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

ATTACHMENT No. 2

Plain Language Summary

Page 8, Section 8, F

English

City of Grand Saline (CN 600341135) operates Grand Saline Wastewater Treatment Plant (RN102330081), a activated sludge process plant operated in the complete mix mode. The facility is located at 500 South Pacific, in Grand Saline, Van Zandt County, Texas 75140. This application is for a renewal to discharge at an annual average flow of 541,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli.* Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7.. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, sludge drying beds, and a chlorine contact chamber.

Spanish

La ciudad de Grand Saline (CN 600341135) opera la Planta de Tratamiento de Aguas Residuales de Grand Saline (RN102330081), una planta de proceso de lodos activados que opera en el modo de mezcla completa. La instalación está ubicada en 500 South Pacific, en Grand Saline, condado de Van Zandt, Texas 75140. Esta solicitud es para una renovación para descargar a un flujo promedio anual de 541,000 galones por día de aguas residuales domésticas tratadas.

Se espera que las descargas de la instalación contengan Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (CBOD5) de cinco días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y *Escherichia coli.* Los contaminantes potenciales adicionales se incluyen en el Informe Técnico Nacional 1.0, Sección 7.. Las aguas residuales domésticas son tratadas por una planta de proceso de lodos activados y las unidades de tratamiento incluyen una pantalla de barras, una cámara de arena, cuencas de aireación, clarificadores finales, digestores de lodos, lechos de secado de lodos y una cámara de contacto con cloro.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0010179001

APPLICATION. City of Grand Saline, 132 East Frank Street, Grand Saline, Texas 75140, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010179001 (EPA I.D. No. TX0027545) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 540,000 gallons per day**.** The domestic wastewater treatment facility is located at 500 East South Pacific, in the city of Grand Saline, in Van Zandt County, Texas 75140. The discharge route is from the plant site to an unnamed tributary; thence to Grand Saline Creek; thence to Sabine Below lake Tawakoni. TCEQ received this application on September 25, 2025. The permit application will be available for viewing and copying at Grand Saline City Hall, Front Desk, 132 East Frank Street, Grand Saline, in Van Zandt 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=-95.701111,32.671111&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 Grand Saline at the address stated above or by calling Mr. Joel McCraw, Public Works Director, at 903-962-1322.

Issuance Date: October 13, 2025

KSA
a Pape-Dawson company

6781 Oak Hill Boulevard
Tyler, TX 75703
903.581.8141

September 25, 2025

Applications Review and Processing Team
Texas Commission on Environmental Quality
Building F, Room 2101
12100 Park 35 Circle
Austin, Texas 78753

Re: City of Grand Saline
Wastewater Treatment Plant
Discharge Permit Renewal Application
TPDES Permit No. WQ0010179001
NPDES Permit No. TX0027545

Dear Team Member,

Enclosed you will find the application for the TPDES discharge permit renewal for the City of Grand Saline Wastewater Treatment Plant. I have enclosed one (1) original and three (3) copies of the application, as required. I have sent, under separate cover, a check (No.52591) into the Revenues Section of the TCEQ in the amount of $1,615.00, as required.
I have included a copy of the check referenced above for your convenience.

Please contact me, Sigi West, Regulatory Compliance Specialist at (903) 581-8141, or via email at swest@ksaeng.com if you need any other information on the above referenced permit.

Sincerely,

Siglinda West

KSA
Siglinda M. West
Regulatory Compliance Specialist

KSA
a Pape-Dawson company

6781 Oak Hill Boulevard
Tyler, TX 75703
903.581.8141

September 25, 2025

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

Re: City of Grand Saline
Wastewater Treatment Plant
Discharge Permit Renewal Application
TPDES Permit No. WQ0010179001
NPDES Permit No. TX0027545

Dear Team Member,

Enclosed you will find a check, No.52591 in the amount of $1,615.00 for the application for permit renewal for the City of Grand Saline Wastewater Treatment Plant. I have sent, under separate cover, one (1) original and three (3) copies of the application, as required, to the TCEQ Water Quality Permitting Applications Team. I have also included in that package, a copy of this check.

Please contact me, Sigi West, Regulatory Compliance Specialist at (903) 581-8141 if you need any other information on the above referenced permit.

Sincerely,

Siglinda West

KSA

Siglinda M. West
Regulatory Compliance Specialist

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Grand Saline

PERMIT NUMBER (If new, leave blank): WQ0010179001 / TX0027545

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	☐	☒
Summary of Application (PLS)	☒	☐	Flow Diagram	☒	☐
Public Involvement Plan Form	☒	☐	Site Drawing	☒	☐
Technical Report 1.0	☒	☐	Original Photographs	☐	☒
Technical Report 1.1	☐	☐	Design Calculations	☐	☒
Worksheet 2.0	☒	☐	Solids Management Plan	☐	☒
Worksheet 2.1	☐	☒	Water Balance	☐	☒
Worksheet 3.0	☐	☒			
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: $1,615.00

Name Printed on Check: City of Grand Saline

EPAY — Voucher Number: Click to enter text.

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 Water 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 0010179001

EPA I.D. (TPDES only): TX 0027545

Expiration Date: 03/2026

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 Grand Saline

(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: 600341135

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

Prefix: N/A

Last Name, First Name: Smith, Kathy

Title: Mayor

Credential: N/A

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?

NOT APPLICABLE

(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: NOT APPLICABLE

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

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

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

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. Attachment No. 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: Ms. Last Name, First Name: West, Siglinda

Title: Regulatory Compliance Specialist Credential: Click to enter text.

Organization Name: KSA Engineers/ Pape-Dawson

Mailing Address: 6781 Oak Hill Blvd. City, State, Zip Code: Tyler, Texas 75703

Phone No.: 903.581.8141 E-mail Address: swest@ksaeng.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Mr. Last Name, First Name: Mc Craw, Joel

Title: Public Works Director Credential: Click to enter text.

Organization Name: City of Grand Saline

Mailing Address: 132 East Frank Street City, State, Zip Code: Grand Saline, TX, 75140

Phone No.: 903.962.3122 E-mail Address: joel.mccraw@grandsalinetx.gov

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: Ms. Last Name, First Name: West Siglinda

Title: Regulatory Compliance Specialist Credential: N/A

Organization Name: KSA Engineers/ Pape-Dawson

Mailing Address: 6781 Oak Hill Blvd. City, State, Zip Code: Tyler, TX 75703

Phone No.: 903.581.8141 E-mail Address: swest@ksaeng.com

B. Prefix: Mr. Last Name, First Name: Mc Craw, Joel

Title: Public Works Director Credential: N/A

Organization Name: City of Grand Saline

Mailing Address: 132 East Frank Street City, State, Zip Code: Grand Saline, TX 75140

Phone No.: 903.962.3122 E-mail Address: joel.mccraw@grandsalinetx.gov

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Mc Craw, Joel

Title: Public Works Director Credential: N/A

Organization Name: City of Grand Saline

Mailing Address: 12 East Frank Street City, State, Zip Code: Grand Saline, TX, 75140

Phone No.: 903.962.3122 E-mail Address: joel.mccraw@grandsalinetx.gov

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

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

Prefix: Mr. Last Name, First Name: Mc Craw, Joel

Title: Public Works Director Credential: N/A

Organization Name: City of Grand Saline

Mailing Address: 132 East Frank Street City, State, Zip Code: Grand Saline TX, 75140

Phone No.: 903.962.3122 E-mail Address: joel.mccraw@grandsalinetx.gov

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: West, Siglinda

Title: Regulatory Compliance Specialist Credential: N/A

Organization Name: KSA Engineers/ Pape-Dawson

Mailing Address: 6781 Oak Hill City, State, Zip Code: Tyler, TX 75703

Phone No.: 903.581.8141 E-mail Address: swest@ksaeng.com

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr. Last Name, First Name: Mc Craw, Joel

Title: Public Works Director Credential: Click to enter text.

Organization Name: City of Grand Saline

Mailing Address: 132 East Frank Street City, State, Zip Code: Grand Saline, TX, 75140

Phone No.: 903.962.1322 E-mail Address: joel.mccraw@grandsalinetx.gov

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: Grand Saline City Hall

Location within the building: Front Desk

Physical Address of Building: 132 East Frank Street

City: Grand Saline County: Van Zandt

Contact (Last Name, First Name): Mc Craw, Joel

Phone No.: 903.962.3122 Ext.: 2203

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? NOT APPLICABLE

F. Summary of Application in Plain Language Template

Complete the F. Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS, and include as an attachment.

Attachment: No. 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: No. 3

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** 102330081

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):

Grand Saline Wastewater Treatment Plant

C. Owner of treatment facility: City of Grand Saline

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

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

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

Organization Name: City of Grand Saline

Mailing Address: 132 East Frank Street City, State, Zip Code: Grand Saline, TX, 75140

Phone No.: 903.962.3122 E-mail Address: joel.mccraw@grandsalinetx.gov

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: NOT APPLICABLE

E. Owner of effluent disposal site:

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

Organization Name: N/A

Mailing Address: N/A City, State, Zip Code: N/A

Phone No.: N/A E-mail Address: N/A

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

Attachment: NOT APPLICABLE

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

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

Organization Name: N/A

Mailing Address: N/A City, State, Zip Code: N/A

Phone No.: N/A E-mail Address: N/A

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

Attachment: NOT APPLICABLE

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:

500 East Pacific Grand Saline, Van Zandt County, Texas
Located east of the intersection of the T & P Railroad and State Highway 110, approximately 0.5 miles east southeast of the intersection of U.S. Highway 80 and State Highway 110

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:

From the discharge point to an unnamed tributary; thence to Grand Saline Creek; thence to the Sabine River Below Lake Tawakoni in Segment 0506 of the Sabine River Basin

City nearest the outfall(s): Grand Saline

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

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: NOT APPLICABLE

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: NOT APPLICABLE

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:

NOT APPLICABLE

B. City nearest the disposal site: NOT APPLICABLE

C. County in which the disposal site is located: NOT APPLICABLE

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

NOT APPLICABLE

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

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.

NOT APPLICABLE

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: NOT APPLICABLE

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

Account number: N/A

Amount past due: N/A

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If **yes**, please provide the following information:

Enforcement order number: N/A

Amount past due: N/A

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: Attachment No. 4

- 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: WQ0010179001/ TX0027545

Applicant: City of Grand Saline

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): Kathy Smith

Signatory title: Mayor

Signature: Kathy Smith Date: 9/23/2025

(Use blue ink)

Subscribed and Sworn to before me by the said Kathy Smith, Mayor

on this 23rd day of Sept, 20 25.

My commission expires on the 25th day of Oct, 20 25.

Notary Public [SEAL]

Van Zandt County, Texas

SUMMER COLLINS
Notary Public, State of Texas
Comm. Expires 10-25-2025
Notary ID 124823673

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 that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).

