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1112632	4.71	5.11	5.00	90.0 - 110	94.2	102	mg/L	8.15	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Total Kjeldahl Nitrogen	2284972	5.20	0.440	5.00	mg/L	95.2	80.0 - 120	126182032
Total Kjeldahl Nitrogen	2284973	5.23	0.358	5.00	mg/L	97.4	80.0 - 120	126182036

Analytical Set 1111759 — SM 2540 D-2015

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1111759	ND	2	2	mg/L	126158991

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1111759	0			grams	126158990

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Suspended Solids	2284825	1540	1380	mg/L	11.0	20.0
Total Suspended Solids	2284969	537	488	mg/L	9.56	20.0

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Suspended Solids	1111759	46.0	50.0	mg/L	92.0	90.0 - 110	126159009

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Total Suspended Solids		94.0	100	mg/L	94.0	90.0 - 110	126159008

Analytical Set 1111961 — SM 2540 D-2015

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File

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Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1111961	ND	2	2	mg/L	126163499

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Suspended Solids	1111961	0			grams	126163498

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Suspended Solids	2284559	29.0	31.0	mg/L	6.67	20.0
Total Suspended Solids	2284602	3900	4020	mg/L	3.03	20.0
Total Suspended Solids	2284967	77.0	80.0	mg/L	3.82	20.0

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Suspended Solids	1111961	48.0	50.0	mg/L	96.0	90.0 - 110	126163532

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Total Suspended Solids		98.0	100	mg/L	98.0	90.0 - 110	126163531

Analytical Set 1112496 — **SM 2540 C-2015**

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Dissolved Solids	1112496	ND	5.00	5.00	mg/L	126175277

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Dissolved Solids	1112496	-0.0003			grams	126175264

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Dissolved Solids	2284457	380	380	mg/L	0	20.0

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Dissolved Solids	1112496	196	200	mg/L	98.0	85.0 - 115	126175278

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
Total Dissolved Solids		104	100	mg/L	104	90.0 - 110	126175265

Analytical Set 1111889 — **EPA 300.0 2.1**

AWRL/LOQ C

Parameter	Reading	Known	Units	Recover%	Limits%	File
Nitrate-Nitrogen Total	0.0233	0.0226	mg/L	103	70.0 - 130	126161317

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File

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Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1111889	ND	0.0972	0.300	mg/L	126161318
Nitrate-Nitrogen Total	1111889	ND	0.00745	0.0226	mg/L	126161318
Sulfate	1111889	ND	0.254	0.300	mg/L	126161318

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1111889	0.045	0.0972	0.300	mg/L	126161314
Chloride	1111889	0.036	0.0972	0.300	mg/L	126161333
Chloride	1111889	0.037	0.0972	0.300	mg/L	126161345
Nitrate-Nitrogen Total	1111889	0.00158	0.00745	0.0226	mg/L	126161314
Nitrate-Nitrogen Total	1111889	0	0.00745	0.0226	mg/L	126161333
Nitrate-Nitrogen Total	1111889	0	0.00745	0.0226	mg/L	126161345
Sulfate	1111889	-0.292	0.254	0.300	mg/L	126161314
Sulfate	1111889	0	0.254	0.300	mg/L	126161333
Sulfate	1111889	0	0.254	0.300	mg/L	126161345

CCV

Parameter	Reading	Known	Units	Recovery%	Limits%	File
Chloride	10.5	10.0	mg/L	105	90.0 - 110	126161312
Chloride	10.4	10.0	mg/L	104	90.0 - 110	126161332
Chloride	10.3	10.0	mg/L	103	90.0 - 110	126161344
Nitrate-Nitrogen Total	2.22	2.26	mg/L	98.2	90.0 - 110	126161312
Nitrate-Nitrogen Total	2.27	2.26	mg/L	100	90.0 - 110	126161332
Nitrate-Nitrogen Total	2.26	2.26	mg/L	100	90.0 - 110	126161344
Sulfate	9.93	10.0	mg/L	99.3	90.0 - 110	126161312
Sulfate	10.2	10.0	mg/L	102	90.0 - 110	126161332
Sulfate	10.1	10.0	mg/L	101	90.0 - 110	126161344