D. Provide the source of the landowners' names and mailing addresses: NOT APPLICABLE

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):

NOT APPLICABLE

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: No. 5

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

Prefix (Mr., Ms., Miss): N/A

Full legal name (Last Name, First Name, Middle Initial): N/A

Driver's License or State Identification Number: N/A

Date of Birth: N/A

Mailing Address: N/A

City, State, and Zip Code: N/A

Phone Number: N/A Fax Number: N/A

E-mail Address: N/A

CN: N/A

For Commission Use Only:
Customer Number:
Regulated Entity Number:
Permit Number:

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

Electronic Application Submittal ☒ Yes
(See application submittal requirements on page 23 of the instructions.)

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)

Summary of Application (in Plain Language) ☒ 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 42)

A. Existing/Interim I Phase

Design Flow (MGD): 0.541

2-Hr Peak Flow (MGD): 1.35

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility: EXISTING

Section 2. Treatment Process (Instructions Page 42)

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.**

Raw sewage enters the plant through a 15 inch diameter pipe through the automatic bar screen then through the parshall flume to the grit chamber; thence through the raw sewage pumps into the aeration basin; thence to the final clarifier to the chlorine contact chamber. Sludge is moved from the final clarifiers to the aerobic sludge digester. Sludge is dewatered and sent to the bagging system or placed in the sludge drying beds

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)
Aeration Basin	1	179,613 gallon capacity
Final Clarifier	2	30' Dia. 10' Skid
Chlorine Contact Chamber	1	28' W x 33' 2"
Bar Screen	1	12' 6" x 3' x 5'
Sludge Drying Beds	10	25' x 50'
Grit Basin	1	8' x 8'

C. Process Flow Diagram

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

Attachment: No. 8

Section 3. Site Information and Drawing (Instructions Page 43)

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

- Latitude: 32*, 40', 16"
- Longitude: 95*, 42', 04"

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

- Latitude: NOT APPLICABLE
- Longitude: NOT APPLICABLE

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: No. 9 and ATTACHMENT No. 10

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

City of Grand Saline

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 Grand Saline Wastewater Collection System	Grand Saline	**Publicly Owned**	
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 44)

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.**

NOT APPLICABLE

Section 5. Closure Plans (Instructions Page 44)

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.

NOT APPLICABLE

Section 6. Permit Specific Requirements (Instructions Page 44)

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: Unknown

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.**

NOT APPLICABLE

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.

NOT APPLICABLE

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.*

NOT APPLICABLE

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.

NOT APPLICABLE

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.

NOT APPLICABLE

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.

NOT APPLICABLE

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 NOT APPLICABLE or TXRNE NOT APPLICABLE

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:

NOT APPLICABLE

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.

NOT APPLICABLE

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.

NOT APPLICABLE

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.

NOT APPLICABLE

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.
NOT APPLICABLE

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

1. *Acceptance of sludge from other WWTPs*

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the 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.

NOT APPLICABLE

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.

NOT APPLICABLE

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.

NOT APPLICABLE

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 49)

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					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
E.coli (CFU/100ml) freshwater					
Entercocci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †	N/A	N/A	N/A	N/A	N/A
Oil & Grease, mg/l					
Alkalinity ($CaCO_3$)*, mg/l					

*TPDES permits only
†TLAP permits only

Table1.0(3) – Pollutant Analysis for Water Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	N/A	N/A	N/A	N/A	N/A
pH, standard units	N/A	N/A	N/A	N/A	N/A
Fluoride, mg/l	N/A	N/A	N/A	N/A	N/A
Aluminum, mg/l	N/A	N/A	N/A	N/A	N/A
Alkalinity ($CaCO_3$), mg/l	N/A	N/A	N/A	N/A	N/A

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Taylor Burns

Facility Operator's License Classification and Level: Class C

Facility Operator's License Number: WWOL WW0061761

Section 9. Sludge and Biosolids Management and Disposal (Instructions Page 50)

A. WWTP's Sewage Sludge or 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 Sewage Sludge or 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. Sewage Sludge or Biosolids Management

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

permit will authorize all sewage sludge or 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	Off-site Third-Party Handler or Preparer	Bulk		N/A: Disposal in Landfill	N/A: Disposal in Landfill
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: Greenwood Farms

TCEQ permit or registration number: 1972A

County where disposal site is located: Smith

E. Transportation method

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

Name of the hauler: Piney Woods

Hauler registration number: 23752

Sludge is transported as a:

Liquid ☐ semi-liquid ☐ semi-solid ☐ solid ☒

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 52)

A. Beneficial use authorization

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

☐ Yes ☒ No

If yes, are you requesting to continue this authorization to land apply biosolids 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 Biosolids	☐ 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: NOT APPLICABLE
- USDA Natural Resources Conservation Service Soil Map:

  Attachment: NOT APPLICABLE
- Federal Emergency Management Map:

  Attachment: NOT APPLICABLE
- Site map:

  Attachment: NOT APPLICABLE

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: NOT APPLICABLE

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:

NOT APPLICABLE

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: N/A

Total Kjeldahl Nitrogen, mg/kg: N/A

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg: N/A

Phosphorus, mg/kg: N/A

Potassium, mg/kg: N/A

pH, standard units: N/A

Ammonia Nitrogen mg/kg: N/A

Arsenic: N/A

Cadmium: N/A

Chromium: N/A

Copper: N/A

Lead: N/A

Mercury: N/A

Molybdenum: N/A

Nickel: N/A

Selenium: N/A

Zinc: N/A

Total PCBs: N/A

Provide the following information:

Volume and frequency of sludge to the lagoon(s): N/A

Total dry tons stored in the lagoons(s) per 365-day period: N/A

Total dry tons stored in the lagoons(s) over the life of the unit: N/A

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.

NOT APPLICABLE

D. Site development plan

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

NOT APPLICABLE

Attach the following documents to the application.

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

  Attachment: NOT APPLICABLE
- Copy of the closure plan

  Attachment: NOT APPLICABLE
- Copy of deed recordation for the site

  Attachment: NOT APPLICABLE
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

  Attachment: NOT APPLICABLE
- Description of the method of controlling infiltration of groundwater and surface water from entering the site

  Attachment: NOT APPLICABLE
- Procedures to prevent the occurrence of nuisance conditions

  Attachment: NOT APPLICABLE

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: NOT APPLICABLE

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 54)

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:

NOT APPLICABLE

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:

Administrative order 2022-0765-MWD-E Within 130 days after the effective date of the Order, the Respondent shall submit written certification of compliance with the effluent limitations of TPDES Permit No. WQ0010179001, including specific corrective actions that were implemented at the Facility to achieve compliance and copies of the most current self-reported discharge monitoring reports, demonstrating at least three consecutive months of compliance with all permitted effluent limitations

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: NOT APPLICABLE

Section 14. Laboratory Accreditation (Instructions Page 55)

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: Kathy Smith

Title: Mayor

Signature: Kathy Smith

Date: 9/23/2025

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

The following information is required for new and amendment major applications.

Section 1. Justification for Permit (Instructions Page 56)

A. Justification of permit need

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

Renewal with No expected changes

B. Regionalization of facilities

For additional guidance, please review TCEQ's Regionalization Policy for Wastewater Treatment[1].

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

1. Municipally incorporated areas

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

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

☐ Yes ☐ No ☒ Not Applicable

If yes, within the city limits of: Grand Saline

If yes, attach correspondence from the city.

Attachment: NOT APPLICABLE

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

Attachment: NOT APPLICABLE

2. Utility CCN areas

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

☐ Yes ☒ No

[1] https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater

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

Attachment: NOT APPLICABLE

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

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

☐ Yes ☒ No

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

Attachment: NOT APPLICABLE

If yes, attach proof of mailing a request for service to each facility and collection system, the letters requesting service, and correspondence from each facility and collection system.

Attachment: NOT APPLICABLE

If the facility or collection system agrees to provide service, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the facility or collection system versus the cost of the proposed facility or expansion.

Attachment: NOT APPLICABLE

Section 2. Proposed Organic Loading (Instructions Page 58)

Is this facility in operation?

☒ Yes ☐ No

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

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

A. Current organic loading

Facility Design Flow (flow being requested in application): NOT APPLICABLE

Average Influent Organic Strength or BOD_5 Concentration in mg/l: N/A

Average Influent Loading (lbs/day = total average flow X average BOD_5 conc. X 8.34): N/A

Provide the source of the average organic strength or BOD_5 concentration.

NOT APPLICABLE

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality	NOT APPLICABLE	NOT APPLICABLE
Subdivision	NOT APPLICABLE	NOT APPLICABLE
Trailer park - transient	NOT APPLICABLE	NOT APPLICABLE
Mobile home park	NOT APPLICABLE	NOT APPLICABLE
School with cafeteria and showers	NOT APPLICABLE	NOT APPLICABLE
School with cafeteria, no showers	NOT APPLICABLE	NOT APPLICABLE
Recreational park, overnight use	NOT APPLICABLE	NOT APPLICABLE
Recreational park, day use	NOT APPLICABLE	NOT APPLICABLE
Office building or factory	NOT APPLICABLE	NOT APPLICABLE
Motel	NOT APPLICABLE	NOT APPLICABLE
Restaurant	NOT APPLICABLE	NOT APPLICABLE
Hospital	NOT APPLICABLE	NOT APPLICABLE
Nursing home	NOT APPLICABLE	NOT APPLICABLE
Other	NOT APPLICABLE	NOT APPLICABLE
TOTAL FLOW from all sources	NOT APPLICABLE	NOT APPLICABLE
AVERAGE BOD_5 from all sources	NOT APPLICABLE	NOT APPLICABLE

Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 58)

A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: N/A

Total Suspended Solids, mg/l: N/A

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: N/A

Other: N/A

B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: N/A

Total Suspended Solids, mg/l: N/A

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: N/A

Other: N/A

C. Final Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: N/A

Total Suspended Solids, mg/l: N/A

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: N/A

Other: N/A

D. Disinfection Method

Identify the proposed method of disinfection.

☐ Chlorine: N/A mg/l after N/A minutes detention time at peak flow

Dechlorination process: N/A

☐ Ultraviolet Light: N/A seconds contact time at peak flow

☐ Other: N/A

Section 4. Design Calculations (Instructions Page 58)

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

Attachment: NOT APPLICABLE

Section 5. Facility Site (Instructions Page 59)

A. 100-year floodplain

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

☒ Yes ☐ No

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

NOT APPLICABLE

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

NOT APPLICABLE

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

☐ Yes ☒ No

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

☐ Yes ☒ No

If yes, provide the permit number: NOT APPLICABLE

If no, provide the approximate date you anticipate submitting your application to the Corps: NOT APPLICABLE

B. Wind rose

Attach a wind rose: NOT APPLICABLE

Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 59)

A. Beneficial use authorization

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

☐ Yes ☒ No

If yes, attach the completed **Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451):** NOT APPLICABLE

B. Sludge processing authorization

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

☐ Sludge Composting

☐ Marketing and Distribution of sludge

☐ Sludge Surface Disposal or Sludge Monofill

If any of the above, sludge options are selected, attach the completed **Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056):** NOT APPLICABLE

Section 7. Sewage Sludge Solids Management Plan (Instructions Page 60)

Attach a solids management plan to the application.

Attachment: NOT APPLICABLE

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

- Treatment units and processes dimensions and capacities

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

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

DOMESTIC 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 63)

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: NOT APPLICABLE

Distance and direction to the intake: NOT APPLICABLE

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

Attachment: NOT APPLICABLE

Section 2. Discharge into Tidally Affected Waters (Instructions Page 63)

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: NOT APPLICABLE

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).

NOT APPLICABLE

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).

NOT APPLICABLE

Section 3. Classified Segments (Instructions Page 63)

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 63)

Name of the immediate receiving waters: Unnamed Tributary

A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: N/A

Average depth of the entire water body, in feet: N/A

Average depth of water body within a 500-foot radius of discharge point, in feet: N/A

☐ 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.

NONE

D. Downstream characteristics

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

☐ Yes ☒ No

If yes, discuss how.

NOT APPLICABLE

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 65)

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	☐ Contact recreation
☐ Irrigation withdrawal	☐ Non-contact recreation
☐ Fishing	☐ Navigation
☐ Domestic water supply	☐ Industrial water supply
☐ Park activities	☐ 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 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

Section 1. General Information (Instructions Page 65)

Date of study: NOT APPLICABLE Time of study: NOT APPLICABLE

Stream name: NOT APPLICABLE

Location: NOT APPLICABLE

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

☐ Perennial ☐ Intermittent with perennial pools

Section 2. Data Collection (Instructions Page 65)

Number of stream bends that are well defined: N/A

Number of stream bends that are moderately defined: N/A

Number of stream bends that are poorly defined: N/A

Number of riffles: N/A

Evidence of flow fluctuations (check one):

☐ Minor ☐ moderate ☐ severe

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

NOT APPLICABLE

Stream transects

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

Table 2.1(1) - Stream Transect Records

Stream type at transect Select riffle, run, glide, or pool. See Instructions, Definitions section.	**Transect location**	**Water surface width (ft)**	**Stream depths (ft)** at 4 to 10 points along each transect from the channel bed to the water surface. Separate the measurements with commas.
Choose an item.	NOT APPLICABLE		NOT APPLICABLE
Choose an item.	NOT APPLICABLE		NOT APPLICABLE
Choose an item.	NOT APPLICABLE		NOT APPLICABLE
Choose an item.	NOT APPLICABLE		NOT APPLICABLE
Choose an item.	NOT APPLICABLE		NOT APPLICABLE
Choose an item.	NOT APPLICABLE		NOT APPLICABLE
Choose an item.	NOT APPLICABLE		NOT APPLICABLE
Choose an item.	NOT APPLICABLE		NOT APPLICABLE
Choose an item.	NOT APPLICABLE		NOT APPLICABLE
Choose an item.	NOT APPLICABLE		NOT APPLICABLE

Section 3. Summarize Measurements (Instructions Page 65)

Streambed slope of entire reach, from USGS map in feet/feet: N/A

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): N/A

Length of stream evaluated, in feet: N/A

Number of lateral transects made: N/A

Average stream width, in feet: N/A

Average stream depth, in feet: N/A

Average stream velocity, in feet/second: N/A

Instantaneous stream flow, in cubic feet/second: N/A

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): N/A

Size of pools (large, small, moderate, none): N/A

Maximum pool depth, in feet: N/A

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

Section 1. Type of Disposal System (Instructions Page 67)

Identify the method of land disposal:

- ☐ Surface application
- ☐ Irrigation
- ☐ Drip irrigation system
- ☐ Evaporation
- ☐ Subsurface application
- ☐ Subsurface soils absorption
- ☐ Subsurface area drip dispersal system
- ☐ Evapotranspiration beds
- ☐ Other (describe in detail): Click to enter text.

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

For existing authorizations, provide Registration Number: Click to enter text.

Section 2. Land Application Site(s) (Instructions Page 67)

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

Table 3.0(1) – Land Application Site Crops

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N
NOT APPLICABLE	N/A	N/A	N/A
NOT APPLICABLE	N/A	N/A	N/A
NOT APPLICABLE	N/A	N/A	N/A
NOT APPLICABLE	N/A	N/A	N/A
NOT APPLICABLE	N/A	N/A	N/A
NOT APPLICABLE	N/A	N/A	N/A

Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 67)

Table 3.0(2) – Storage and Evaporation Ponds

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

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

Attachment: NOT APPLICABLE

Section 4. Flood and Runoff Protection (Instructions Page 67)

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

☐ Yes ☐ No

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

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

Section 5. Annual Cropping Plan (Instructions Page 67)

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

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

Section 6. Well and Map Information (Instructions Page 68)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment**: NOT APPLICABLE

- The boundaries of the land application site(s)
- Waste disposal or treatment facility site(s)
- On-site buildings
- Buffer zones
- Effluent storage and tailwater control facilities
- All water wells within 1-mile radius of the disposal site or property boundaries
- All springs and seeps onsite and within 500 feet of the property boundaries
- All surface waters in the state onsite and within 500 feet of the property boundaries
- All faults and sinkholes onsite and within 500 feet of the property

List and cross reference all water wells located within a half-mile radius of the disposal site or property boundaries shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

Table 3.0(3) – Water Well Data

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

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

Attachment: NOT APPLICABLE

Section 7. Groundwater Quality (Instructions Page 68)

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

Attachment: NOT APPLICABLE

Are groundwater monitoring wells available onsite? ☐ Yes ☐ No

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

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

Attachment: NOT APPLICABLE

Section 8. Soil Map and Soil Analyses (Instructions Page 69)

A. Soil map

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

Attachment: NOT APPLICABLE

B. Soil analyses

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

Attachment: NOT APPLICABLE

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

Table 3.0(4) – Soil Data

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number
NOT APPLICABLE	N/A	N/A	N/A	N/A
NOT APPLICABLE	N/A	N/A	N/A	N/A
NOT APPLICABLE	N/A	N/A	N/A	N/A
NOT APPLICABLE	N/A	N/A	N/A	N/A
NOT APPLICABLE	N/A	N/A	N/A	N/A
NOT APPLICABLE	N/A	N/A	N/A	N/A
NOT APPLICABLE	N/A	N/A	N/A	N/A

Section 9. Effluent Monitoring Data (Instructions Page 70)

Is the facility in operation?

☐ Yes ☐ No

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

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

Table 3.0(5) – Effluent Monitoring Data

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

NOT APPLICABLE

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment permit applications. Renewal and minor amendment permit applications may be asked for this worksheet on a case by case basis.

Section 1. Surface Disposal (Instructions Page 71)

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

A. Irrigation

Area under irrigation, in acres: NOT APPLICABLE

Design application frequency:

hours/day N/A **And** days/week N/A

Land grade (slope):

average percent (%): N/A

maximum percent (%): N/A

Design application rate in acre-feet/acre/year: N/A

Design total nitrogen loading rate, in lbs N/acre/year: N/A

Soil conductivity (mmhos/cm): N/A

Method of application: N/A

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

Attachment: NOT APPLICBALE

B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: NOT APPLICABLE

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

Attachment: NOT APPLICABLE

C. Evapotranspiration beds

Number of beds: N/A

Area of bed(s), in acres: N/A

Depth of bed(s), in feet: N/A

Void ratio of soil in the beds: N/A

Storage volume within the beds, in acre-feet: N/A

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

Attachment: NOT APPLICABLE

D. Overland flow

Area used for application, in acres: N/A

Slopes for application area, percent (%): N/A

Design application rate, in gpm/foot of slope width: N/A

Slope length, in feet: N/A

Design BOD_5 loading rate, in lbs BOD_5/acre/day: N/A

Design application frequency:

hours/day: N/A **And** days/week: N/A

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

Attachment: NOT APPLICABLE

Section 2. Edwards Aquifer (Instructions Page 72)

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

☐ Yes ☒ No

If **yes**, is the facility located on the Edwards Aquifer Recharge Zone?

☐ Yes ☒ No

If yes, attach a geological report addressing potential recharge features.

Attachment: NOT APPLICABLE

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

The following **is required** for **new and major amendment** permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

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

Section 1. Subsurface Application (Instructions Page 73)

Identify the type of system:

- ☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- ☐ Low Pressure Dosing
- ☐ Other, specify: N/A

Application area, in acres: N/A

Area of drainfield, in square feet: N/A

Application rate, in gal/square foot/day: N/A

Depth to groundwater, in feet: N/A

Area of trench, in square feet: N/A

Dosing duration per area, in hours: N/A

Number of beds: N/A

Dosing amount per area, in inches/day: N/A

Infiltration rate, in inches/hour: N/A

Storage volume, in gallons: N/A

Area of bed(s), in square feet: N/A

Soil Classification: N/A

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

Attachment: NOT APPLICABLE

Section 2. Edwards Aquifer (Instructions Page 73)

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

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

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

Section 1. Administrative Information (Instructions Page 74)

A. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility:

B. NOT APPLICABLE Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the treatment facility is located.

B. NOT APPLICABLE

C. Owner of the subsurface area drip dispersal system: B. NOT APPLICABLE

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

☐ Yes ☐ No

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

B. NOT APPLICABLE

E. Owner of the land where the subsurface area drip dispersal system is located: B. NOT APPLICABLE

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

☐ Yes ☒ No

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

B. NOT APPLICABLE

Section 2. Subsurface Area Drip Dispersal System (Instructions Page 74)

A. Type of system

☐ Subsurface Drip Irrigation

☐ Surface Drip Irrigation

☐ Other, specify: B. NOT APPLICABLE

B. Irrigation operations

Application area, in acres: N/A

Infiltration Rate, in inches/hour: N/A

Average slope of the application area, percent (%): N/A

Maximum slope of the application area, percent (%): N/A

Storage volume, in gallons: N/A

Major soil series: N/A

Depth to groundwater, in feet: N/A

C. Application rate

Is the facility located **west** of the boundary shown in *30 TAC § 222.83* **and** also using a vegetative cover of non-native grasses over seeded with cool season grasses during the winter months (October-March)?

☐ Yes ☐ No

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

Is the facility located **east** of the boundary shown in *30 TAC § 222.83* **or** in any part of the state when the vegetative cover is any crop other than non-native grasses?