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Chloride	1111889	5.24	5.18	5.00	85.0 - 115	105	104	mg/L	1.15	20.0
Nitrate-Nitrogen Total	1111889	1.17	1.16	1.13	88.0 - 116	104	103	mg/L	0.858	20.0
Sulfate	1111889	5.20	5.18	5.00	85.0 - 115	104	104	mg/L	0.385	20.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Chloride	2282546	66.2	66.2	55.0	10.0	80.0 - 120	112	112	mg/L	0	20.0
Nitrate-Nitrogen Total	2282546	4.02	3.99	1.70	2.26	80.0 - 120	103	101	mg/L	1.30	20.0
Sulfate	2282546	43.8	44.1	34.8	10.0	80.0 - 120	90.0	93.0	mg/L	3.28	20.0
Chloride	2282569	25.0	25.0	14.7	10.0	80.0 - 120	103	103	mg/L	0	20.0
Nitrate-Nitrogen Total	2282569	2.51	2.55	0.205	2.26	80.0 - 120	102	104	mg/L	1.72	20.0
Sulfate	2282569	30.7	30.3	18.6	10.0	80.0 - 120	121 *	117	mg/L	3.36	20.0

Analytical Set 1112209 — SM 4500-P E-2011

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File

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Parameter	PrepSet	Reading	MDL	MQL	Units	File
Phosphorus (as P), total	1112209	ND	0.010	0.030	mg/L	126170642

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Phosphorus (as P), total	0.299	0.300	mg/L	99.7	90.0 - 110	126170643
Phosphorus (as P), total	0.302	0.300	mg/L	101	90.0 - 110	126170658
Phosphorus (as P), total	0.305	0.300	mg/L	102	90.0 - 110	126170671

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Phosphorus (as P), total	1112209	0.326	0.326	0.300	80.0 - 120	109	109	mg/L	0	20.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Phosphorus (as P), total	2285129	0.218	0.217	0.0447	0.150	70.0 - 130	116	115	mg/L	0.579	20.0
Phosphorus (as P), total	2285131	0.482	0.484	0.321	0.150	70.0 - 130	107	109	mg/L	1.23	20.0

Analytical Set 1112301 — SM 2320 B-2011

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Alkalinity (as CaCO3)	1112301	ND	1.00	1.00	mg/L	126171660

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Alkalinity (as CaCO3)	26.5	25.0	mg/L	106	90.0 - 110	126171659
Total Alkalinity (as CaCO3)	27.0	25.0	mg/L	108	90.0 - 110	126171673
Total Alkalinity (as CaCO3)	26.0	25.0	mg/L	104	90.0 - 110	126171686

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Alkalinity (as CaCO3)	2284434	61.7	62.1	mg/L	0.646	20.0
Total Alkalinity (as CaCO3)	2284711	306	306	mg/L	0	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Alkalinity (as CaCO3)	27.0	25.0	mg/L	108	90.0 - 110	126171658

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Total Alkalinity (as CaCO3)	2284434	87.7	62.1	25.0	mg/L	102	70.0 - 130	126171676
Total Alkalinity (as CaCO3)	2284711	331	306	25.0	mg/L	100	70.0 - 130	126171663

* Out RPD is Relative Percent Difference: abs(r1-r2) / mean(r1,r2) * 100%

Recover% is Recovery Percent: result / known * 100%

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Blank - Method Blank (reagent water or other blank matrices that contains all reagents except standard(s) and is processed simultaneously with and under the same conditions as samples; carried through preparation and analytical procedures exactly like a sample; monitors); LCS - Laboratory Control Sample (reagent water or other blank matrices that is spiked with a known quantity of target analyte(s) and carried through preparation and analytical procedures exactly like a sample; typically a mid-range concentration; verifies that bias and precision of the analytical process are within control limits; determines usability of the data.); CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); ICV - Initial Calibration Verification; LCS Dup - Laboratory Control Sample Duplicate (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.); CCB - Continuing Calibration Blank; MSD - Matrix Spike Duplicate (replicate of the matrix spike; same solution and amount of target analyte added to the MS is added to a third aliquot of sample; quantifies matrix bias and precision.); AWRL/LOQ C - Ambient Water Reporting Limit/LOQ Check Std