☐ Yes ☐ No

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

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

☐ Yes ☐ No

Hydraulic application rate, in gal/square foot/day: N/A

Nitrogen application rate, in lbs/gal/day: N/A

D. Dosing information

Number of doses per day: N/A

Dosing duration per area, in hours: N/A

Rest period between doses, in hours: N/A

Dosing amount per area, in inches/day: N/A

Number of zones: N/A

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

☐ Yes ☐ No

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

Attachment: NOT APPLICABLE

Section 3. Required Plans (Instructions Page 74)

A. Recharge feature plan

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

Attachment: NOT APPLICABLE

B. Soil evaluation

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

Attachment: NOT APPLICABLE

C. Site preparation plan

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

Attachment: NOT APPLICABLE

D. Soil sampling/testing

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

Attachment: NOT APPLICABLE

Section 4. Floodway Designation (Instructions Page 75)

A. Site location

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

☐ Yes ☐ No

B. Flood map

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

Attachment: NOT APPLICABLE

Section 5. Surface Waters in the State (Instructions Page 75)

A. Buffer Map

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

Attachment: NOT APPLICABLE

B. Buffer variance request

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

☐ Yes ☐ No

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

Attachment: NOT APPLICABLE

Section 6. Edwards Aquifer (Instructions Page 75)

A. Is the SADDS located over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

☐ Yes ☒ No

B. Is the SADDS located over the Edwards Aquifer Transition Zone as mapped by TCEQ?

☐ Yes ☒ No

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Toxic Pollutants (Instructions Page 76)

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

Grab ☐ Composite ☐

Date and time sample(s) collected: NOT APPLICABLE

Table 4.0(1) – Toxics Analysis

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile	N/A	N/A	N/A	50
Aldrin	N/A	N/A	N/A	0.01
Aluminum	N/A	N/A	N/A	2.5
Anthracene	N/A	N/A	N/A	10
Antimony	N/A	N/A	N/A	5
Arsenic	N/A	N/A	N/A	0.5
Barium	N/A	N/A	N/A	3
Benzene	N/A	N/A	N/A	10
Benzidine	N/A	N/A	N/A	50
Benzo(a)anthracene	N/A	N/A	N/A	5
Benzo(a)pyrene	N/A	N/A	N/A	5
Bis(2-chloroethyl)ether	N/A	N/A	N/A	10
Bis(2-ethylhexyl)phthalate	N/A	N/A	N/A	10
Bromodichloromethane	N/A	N/A	N/A	10
Bromoform	N/A	N/A	N/A	10
Cadmium	N/A	N/A	N/A	1
Carbon Tetrachloride	N/A	N/A	N/A	2
Carbaryl	N/A	N/A	N/A	5
Chlordane*	N/A	N/A	N/A	0.2
Chlorobenzene	N/A	N/A	N/A	10
Chlorodibromomethane	N/A	N/A	N/A	10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Chloroform	N/A	N/A	N/A	10
Chlorpyrifos	N/A	N/A	N/A	0.05
Chromium (Total)	N/A	N/A	N/A	3
Chromium (Tri) **(*1)**	N/A	N/A	N/A	N/A
Chromium (Hex)	N/A	N/A	N/A	3
Copper	N/A	N/A	N/A	2
Chrysene	N/A	N/A	N/A	5
p-Chloro-m-Cresol	N/A	N/A	N/A	10
4,6-Dinitro-o-Cresol	N/A	N/A	N/A	50
p-Cresol	N/A	N/A	N/A	10
Cyanide **(*2)**	N/A	N/A	N/A	10
4,4'- DDD	N/A	N/A	N/A	0.1
4,4'- DDE	N/A	N/A	N/A	0.1
4,4'- DDT	N/A	N/A	N/A	0.02
2,4-D	N/A	N/A	N/A	0.7
Demeton (O and S)	N/A	N/A	N/A	0.20
Diazinon	N/A	N/A	N/A	0.5/0.1
1,2-Dibromoethane	N/A	N/A	N/A	10
m-Dichlorobenzene	N/A	N/A	N/A	10
o-Dichlorobenzene	N/A	N/A	N/A	10
p-Dichlorobenzene	N/A	N/A	N/A	10
3,3'-Dichlorobenzidine	N/A	N/A	N/A	5
1,2-Dichloroethane	N/A	N/A	N/A	10
1,1-Dichloroethylene	N/A	N/A	N/A	10
Dichloromethane	N/A	N/A	N/A	20
1,2-Dichloropropane	N/A	N/A	N/A	10
1,3-Dichloropropene	N/A	N/A	N/A	10
Dicofol	N/A	N/A	N/A	1
Dieldrin	N/A	N/A	N/A	0.02
2,4-Dimethylphenol	N/A	N/A	N/A	10
Di-n-Butyl Phthalate	N/A	N/A	N/A	10
Diuron	N/A	N/A	N/A	0.09
Endosulfan I (alpha)	N/A	N/A	N/A	0.01

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Endosulfan II (beta)	N/A	N/A	N/A	0.02
Endosulfan Sulfate	N/A	N/A	N/A	0.1
Endrin	N/A	N/A	N/A	0.02
Epichlorohydrin	N/A	N/A	N/A	---
Ethylbenzene	N/A	N/A	N/A	10
Ethylene Glycol	N/A	N/A	N/A	---
Fluoride	N/A	N/A	N/A	500
Guthion	N/A	N/A	N/A	0.1
Heptachlor	N/A	N/A	N/A	0.01
Heptachlor Epoxide	N/A	N/A	N/A	0.01
Hexachlorobenzene	N/A	N/A	N/A	5
Hexachlorobutadiene	N/A	N/A	N/A	10
Hexachlorocyclohexane (alpha)	N/A	N/A	N/A	0.05
Hexachlorocyclohexane (beta)	N/A	N/A	N/A	0.05
gamma-Hexachlorocyclohexane (Lindane)	N/A	N/A	N/A	0.05
Hexachlorocyclopentadiene	N/A	N/A	N/A	10
Hexachloroethane	N/A	N/A	N/A	20
Hexachlorophene	N/A	N/A	N/A	10
4,4'-Isopropylidenediphenol	N/A	N/A	N/A	1
Lead	N/A	N/A	N/A	0.5
Malathion	N/A	N/A	N/A	0.1
Mercury	N/A	N/A	N/A	0.005
Methoxychlor	N/A	N/A	N/A	2
Methyl Ethyl Ketone	N/A	N/A	N/A	50
Methyl tert-butyl ether	N/A	N/A	N/A	---
Mirex	N/A	N/A	N/A	0.02
Nickel	N/A	N/A	N/A	2
Nitrate-Nitrogen	N/A	N/A	N/A	100
Nitrobenzene	N/A	N/A	N/A	10
N-Nitrosodiethylamine	N/A	N/A	N/A	20
N-Nitroso-di-n-Butylamine	N/A	N/A	N/A	20
Nonylphenol	N/A	N/A	N/A	333

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Parathion (ethyl)	N/A	N/A	N/A	0.1
Pentachlorobenzene	N/A	N/A	N/A	20
Pentachlorophenol	N/A	N/A	N/A	5
Phenanthrene	N/A	N/A	N/A	10
Polychlorinated Biphenyls (PCB's) **(*3)**	N/A	N/A	N/A	0.2
Pyridine	N/A	N/A	N/A	20
Selenium	N/A	N/A	N/A	5
Silver	N/A	N/A	N/A	0.5
1,2,4,5-Tetrachlorobenzene	N/A	N/A	N/A	20
1,1,2,2-Tetrachloroethane	N/A	N/A	N/A	10
Tetrachloroethylene	N/A	N/A	N/A	10
Thallium	N/A	N/A	N/A	0.5
Toluene	N/A	N/A	N/A	10
Toxaphene	N/A	N/A	N/A	0.3
2,4,5-TP (Silvex)	N/A	N/A	N/A	0.3
Tributyltin (see instructions for explanation)	N/A	N/A	N/A	0.01
1,1,1-Trichloroethane	N/A	N/A	N/A	10
1,1,2-Trichloroethane	N/A	N/A	N/A	10
Trichloroethylene	N/A	N/A	N/A	10
2,4,5-Trichlorophenol	N/A	N/A	N/A	50
TTHM (Total Trihalomethanes)	N/A	N/A	N/A	10
Vinyl Chloride	N/A	N/A	N/A	10
Zinc	N/A	N/A	N/A	5

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

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

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

Section 2. Priority Pollutants

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

Grab ☐ Composite ☐

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

Table 4.0(2)A – Metals, Cyanide, and Phenols

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

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

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

Table 4.0(2)B – Volatile Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrolein	N/A	N/A	N/A	50
Acrylonitrile	N/A	N/A	N/A	50
Benzene	N/A	N/A	N/A	10
Bromoform	N/A	N/A	N/A	10
Carbon Tetrachloride	N/A	N/A	N/A	2
Chlorobenzene	N/A	N/A	N/A	10
Chlorodibromomethane	N/A	N/A	N/A	10
Chloroethane	N/A	N/A	N/A	50
2-Chloroethylvinyl Ether	N/A	N/A	N/A	10
Chloroform	N/A	N/A	N/A	10
Dichlorobromomethane [Bromodichloromethane]	N/A	N/A	N/A	10
1,1-Dichloroethane	N/A	N/A	N/A	10
1,2-Dichloroethane	N/A	N/A	N/A	10
1,1-Dichloroethylene	N/A	N/A	N/A	10
1,2-Dichloropropane	N/A	N/A	N/A	10
1,3-Dichloropropylene [1,3-Dichloropropene]	N/A	N/A	N/A	10
1,2-Trans-Dichloroethylene	N/A	N/A	N/A	10
Ethylbenzene	N/A	N/A	N/A	10
Methyl Bromide	N/A	N/A	N/A	50
Methyl Chloride	N/A	N/A	N/A	50
Methylene Chloride	N/A	N/A	N/A	20
1,1,2,2-Tetrachloroethane	N/A	N/A	N/A	10
Tetrachloroethylene	N/A	N/A	N/A	10
Toluene	N/A	N/A	N/A	10
1,1,1-Trichloroethane	N/A	N/A	N/A	10
1,1,2-Trichloroethane	N/A	N/A	N/A	10
Trichloroethylene	N/A	N/A	N/A	10
Vinyl Chloride	N/A	N/A	N/A	10

Table 4.0(2)C – Acid Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
2-Chlorophenol	N/A	N/A	N/A	10
2,4-Dichlorophenol	N/A	N/A	N/A	10
2,4-Dimethylphenol	N/A	N/A	N/A	10
4,6-Dinitro-o-Cresol	N/A	N/A	N/A	50
2,4-Dinitrophenol	N/A	N/A	N/A	50
2-Nitrophenol	N/A	N/A	N/A	20
4-Nitrophenol	N/A	N/A	N/A	50
P-Chloro-m-Cresol	N/A	N/A	N/A	10
Pentalchlorophenol	N/A	N/A	N/A	5
Phenol	N/A	N/A	N/A	10
2,4,6-Trichlorophenol	N/A	N/A	N/A	10