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

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CHAIN OF CUSTODY

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Lab Number E384714

PO Number

Phone 325/625-2621

City of Coleman/WWTP
Thomas Watson
P.O. Box 592
Coleman, TX 76834-

COC8-W 102

Treated Wastewater Effluent

☐ Hand Delivered by Client to Region or LAB

Matrix: Non-Potable Water

Sample Collection Start

Date: 3-25-24 Time: 3:15 Pm

Sampler Printed Name: [signature]

Sampler Affiliation: Jacob Martin / City of Coleman

Sampler Signature: [signature]

Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

	1	Polyethylene 1/2 gal (White)	
NELAC	TSS	Total Suspended Solids	SM 2540 D-2015 (7.00 days)
	0	Z -- No bottle required	
	PoCh	Sampling/Transport	
	1	H2SO4 to pH <2 250 ml Polyethylene	
NELAC	NH3N	Ammonia Nitrogen	EPA 350.1 2 (28.0 days)
	1	Polyethylene 1/2 gal (White)	
NELAC Short Hold	BODc	BOD Carbonaceous	SM 5210 B-2016 (TCMP Inhibitor) (2.00 days)

Ambient Conditions/Comments

1097008 CoC Print Group 001 of 001

2600 Dudley Rd. Kilgore, Texas 75662
Office: 903 984-0551 * Fax: 903 984-5914

CHAIN OF CUSTODY

City of Coleman/WWTP
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Coleman, TX 76834-

COC8-W
010

Lab Number

PO Number

Pick Up Charge

Matrix: Non-Potable Water

Sample Collection Start

Date: 3-26-2024 Time: 1240

Sampler Printed Name: Madeleine Wagner

Sampler Affiliation: SPL

Sampler Signature: Madeleine Wagner

☐ Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard?

0 Z -- No bottle required

PoCh Sampling/Transport

Date Time	Relinquished		Date Time	Received	
	Printed Name	Affiliation		Printed Name	Affiliation
3-26-24 1900	Madeleine Wagner	SPL	3-26-24	XPS	
	Signature: Madeleine Wagner			Signature:	
3-27-24	Printed Name: XPS	Affiliation		Printed Name	Affiliation
	Signature:			Signature:	
	Printed Name	Affiliation		Printed Name	Affiliation
	Signature:			Signature:	
	Printed Name	Affiliation		Printed Name	Affiliation
	Signature:			Signature:	

Sample Received on Ice? ☐ Yes ☐ No
Cooler/Sample Secure? ☐ Yes ☐ No

If Shipped: Tracking Number & Temp See Attached

Comments

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24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
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City of Coleman/WWTP
Thomas Watson
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COC8-W 111

Lab Number 2204719

PO Number

Phone 325/625-2621

E.coli 2X/Month

☐ Hand De vered by Client to Region or LAB

Matrix: Non-Potable Water

Sample Collection Start

Date: 3-26-24 Time: 12:05 pm

Samples Printed Name: Andrew Lopez

Sampler Affiliation: Inside Maint./City of Coleman

Sampler Signature:

Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

1 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized

Short HoldSubc BCNT MPN, E.coli NT Subcontract CAS:ABI1 (0.33 days)

0 Z – No bottle required

SKL Sub Hold: PM Attn

Ambient Conditions/Comments

Date	Time	Relinquished		Received	
		Printed Name / Affiliation		Printed Name / Affiliation	
3.26.24	1240	Andrew Lopez / Inside Maint./City of Coleman		Madeline Wagner	SPL
		Signature		Signature	
3.26.24	1900	Madeline Wagner / SPL		XPS	
		Signature		Signature	
3.27.24		XPS			
		Signature		Signature	
		Printed Name / Affiliation		Printed Name / Affiliation	
		Signature		Signature	

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CITY OF ABILENE ENVIRONMENTAL

4209 East Lake Road
(325) 676-6041

SPL

LABORATORY CHAIN OF CUSTODY

Abilene, TX 79601
Fax: (325) 676-6044

Client Name:
Address:
Phone:
Email:

PROJECT
Weekly Monitoring ☐
Monthly Monitoring ☐
Monthly TOC ☐
Well ☐
NAP ☐

Sampler Signature / Name:

Invoice ☐
Paid ☐
Invoice #

Sample ID	Collection Date	Collection Time	Matrix Type	Grab/ Comp	Container Type (PIG)	CBOD	BOD	DO	TSS	pH	Ammonia	Turbidity	SS	TOC	T. Coliform	F. Coliform	E. Coli	Surv-1	Alkalinity	Hardness	NOx	Gen. Chem.	Metals**	

Relinquished By:
Received By:
Relinquished By:
Received By:

Date: Time:
Date: 3 26 24 Time: 1240
Date: 3 26 24 Time: 1341
Date: Time:

Comments

Password:
pH paper lot:
Thermometer number:
Correction Factor:

Temperatures circled do not conform to federal regulations.
* On ice, but inadequate time to reach ≤6° C (10°C for bacteria samples).
** Circle the metals to be analyzed Ag Al As Ba Be Ca Cd Cr Cu Fe Hg K Mg Mn Mo Na Ni Pb Se Si Sr Zn __ __ __(__ Total __ Dissolved)

Revised 3/21/2023

XPS# 1

From: SPL

Abilene

To: SPL

Kilgore

10

3/27 1203 IG
Date Time Tech
Temp: 1.4/1.3 C
Therm#: 7242 Corr Fact: -0.1 C

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

SPL
The Science of Sure

CHAIN OF CUSTODY

Printed 03/28/2024 Page 2 of 2

City of Coleman/WWTP
Thomas Watson
P.O. Box 592
Coleman, TX 76834-

COC8-W
102

Date	Time	Relinquished	Received
3-26-24	1040	Printed Name: [illegible] Affiliation: Jacobs Water/City of Coleman Signature:	Printed Name: Madeline Wagner Affiliation: SPL Signature: Madeline Wagner
3-26-24	1900	Printed Name: Madeline Wagner Affiliation: SPL Signature: Madeline Wagner	Printed Name: XPS Affiliation: Signature:
3-27-24	0700	Printed Name: XPS Affiliation: Signature:	Printed Name: Richard Affiliation: SPL Signature: Richard
		Printed Name: Affiliation: Signature:	Printed Name: Affiliation: Signature:

Sample Received on Ice? Yes / No
Cooler/Sample Secure? Yes / No

If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NELAC, or 2 - not listed under scope of accreditation. Unless otherwise specified, ANA-LAB shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement (available for download from the welcome page, <http://www.ana-lab.com>). Ana-Lab personnel collect samples as specified by Ana-Lab SOP #000323.

Comments

CHAIN OF CUSTODY

City of Coleman/WWTP
Thomas Watson
P.O. Box 592
Coleman, TX 76834-

COC8-W
116

Lab Number

PO Number

Permit Renewal WWTP

Metrix: Non-Potable Water

Sample Collection Start

Date: 3-26-24 **Time:** 12:15 Pm

Sampler Printed Name: Archie Lopez

Sampler Affiliation: Jacob Martin / City of Coleman

Sampler Signature: [signature]

☐ Samples Radioactive? ☐ Samples Contain Dioxin? ☐ Samples Bio[illegible]cal Hazard?

1	**On Site Testing**		
	Cl2o	**Cl2 Res(Total)Analyzed by client**	
Short Hold	**DOCl**	**Dissolved Oxygen by Client**	**SM 4500-O G-2016 (0.0104 days)**
	pHCl	**pH Client Provided**	**SM 4500-H+ B-2011**