Table 4.0(2)D – Base/Neutral Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acenaphthene	N/A	N/A	N/A	10
Acenaphthylene	N/A	N/A	N/A	10
Anthracene	N/A	N/A	N/A	10
Benzidine	N/A	N/A	N/A	50
Benzo(a)Anthracene	N/A	N/A	N/A	5
Benzo(a)Pyrene	N/A	N/A	N/A	5
3,4-Benzofluoranthene	N/A	N/A	N/A	10
Benzo(ghi)Perylene	N/A	N/A	N/A	20
Benzo(k)Fluoranthene	N/A	N/A	N/A	5
Bis(2-Chloroethoxy)Methane	N/A	N/A	N/A	10
Bis(2-Chloroethyl)Ether	N/A	N/A	N/A	10
Bis(2-Chloroisopropyl)Ether	N/A	N/A	N/A	10
Bis(2-Ethylhexyl)Phthalate	N/A	N/A	N/A	10
4-Bromophenyl Phenyl Ether	N/A	N/A	N/A	10
Butyl benzyl Phthalate	N/A	N/A	N/A	10
2-Chloronaphthalene	N/A	N/A	N/A	10
4-Chlorophenyl phenyl ether	N/A	N/A	N/A	10
Chrysene	N/A	N/A	N/A	5
Dibenzo(a,h)Anthracene	N/A	N/A	N/A	5
1,2-(o)Dichlorobenzene	N/A	N/A	N/A	10
1,3-(m)Dichlorobenzene	N/A	N/A	N/A	10
1,4-(p)Dichlorobenzene	N/A	N/A	N/A	10
3,3-Dichlorobenzidine	N/A	N/A	N/A	5
Diethyl Phthalate	N/A	N/A	N/A	10
Dimethyl Phthalate	N/A	N/A	N/A	10
Di-n-Butyl Phthalate	N/A	N/A	N/A	10
2,4-Dinitrotoluene	N/A	N/A	N/A	10
2,6-Dinitrotoluene	N/A	N/A	N/A	10
Di-n-Octyl Phthalate	N/A	N/A	N/A	10
1,2-Diphenylhydrazine (as Azo-benzene)	N/A	N/A	N/A	20
Fluoranthene	N/A	N/A	N/A	10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Fluorene	N/A	N/A	N/A	10
Hexachlorobenzene	N/A	N/A	N/A	5
Hexachlorobutadiene	N/A	N/A	N/A	10
Hexachlorocyclo-pentadiene	N/A	N/A	N/A	10
Hexachloroethane	N/A	N/A	N/A	20
Indeno(1,2,3-cd)pyrene	N/A	N/A	N/A	5
Isophorone	N/A	N/A	N/A	10
Naphthalene	N/A	N/A	N/A	10
Nitrobenzene	N/A	N/A	N/A	10
N-Nitrosodimethylamine	N/A	N/A	N/A	50
N-Nitrosodi-n-Propylamine	N/A	N/A	N/A	20
N-Nitrosodiphenylamine	N/A	N/A	N/A	20
Phenanthrene	N/A	N/A	N/A	10
Pyrene	N/A	N/A	N/A	10
1,2,4-Trichlorobenzene	N/A	N/A	N/A	10

Table 4.0(2)E - Pesticides

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Aldrin	N/A	N/A	N/A	0.01
alpha-BHC (Hexachlorocyclohexane)	N/A	N/A	N/A	0.05
beta-BHC (Hexachlorocyclohexane)	N/A	N/A	N/A	0.05
gamma-BHC (Hexachlorocyclohexane)	N/A	N/A	N/A	0.05
delta-BHC (Hexachlorocyclohexane)	N/A	N/A	N/A	0.05
Chlordane	N/A	N/A	N/A	0.2
4,4-DDT	N/A	N/A	N/A	0.02
4,4-DDE	N/A	N/A	N/A	0.1
4,4,-DDD	N/A	N/A	N/A	0.1
Dieldrin	N/A	N/A	N/A	0.02
Endosulfan I (alpha)	N/A	N/A	N/A	0.01
Endosulfan II (beta)	N/A	N/A	N/A	0.02
Endosulfan Sulfate	N/A	N/A	N/A	0.1
Endrin	N/A	N/A	N/A	0.02
Endrin Aldehyde	N/A	N/A	N/A	0.1
Heptachlor	N/A	N/A	N/A	0.01
Heptachlor Epoxide	N/A	N/A	N/A	0.01
PCB-1242	N/A	N/A	N/A	0.2
PCB-1254	N/A	N/A	N/A	0.2
PCB-1221	N/A	N/A	N/A	0.2
PCB-1232	N/A	N/A	N/A	0.2
PCB-1248	N/A	N/A	N/A	0.2
PCB-1260	N/A	N/A	N/A	0.2
PCB-1016	N/A	N/A	N/A	0.2
Toxaphene	N/A	N/A	N/A	0.3

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

Section 3. Dioxin/Furan Compounds

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

☐ 2,4,5-trichlorophenoxy acetic acid

Common Name 2,4,5-T, CASRN 93-76-5

☐ 2-(2,4,5-trichlorophenoxy) propanoic acid

Common Name Silvex or 2,4,5-TP, CASRN 93-72-1

☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate

Common Name Erbon, CASRN 136-25-4

☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate

Common Name Ronnel, CASRN 299-84-3

☐ 2,4,5-trichlorophenol

Common Name TCP, CASRN 95-95-4

☐ hexachlorophene

Common Name HCP, CASRN 70-30-4

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

NOT APPLICABLE

B. Do you know or have any reason to believe that 2,3,7,8 Tetrachlorodibenzo-P-Dioxin (TCDD) or any congeners of TCDD may be present in your effluent?

☐ Yes ☐ No

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

NOT APPLICABLE

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

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

Grab ☐ Composite ☐

Date and time sample(s) collected: NOT APPLICABLE

Table 4.0(2)F – Dioxin/Furan Compounds

Compound	Toxic Equivalency Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
2,3,7,8 TCDD	1	N/A	N/A	N/A	N/A	10
1,2,3,7,8 PeCDD	0.5	N/A	N/A	N/A	N/A	50
2,3,7,8 HxCDDs	0.1	N/A	N/A	N/A	N/A	50
1,2,3,4,6,7,8 HpCDD	0.01	N/A	N/A	N/A	N/A	50
2,3,7,8 TCDF	0.1	N/A	N/A	N/A	N/A	10
1,2,3,7,8 PeCDF	0.05	N/A	N/A	N/A	N/A	50
2,3,4,7,8 PeCDF	0.5	N/A	N/A	N/A	N/A	50
2,3,7,8 HxCDFs	0.1	N/A	N/A	N/A	N/A	50
2,3,4,7,8 HpCDFs	0.01	N/A	N/A	N/A	N/A	50
OCDD	0.0003	N/A	N/A	N/A	N/A	100
OCDF	0.0003	N/A	N/A	N/A	N/A	100
PCB 77	0.0001	N/A	N/A	N/A	N/A	0.5
PCB 81	0.0003	N/A	N/A	N/A	N/A	0.5
PCB 126	0.1	N/A	N/A	N/A	N/A	0.5
PCB 169	0.03	N/A	N/A	N/A	N/A	0.5
Total		N/A	N/A	N/A	N/A	

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

The following **is required** for facilities with a current operating design flow of **1.0 MGD or greater**, with an EPA-approved **pretreatment** program (or those required to have one under 40 CFR Part 403), or are required to perform Whole Effluent Toxicity testing. See Page 86 of the instructions for further details.

This worksheet is not required minor amendments without renewal.

Section 1. Required Tests

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

7-day Chronic: NOT APPLICABLE

48-hour Acute: NOT APPLICABLE

Section 2. Toxicity Reduction Evaluations (TREs)

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

☐ Yes ☐ No

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

NOT APPLICABLE

Section 3. Summary of WET Tests

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

Table 5.0(1) Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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 87)

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: 1

Average Daily Flows, in MGD: 0.00500

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

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.

NOT APPLICABLE

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.

NOT APPLICABLE

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87)

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.

NOT APPLICABLE

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.

NOT APPLICABLE

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.

NOT APPLICABLE

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 88)

A. General information

Company Name: Morton Salt

SIC Code: 1499

Contact name: John Teague

Address: 801 State Highway 110

City, State, and Zip Code: Grand Saline, TX 75140

Telephone number: 903.962.4204

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).

Mining of Sodium Chloride (Salt)

C. Product and service information

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

Sodium Chloride

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: 542

Discharge Type: ☐ Continuous ☐ Batch ☒ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: 0

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: Part 415

Click or tap here to enter text. D

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.

NOT APPLICABLE

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ
IUC Permits Team
Radioactive Materials Division
MC-233
PO Box 13087
Austin, Texas 78711-3087
512-239-6466

For TCEQ Use Only
Reg. No._____
Date Received_____
Date Authorized_____

Section 1. General Information (Instructions Page 90)

1. **TCEQ Program Area**

   Program Area (PST, VCP, IHW, etc.): N/A

   Program ID: N/A

   Contact Name: N/A

   Phone Number: N/A

2. **Agent/Consultant Contact Information**

   Contact Name: N/A

   Address: N/A

   City, State, and Zip Code: N/A

   Phone Number: N/A

3. **Owner/Operator Contact Information**

   ☐ Owner ☐ Operator

   Owner/Operator Name: N/A

   Contact Name: N/A

   Address: N/A

   City, State, and Zip Code: N/A

   Phone Number: N/A

4. **Facility Contact Information**

   Facility Name: N/A

   Address: NA/

   City, State, and Zip Code: N/A

   Location description (if no address is available): N/A

   Facility Contact Person: N/A

   Phone Number: N/A

5. **Latitude and Longitude, in degrees-minutes-seconds**

Latitude: N/A

Longitude: N/A

Method of determination (GPS, TOPO, etc.): N/A

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: N/A

Number of Injection Wells: N/A

7. **Purpose**

Detailed Description regarding purpose of Injection System:

NOT APPLICABLE

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

8. **Water Well Driller/Installer**

Water Well Driller/Installer Name: N/A

City, State, and Zip Code: N/A

Phone Number: N/A

License Number: N/A

Section 2. Proposed Down Hole Design

Attach a diagram signed and sealed by a licensed engineer as Attachment C.

Table 7.0(1) – Down Hole Design Table

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Cement	Hole Size	Weight (lbs/ft) PVC/Steel
Casing	N/A	N/A	N/A	N/A	N/A
Tubing	N/A	N/A	N/A	N/A	N/A
Screen	N/A	N/A	N/A	N/A	N/A

Section 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

Attach a diagram signed and sealed by a licensed engineer as Attachment D.

System(s) Dimensions: NOT APPLICABLE

System(s) Construction: NOT APPLICABLE

Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: N/A
2. Receiving Formation Name of Injection Zone: N/A
3. Well/Trench Total Depth: N/A
4. Surface Elevation: N/A
5. Depth to Ground Water: N/A
6. Injection Zone Depth: N/A
7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No

   Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:

   Name: N/A

   Thickness: N/A
8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer

   Attach as Attachment E.
9. Horizontal and Vertical extent of contamination and injection plume

   Attach as Attachment F.
10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.

    Attach as Attachment G.
11. Injection Fluid Chemistry in PPM at point of injection

    Attach as Attachment H.
12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: N/A
13. Maximum injection Rate/Volume/Pressure: N/A
14. Water wells within 1/4 mile radius (attach map as Attachment I): N/A
15. Injection wells within 1/4 mile radius (attach map as Attachment J): N/A
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): N/A
17. Sampling frequency: N/A
18. Known hazardous components in injection fluid: N/A

Section 5. Site History

1. Type of Facility: N/A
2. Contamination Dates: N/A
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L): N/A
4. Previous Remediation (attach results of any previous remediation as attachment M): N/A

NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.

Class V Injection Well Designations

5A07 Heat Pump/AC return (IW used for groundwater to heat and/or cool buildings)
5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
5D02 Storm Water Drainage (IW designed for the disposal of rain water)
5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
5F01 Agricultural Drainage (IW that receive agricultural runoff)
5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
5S23 Subsidence Control Wells (IW used to control land subsidence caused by ground water withdrawal)
5W09 Untreated Sewage
5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
5W12 WTTP disposal
5W20 Industrial Process Waste Disposal Wells
5W31 Septic System (Well Disposal method)
5W32 Septic System Drainfield Disposal
5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)
5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
5X27 Other Wells
5X28 Motor Vehicle Waste Disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)
5X29 Abandoned Drinking Water Wells (waste disposal)

ATTACHMENT No. 1

CORE DATA FORM

Page 5, Section 3.C.