CHAIN OF CUSTODY

City of Coleman/WWTP
Thomas Watson
P.O. Box 592
Coleman, TX 76834-

COC8-W
116

Qty	Container		Code	Analysis	Method
1	Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized				
		Short HoldSubcoo	BCNT	MPN, E.coli NT	Subcontract CAS:ABTI (0.33 days)
1	Polyethylene 1/2 gal (White)				
			TSS	Total Suspended Solids	SM 2540 D-2015 (7.00 days)
0	Z – No bottle required				
			SKL	Sub Hold: PM Ana	
1	H2SO4 to pH <2 250 ml Polyethylene				
			NH3N	Ammonia Nitrogen	EPA 350.1 2 (28.0 days)
			TKN	Total Kjeldahl Nitrogen	EPA 351.2 2 CAS:7727-37-9 (28.0 days)
			TPWB	Phosphorus (as P), total	SM 4500-P E-2011 CAS:7723-14-0 (28.0 days)
1	Polyethylene 1/2 gal (White)				
		Short Hold	BODc	BOD Carbonaceous	SM 5210 B-2016 (TCMP Inhibitor) (2.00 days)
1	Polyethylene Quart				
			ICL	Chloride	EPA 300.0 2.1 (28.0 days)
		Short Hold	INL	Nitrate-Nitrogen Total	EPA 300.0 2.1 CAS:14797-55-8 (2.00 days)
			ISL	Sulfate	EPA 300.0 2.1 (28.0 days)
			ALKT	Total Alkalinity (as CaCO3)	SM 2320 B-2011 (14.0 days)

2900 Dudley Rd Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office 903-984-0551 • Fax 903-984-5914

CHAIN OF CUSTODY

City of Coleman/WWTP
Thomas Watson
P.O. Box 592
Coleman, TX 76834-

COC8-W
116

TDS **Total Dissolved Solids** **SM 2540 C-2015 (7.00 days)**

Date Time	Relinquished	Date Time	Received	
3.26.24 1240	Amber Lopez Inside Man/City of Coleman (signature)	3.26.24 1240	Madeleine Wagner Madeleine Wagner	SPL
3.26.24 1800	Madeleine Wagner SPL Madeleine Wagner	3.26.24	XPS	
3.27.24 1200	XPS		TChitwood TChitwood	SPL

Sample Received on Ice? ☒ Yes ☐ No
Cooler/Sample Secure? ☒ Yes ☐ No
If Shipped - Airway Number & Temp - See Attached

Comments

West Texas-Abilene, 521 ... Rd W STE 105 Clyde TX 79510

City of Abilene
Environmental Laboratory Report

4209 East Lake Road
Phone: (325) 676-6043

Abilene, TX 79601
Fax: (325) 676-6044

Report To	Sample Information
Attn: Tayna Chitwood SPL P.O. Box 3275 Kilgore, TX 75663-3275	**Project:** Coleman **Project Number:** [none] **Collector:** **Collector Phone:** (903) 984-0551 **Date Received:** 03/26/24 13:41 **Received By:** **Report Date:** 04/01/2024

Effluent

C4C2610-01

Date Sample: 26-Mar-2024 12:0

Sample Type: Analyte	Result	Units	Minimum Reporting Limit	Method	Batch	Analyst	Analysis Date	Notes
E. coli	ND	MPN/100 ml	1.1	SM 9223	CC42720	KLG	3/26/24 15:03	<

Microbiological Parameters by Standard Methods - Quality Control
City of Abilene

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit
Batch CC42720 - Gen Prep-Bacteria									
Blank (CC42720-BLK1)				Prepared & Analyzed: 03/26/24					
E. coli	ND	1.1	MPN/100 ml						

ND=not detected; <= less than; ug/L = ppb; mg/L = ppm; mg/kg = ppm

Note: This report may not be reproduced except in full, without written approval of the laboratory.

Notes and Definitions

<	Less than stated value
ND	Analyte NOT DETECTED at or below the reporting limit
NR	Not Reported
RPD	Relative Percent Difference

We are an Approved Public Water System Laboratory (AL2210001) for: Alkalinity, Chlorine Dioxide (2 methods), Free and Total Chlorine (2 methods), pH, POE Chlorite, Temperature, Turbidity (2 methods).

We are an Approved Drinking Water Laboratory (T104704320) for: Alkalinity, Calcium, Chlorine Dioxide (2 methods), Chlorite, Conductivity, Hardness, pH, Phosphate, Silica, Temperature, TOC, Total Chlorine, Turbidity, UV254.

We are not NELAP accredited in the DW matrix for: Alkalinity, Ammonia, Beryllium, Bromide, Chlorine Dioxide, Customer Defined Methods, Color, DOC, Free Chlorine, Legionella, Molybdenum, pH, Phosphate, Silver, TOC, UV254

We are not NELAP accredited in the NPW matrix for Customer Defined Methods, Color, DOC, Free Chlorine, Legionella, Silver. We are not a certified calibration laboratory.

Michael Michaud
Laboratory Manager

CONFIDENTIALITY NOTICE

This message is intended exclusively for the individual or entity to which it is addressed. This communication may contain information that is proprietary, privileged or confidential or otherwise legally exempt from disclosure. If you are not the named addressee, you are not authorized to read, print, retain, copy, or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately by e-mail or telephone and delete all copies of the message.

ND=not detected; <= less than; ug/L = ppb; mg/L = ppm; mg/kg = ppm

Note: This report may not be reproduced except in full, without written approval of the laboratory.

CITY OF ABILENE ENVIRONMENTAL

4209 East Lake Road
(325) 676-6041

SPL

Client Name: City of Colum
Address: PO Box 392
Colum, TX 76934

Sampler Signature / Name: / B. Lyn

LABORATORY CHAIN OF CUSTODY

Abilene, TX 79601
Fax: (325) 676-6044

Phone:
Email:

PROJECT

- Weekly Monitoring ☐
- Monthly Monitoring ☐
- Monthly TOC ☐
- Well ☐
- NAP ☐
- _____ ☐

Invoice Paid

Invoice # _____

Lab Use Only Laboratory ID	Sample ID	Collection Date	Collection Time	Lab Use Only - Preservative (Write check mark for each appropriately preserved bottle. Note improper preservation in comments box.) Bottle	T obs	T cor	pH	Ice?	preserv.	Matrix Type	Grab/ Comp	Container Type (P/G)	CBOD	BOD	DO	TSS	pH	Ammonia	Turbidity	SS	TOC	T. Coliform	F. Coliform	E. Coli	Suva-l	Alkalinity	Hardness	NOx	Gen. Chem.	Metals**		
C4C261001	Effluent	3/26	12:15 PM	A	2.0	3.9				WW	C	P												X								

Comments

Password:
pH paper lot:
Thermometer number:
Correction Factor: 3.6

2.0 - 2

Relinquished By:
Received By: Madison Wagner
Relinquished By: Madison Wagner
Received By:

Date: 3.26.24 Time: 1240
Date: 3.26.24 Time: 1240
Date: 3.26.24 Time: 1341
Date: 3-26-24 Time: 1341

Temperatures circled do not conform to federal regulations.
* On ice, but inadequate time to reach ≤6` C (10°C for bacteria samples).
** Circle the metals to be analyzed Ag Al As Ba Be Ca Cd Cr Cu Fe Hg K Mg Mn Mo Na Ni Pb Se Si Sr Zn __ __ __(__ Total __ Dissolved)
Revised 3/21/2023

Attachment 7

TCEQ ePay Voucher Receipt

Transaction Information

Voucher Number:	708470
Trace Number:	582EA000613147
Date:	06/06/2024 03:52 PM
Payment Method:	ACH - Authorization 0074206102
Voucher Amount:	$1,600.00
Fee Type:	WW PERMIT - FACILITY WITH FLOW >= .50 & < 1.0 MGD - RENEWAL
ePay Actor:	DIANA L LPPEZ

Payment Contact Information

Name:	DIANA L LOPEZ
Company:	CITY OF COLEMAN
Address:	200 WEST LIVEOAK, COLEMAN, TX 76834
Phone:	325-636-3621

Site Information

Site Name:	CITY OF COLEMAN WASTEWATER TREATMENT PLANT
Site Address:	HWY 84, COLEMAN, TX 76834 0592
Site Location:	EAST OF THE CITY SOUTH SIDE OF HORDS CREEK INTERSECTION OF FM 568 USHWY 884

Customer Information

Customer Name:	CITY OF COLEMAN
Customer Address:	PO BOX 592, COLEMAN, TX 76834
State Tax ID:	17560004958