Administrative Report

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 600341135		RN 102330081

SECTION II: Customer Information

4. General Customer Information | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy) 1/1/2026

☐ 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 Grand Saline

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
		75-6000544	

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

12. Number of Employees
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated?
☒ Yes ☐ No

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

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

15. Mailing Address:

132 East Frank Street							
City	Grand Saline	**State**	TX	**ZIP**	75140	**ZIP + 4**	1824

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*
	Joel.mccraw@grandsalinetx.gov

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(903) 962-3122		(903) 962-3363

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 Grand Saline Wastewater Treatment Plant

23. Street Address of the Regulated Entity: *(No PO Boxes)*	500 South Pacific							
	City	Grand Saline	**State**	TX	**ZIP**	75140	**ZIP + 4**	1824
24. County	Van Zandt							

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

25. Description to Physical Location:	

26. Nearest City	**State**	**Nearest ZIP Code**
Grand Saline	TX	75140

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:	32.671111		**28. Longitude (W) In Decimal:**	95.701111	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
32	40	16	95	42	04

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.)*

Treatment of domestic sewage

34. Mailing Address:	**132 East Frank Street**							
	City	**Grand Saline**	**State**	**TX**	**ZIP**	**75140**	**ZIP + 4**	
35. E-Mail Address:	**joel.mccraw@grandsalinetx.gov**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(90) 962-3122		**(903) 962-3363**

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
TX02837				
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☒ PWS
				TX2340003
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☒ Water Rights	☐ Other:
	WQ0010179001 TX0027545		ADJ 4679	

SECTION IV: Preparer Information

40. Name:	Siglinda West	**41. Title:**	Regulatory Compliance Specialist

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(903) 581-8141	1314	(888) 224-9418	swest@ksaeng.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 Grand Saline	**Job Title:**	Mayor
Name *(In Print):*	Kathy Smith Kathy Smith	**Phone:**	(903) 962- **3122**
Signature:	Kathy Smith	**Date:**	9/23/2025

ATTACHMENT No. 2

PLAIN LANGUAGE SUMMARY

Page 8, Section 8.F.

Administrative Report

ATTACHMENT No. 2

Plain Language Summary

Page 8, Section 8, F

English

City of Grand Saline (CN 600341135) operates Grand Saline Wastewater Treatment Plant (RN102330081), a activated sludge process plant operated in the complete mix mode. The facility is located at 500 South Pacific, in Grand Saline, Van Zandt County, Texas 75140. This application is for a renewal to discharge at an annual average flow of 541,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli.* Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7.. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, sludge drying beds, and a chlorine contact chamber.

Spanish

La ciudad de Grand Saline (CN 600341135) opera la Planta de Tratamiento de Aguas Residuales de Grand Saline (RN102330081), una planta de proceso de lodos activados que opera en el modo de mezcla completa. La instalación está ubicada en 500 South Pacific, en Grand Saline, condado de Van Zandt, Texas 75140. Esta solicitud es para una renovación para descargar a un flujo promedio anual de 541,000 galones por día de aguas residuales domésticas tratadas.

Se espera que las descargas de la instalación contengan Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso (CBOD5) de cinco días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y *Escherichia coli.* Los contaminantes potenciales adicionales se incluyen en el Informe Técnico Nacional 1.0, Sección 7.. Las aguas residuales domésticas son tratadas por una planta de proceso de lodos activados y las unidades de tratamiento incluyen una pantalla de barras, una cámara de arena, cuencas de aireación, clarificadores finales, digestores de lodos, lechos de secado de lodos y una cámara de contacto con cloro.

ATTACHMENT No. 3

PUBLIC INVOLVEMENT PLAN FORM

Page 8, Section 8.G.

Administrative Report

Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

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

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

Section 1. Preliminary Screening

☐ New Permit or Registration Application
☐ New Activity – modification, registration, amendment, facility, etc. (see instructions)

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

Section 2. Secondary Screening

☒ Requires public notice,
☐ Considered to have significant public interest, **and**
☒ Located within any of the following geographical locations:

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

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

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

This permit is for a Water Treatment Plant permit renewal with no expected changes. No minor or m

Section 3. Application Information

Type of Application (check all that apply):

Air ☐ Initial ☐ Federal ☐ Amendment ☐ Standard Permit ☐ Title V

Waste ☐ Municipal Solid Waste ☐ Industrial and Hazardous Waste ☐ Scrap Tire
☐ Radioactive Material Licensing ☐ Underground Injection Control

Water Quality

☒ Texas Pollutant Discharge Elimination System (TPDES)

- ☐ Texas Land Application Permit (TLAP)
- ☐ State Only Concentrated Animal Feeding Operation (CAFO)
- ☐ Water Treatment Plant Residuals Disposal Permit

☐ Class B Biosolids Land Application Permit

☐ Domestic Septage Land Application Registration

Water Rights New Permit

☐ New Appropriation of Water

☐ New or existing reservoir

Amendment to an Existing Water Right

☐ Add a New Appropriation of Water

☐ Add a New or Existing Reservoir

☐ Major Amendment that could affect other water rights or the environment

Section 4. Plain Language Summary

Provide a brief description of planned activities.

Section 5. Community and Demographic Information

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

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

City of Grand Saline

(City)

Grand Saline

(County)

Van Zandt

(Census Tract)

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

☒ City ☐ County ☐ Census Tract

(a) Percent of people over 25 years of age who at least graduated from high school

(b) Per capita income for population near the specified location

(c) Percent of minority population and percent of population by race within the specified location

(d) Percent of Linguistically Isolated Households by language within the specified location

(e) Languages commonly spoken in area by percentage

(f) Community and/or Stakeholder Groups

(g) Historic public interest or involvement

Section 6. Planned Public Outreach Activities

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

☐ Yes ☒ No

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

☐ Yes ☒ No

If Yes, please describe.

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

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

☐ Yes ☒ No

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

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

☐ Publish in alternative language newspaper

☐ Posted on Commissioner's Integrated Database Website

☐ Mailed by TCEQ's Office of the Chief Clerk

☐ Other (specify)

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

☒ Yes ☐ No

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

☐ Yes ☐ No

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

☐ TCEQ Regional Office ☐ TCEQ Central Office

☑ Public Place (specify) Grand Saline City Hall

Section 7. Voluntary Submittal

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

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

☐ Yes ☒ No

What types of notice will be provided?

☐ Publish in alternative language newspaper

☒ Posted on Commissioner's Integrated Database Website

☑ Mailed by TCEQ's Office of the Chief Clerk

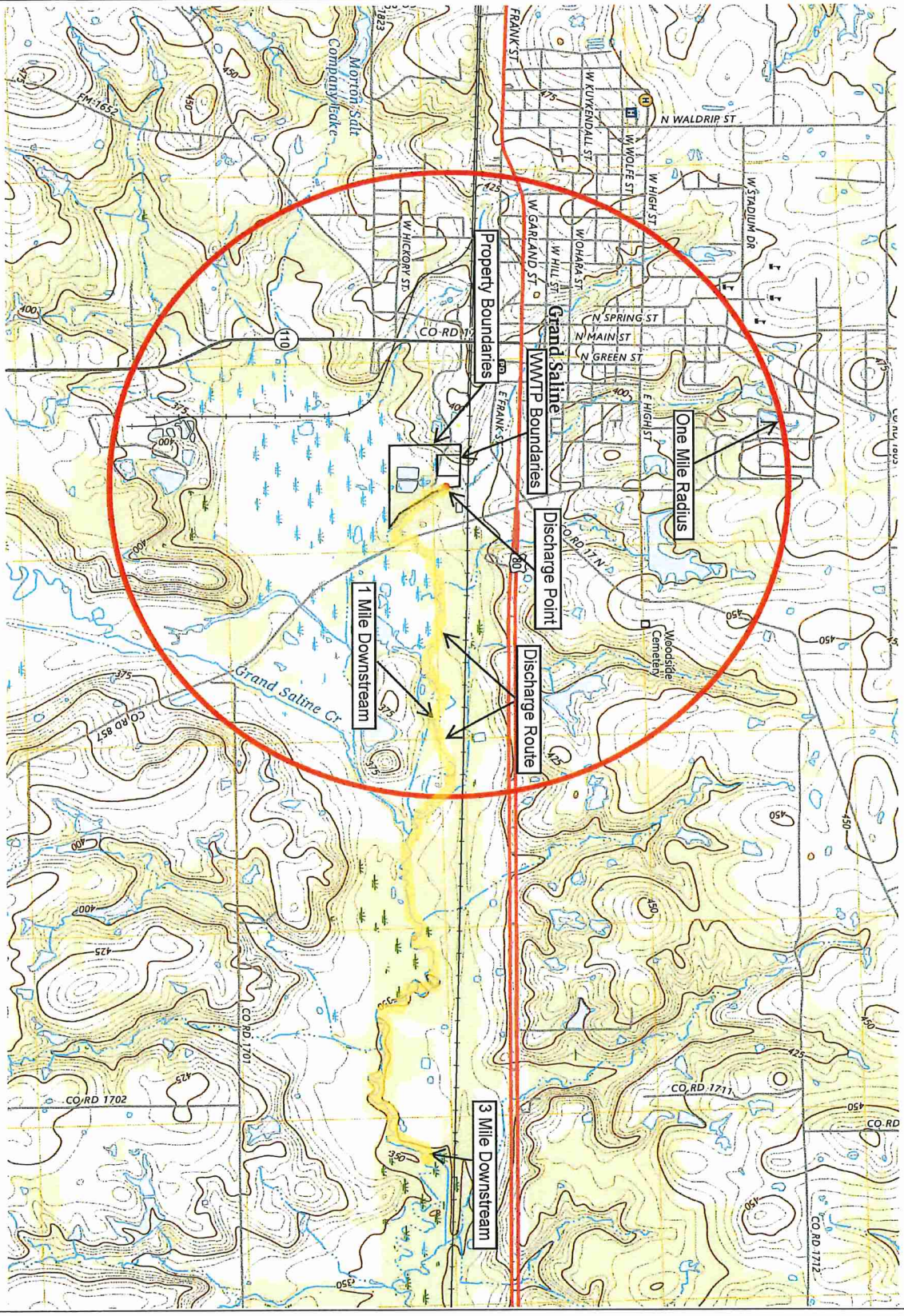
☐ Other (specify)

ATTACHMENT No. 4

USGS TOPO MAP

Page 11, Section 13

Administrative Report



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TBPE Firm Registration No. F-1356

CITY OF GRAND SALINE
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WQ0010179001 TX0027545

ATTACHMENT No. 4
USGS TOPO MAP
Page 11, Section 13
Administrative Report

ATTACHMENT No.4

ATTACHMENT No. 5

SUPPLENMENTAL PERMIT INFORMATION FORM

Page 15

Administrative Report

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 Grand Saline

   Permit No. WQ00 10179001 EPA ID No. TX 0027545

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

   500 East Pacific Grand Saline, Van Zandt County, Texas Located east of the intersection of the T & P Railroad and State Highway 110, approximately 0.5 miles east southeast of the intersection of U.S. Highway 80 and State Highway 110

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: Siglinda West

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

Title: Regulatory Compliance Specialist

Mailing Address: 6781 Oak Hill Blvd.

City, State, Zip Code: Tyler TX 75703

Phone No.: 903.581.8141 Ext.: 1314 Fax No.: 888.224.9418

E-mail Address: swest@ksaeng.com

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

NOT APPLICABLE

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

From the discharge point to an unnamed tributary; thence to Grand Saline Creek; thence to the Sabine River Below Lake Tawakoni in Segment 0506 of the Sabine 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).

ATTACHHMENT No. 6 and ATTACHMENT No. 7

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):

No construction impacts

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

No existing disturbances

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:

NOT APPLICABLE

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

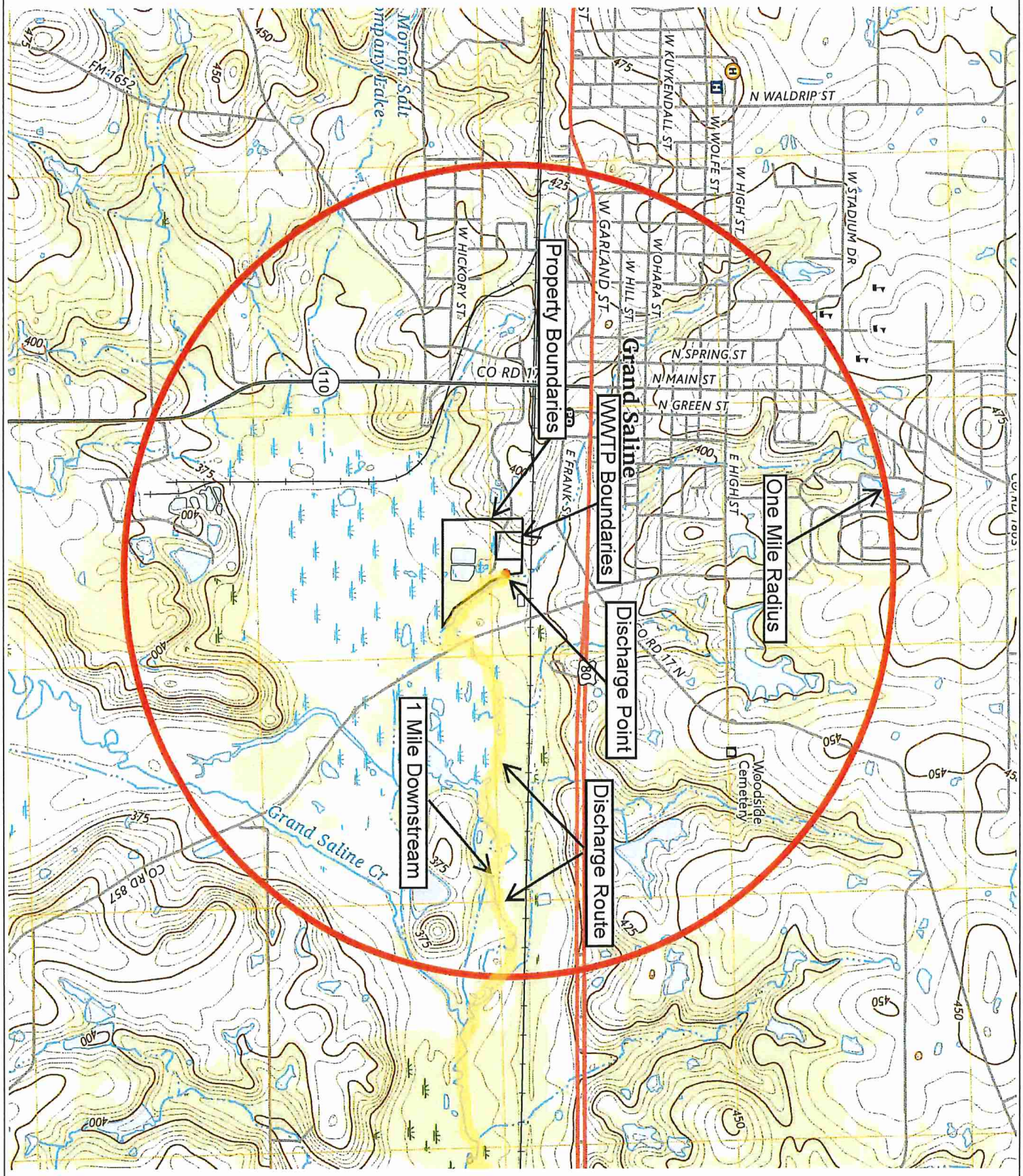
NOT APPLICABLE

ATTACHMENT No. 6

USGS SPIF TOPO MAP

Page 2, Item 5

SPIF Report



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ATTACHMENT No. 6
USGS SPIF TOPO MAP
Page 2, Item 5
SPIF Report

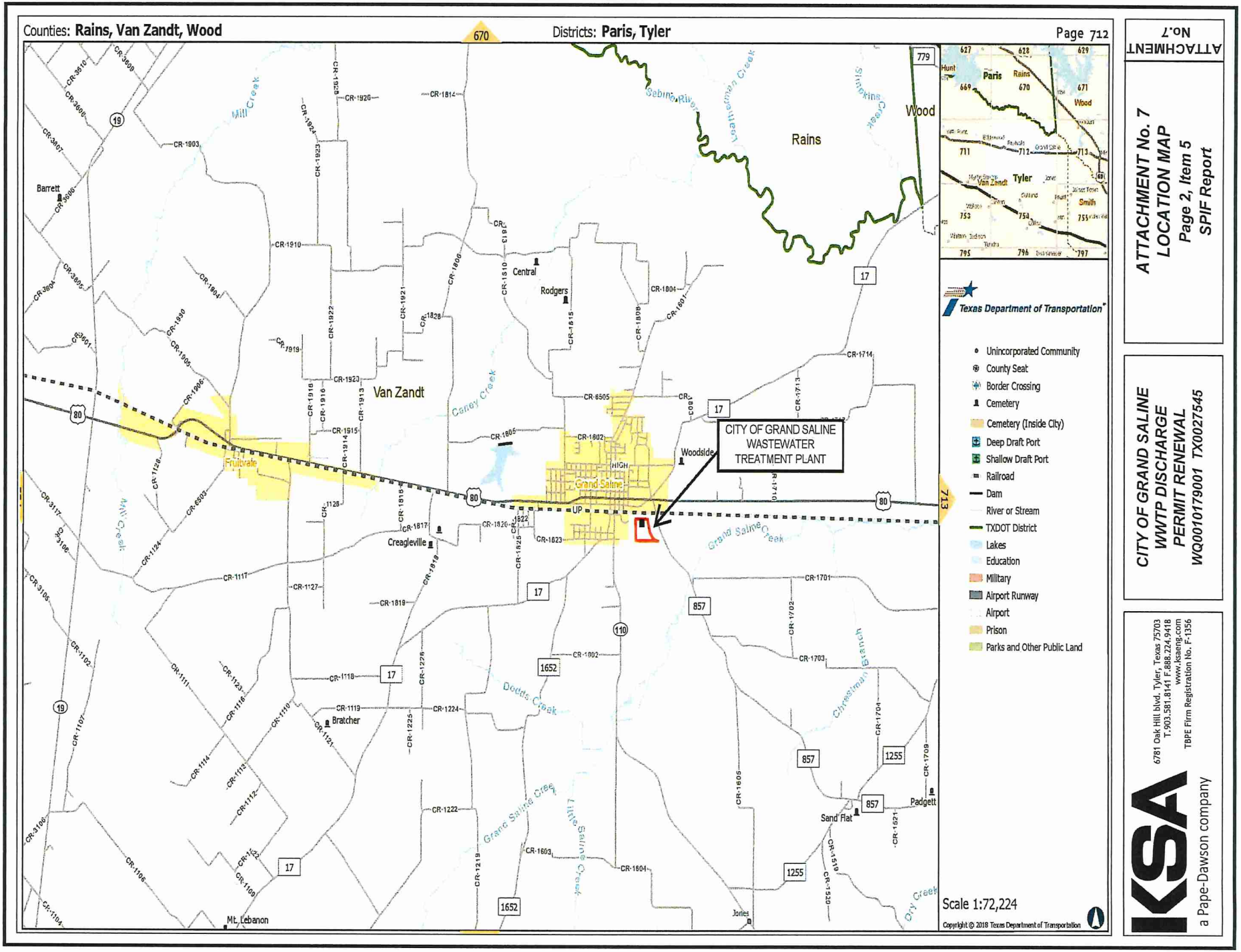
ATTACHMENT No. 6

ATTACHMENT No. 7

LOCATION MAP

Page 2, Item 5

SPIF Report



ATTACHMENT No. 7

ATTACHMENT No. 7
LOCATION MAP
Page 2, Item 5
SPIF Report

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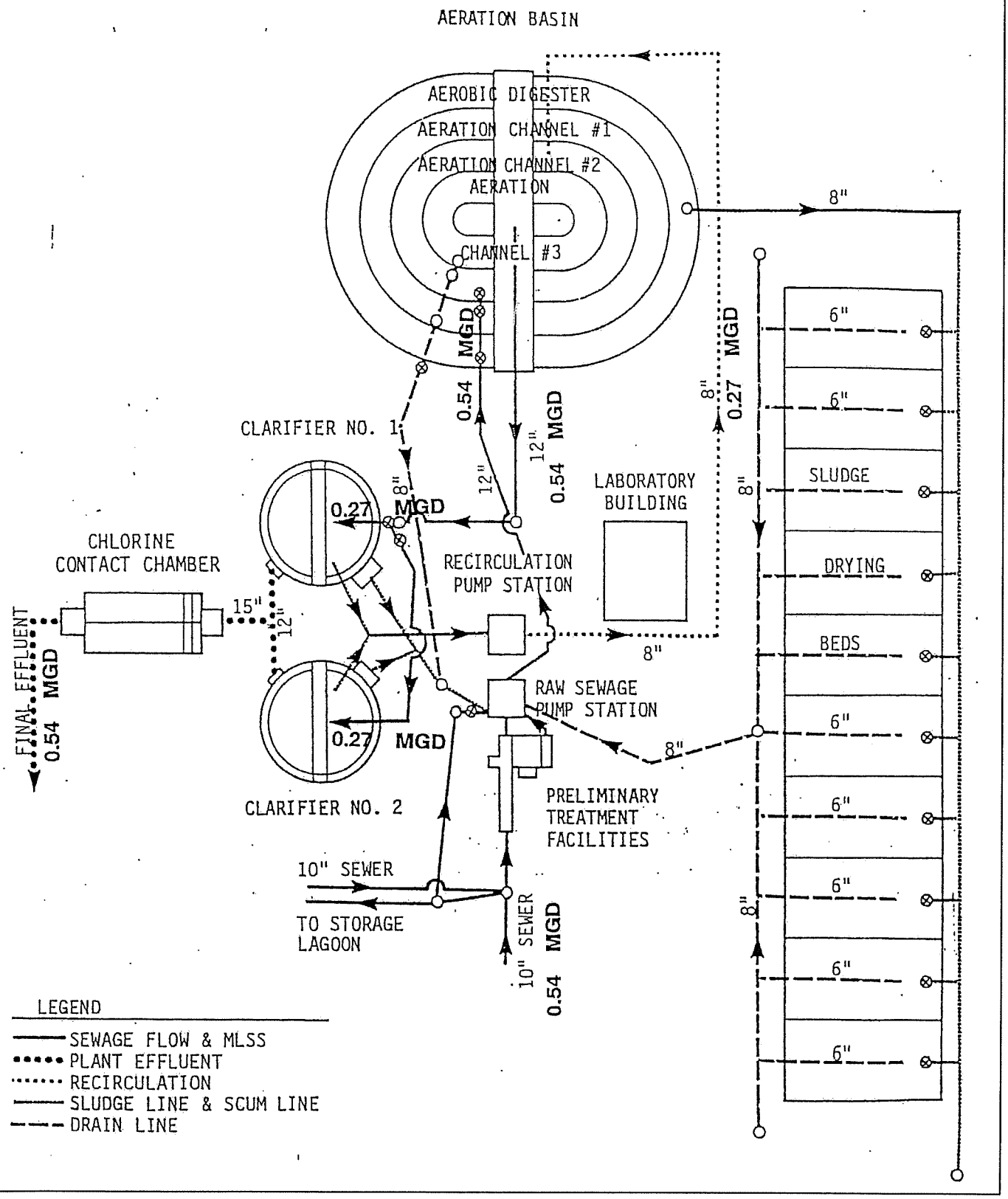
ATTACHMENT No. 8