Other Information

Program Area ID:	WQ0010150001

TCEQ ePay Receipt

Transaction Information

Trace Number:	582EA000613147
Date:	06/06/2024 03:52 PM
Payment Method:	ACH - Authorization 0074206102
ePay Actor:	DIANA L LPPEZ
TCEQ Amount:	$1,615.00
Texas.gov Price::	$1,615.00*

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

Payment Contact Information

Name:	DIANA L LOPEZ
Company:	CITY OF COLEMAN
Address:	200 WEST LIVEOAK, COLEMAN, TX 76834
Phone:	325-636-3621

Cart Items

Voucher	Fee Description	AR Number	Amount
708470	WW PERMIT - FACILITY WITH FLOW >= .50 & < 1.0 MGD - RENEWAL		$1,600.00
708471	30 TAC 305.53B WQ RENEWAL NOTIFICATION FEE		$15.00
		TCEQ Amount:	**$1,615.00**

Attachment 8

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

The National Map US Topo

COLEMAN QUADRANGLE
TEXAS-COLEMAN CO.
7.5-MINUTE SERIES

Area Served: City of Coleman

Applicant Property Boundary

Discharge Point

3 Miles Downstream

1 Mile Downstream

WWTP Facility Boundary

1.00 mi

City of Coleman WWTP
WQ0010150001
WWTP Permit Renewal
USGS Map
2024

JACOB MARTIN
3486 CURRY LANE
ABILENE, TEXAS 79606
325.695.1070
1508 SANTA FE DR., SUITE 204
WEATHERFORD, TEXAS 76086
817.594.9980
FIRM # F-2448

Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and 1 000-meter grid: Universal Transverse Mercator, Zone 14R
10 000-foot ticks: Texas Coordinate System of 1983 (central zone)

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government reservations may not be shown. Obtain permission before entering private lands.

Imagery.....NAIP, August 2014
Roads..... U.S. Census Bureau, 2014 - 2015
Names.....GNIS, 2015
Hydrography.....National Hydrography Dataset, 2014
Contours.....National Elevation Dataset, 2005
Boundaries.....Multiple sources; see metadata file 1972 - 2015

Wetlands.....FWS National Wetlands Inventory 1977 - 2014

UTM GRID AND 2016 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

MN 5° 1′ 89 MILS
GN 0° 14′ 4 MILS

U.S. National Grid
100,000-m Square ID
MA
Grid Zone Designation
14R

SCALE 1:24 000

1 0.5 0 KILOMETERS 1 2
1000 500 0 METERS 1000 2000
1 0.5 0 1
MILES
1000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000
FEET

CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

This map was produced to conform with the National Geospatial Program US Topo Product Standard, 2011.
A metadata file associated with this product is draft version 0.6.19

TEXAS
QUADRANGLE LOCATION

ROAD CLASSIFICATION

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

1	2	3
4		5
6	7	8

ADJOINING QUADRANGLES
1 Novice East
2 Lake Scarborough
3 Coleman NE
4 Valera
5 Lake San Tana
6 Bead Mountain
7 Fisk
8 Santa Anna

COLEMAN, TX
2016

76430163955934
NSN. 7643016395593
NGA REF NO. USGSX24K9534

Candice Calhoun

From: David Hudson <dhudson@jacobmartin.com>
Sent: Wednesday, June 19, 2024 7:45 AM
To: Candice Calhoun
Subject: RE: Application to Renew Permit No. WQ0010150001; City of Coleman - Notice of Deficiency

Follow Up Flag: Follow up
Flag Status: Flagged

Good Morning Candice,
In response to the NOD, listed below is the answer:

1. Item #1 is correct as written.

Thanks.

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Tuesday, June 18, 2024 3:14 PM
To: David Hudson <dhudson@jacobmartin.com>
Subject: Application to Renew Permit No. WQ0010150001; City of Coleman - Notice of Deficiency
Importance: High

Good afternoon, Mr. Hudson,

The attached Notice of Deficiency letter dated **June 18, 2024**, requests additional information needed to declare the application administratively complete. Please send complete response by **July 2, 2024.**

Please let me know if you have any questions.

Regards,

Candice Calhoun
Texas Commission on Environmental Quality
Water Quality Division
512-239-4312
candice.calhoun@tceq.texas.gov

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