FLOW DIAGRAM

Page 2, Section 2.C.

Technical Report



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ATTACHMENT No. 8
FLOW SHEMATIC
Page 2, Section 2.C
Technical Report

ATTACHMENT No. 8

ATTACHMENT No. 9

SITE MAP

Page 2, Section 3

Technical Report

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ATTACHMENT No. 9
SITE PLAN
Page 2, Section 3
Technical Report

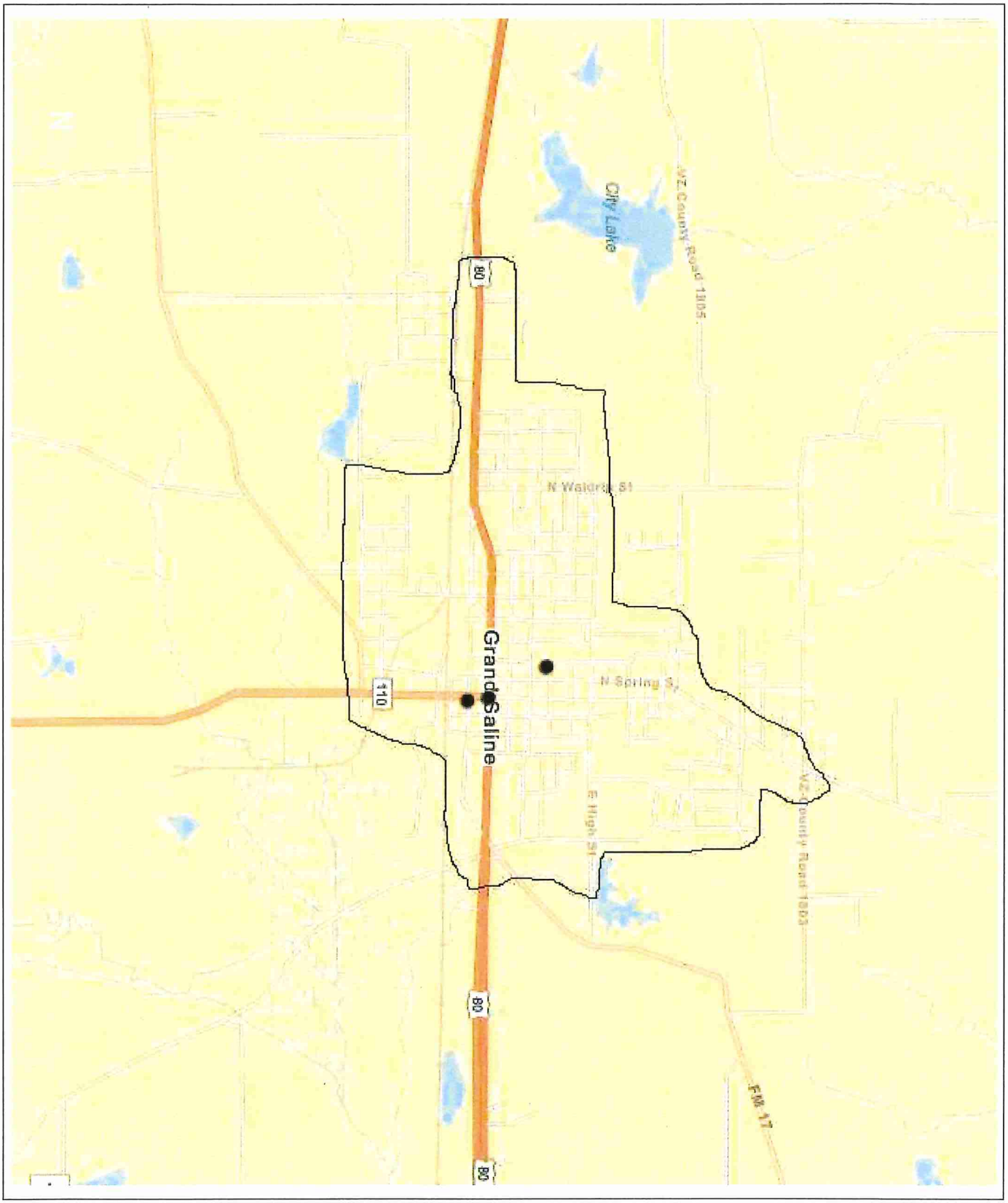
ATTACHMENT No. 9

ATTACHMENT No. 10

SERVICE AREA

Page 2, Section 3

Technical Report



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ATTACHMENT No. 10
SERVICE AREA MAP
Page 2, Section 3
Technical Report

ATTACHMENT No. 10

ATTACHMENT No. 11

POLLUTANT ANALYSIS

Table 1.0

Page 10, Section 7

Technical Report

MONTH: August 2025

WW0061761
Taylor N. Morgan

CLASS: "C"

Date	Oper.	Rain	Temp.		Flow	MGD	Ref. Temp.	BOD5	TSS	MH3N	D. O.	E-Coli	pH	Cl2	Cl2 lbs.	Used	Test Day 10 AM Flow	Test Day Noon Flow	Test Day 2 PM Flow
Friday, August 1, 2025	TM	0.00	97	74	1235934	0.250	37							1.0	119	8			
Saturday, August 2, 2025	TM	0.00	89	73	1236184	0.236	37							1.0	113	4			
Sunday, August 3, 2025	TM	0.00	88	74	1236420	0.204	37							1.1	109	8			
Monday, August 4, 2025	TM	0.00	89	70	1236624	0.291	37							1.1	101	7			
Tuesday, August 5, 2025	TM	0.00	92	68	1236915	0.260	37	2.0	2.5	0.052	6.3			1.1	94	7	0.219	0.241	0.254
Wednesday, August 6, 2025	TM	0.00	94	68	1237175	0.240	37					9.6		1.0	87	6			
Thursday, August 7, 2025	TM	0.00	95	71	1237415	0.178	38							1.0	81	6			
Friday, August 8, 2025	TM	0.00	96	72	1237593	0.295	37							1.0	75	7			
Saturday, August 9, 2025	TM	0.00	96	75	1237888	0.266	37							1.2	68	6			
Sunday, August 10, 2025	TM	0.00	96	72	1238154	0.167	38							1.2	62	7			
Monday, August 11, 2025	TM	0.00	94	71	1238321	0.254	38							1.0	55	7			
Tuesday, August 12, 2025	TM	0.00	95	72	1238575	0.233	37	2.0	2.5	0.121	5.8			1.1	48	6	0.207	0.185	0.195
Wednesday, August 13, 2025	TM	0.00	89	72	1238808	0.265	37					1.0		1.1	42	6			
Thursday, August 14, 2025	TM	0.00	95	72	1239073	0.239	38							1.1	36	6			
Friday, August 15, 2025	TM	0.00	96	74	1239312	0.287	37							1.1	30	8			
Saturday, August 16, 2025	TM	0.00	95	77	1239599	0.243	37							1.0	22	5			
Sunday, August 17, 2025	TM	0.00	98	78	1239842	0.246	37							1.6	17	5			
Monday, August 18, 2025	TM	0.00	102	79	1240088	0.203	38							1.0	12	7			
Tuesday, August 19, 2025	TM	0.00	102	81	1240291	0.249	37	2.1	2.5	0.11	4.8		7.25	1.0	5/132	5	0.205	0.200	0.225
Wednesday, August 20, 2025	TM	0.17	91	78	1240540	0.305	37				5.1		7.31	1.0	127	7			
Thursday, August 21, 2025	TM	0.00	95	74	1240845	0.222	37							1.2	122	7			
Friday, August 22, 2025	TM	0.00	94	72	1241067	0.291	37							1.1	116	5			
Saturday, August 23, 2025	TM	0.00	95	72	1241358	0.246	37							1.1	111	6			
Sunday, August 24, 2025	TM	0.00	96	72	1241604	0.214	37							1.1	105	6			
Monday, August 25, 2025	RG	0.00	95	74	1241818	0.238	37							1.0	99	6			
Tuesday, August 26, 2025	TM	0.00	76	73	1242056	0.288	37	3.4	2.5	0.0495	6.0		7.65	1.0	93	7	0.180	0.215	0.219
Wednesday, August 27, 2025	TM	0.00	93	73	1242344	0.228	37							1.0	86	4			
Thursday, August 28, 2025	TM	0.00	98	76	1242572	0.284	37							1.1	82	6			
Friday, August 29, 2025	TM	0.31	86	71	1242856	0.253	37							1.1	76	7			
Saturday, August 30, 2025	TM	0.15	85	69	1243109	0.398	37							1.1	69	7			
Sunday, August 31, 2025	TM	2.43	79	72	1243507	0.183	36							1.2	62	5			
First Day of New Month	TM	0.00	65	89	1243690		37							2.6	57				
					T	H	H	H/ T/ A	H/ T/ A	H/ T/ A	H	H	H	H		H			
		3.06			7.756	0.398		3.40	2.50	0.1	6.30	9.6	7.65	2.6		8			
# of Days: 31		A			A	L	L	9.48	10.00	0.33	L	L	L	L		L			
Average		0.10	93 °	76 °	0.250	0.167		2.37	2.5	0.083	4.80	1.0	7.25	1.0		4			

Total Rain	3.06
Av. Temps	93 / 76
Total Plant Flow	7.8
Daily Plant Av.	0.250

ANALYTICAL ENVIRONMENTAL LABORATORY LLC

NELAP Accredited

Analytical Report

1075642

For

City of Grand Saline

Taylor Morgan

132 E. Frank,

Grand Saline, TX 75140

Friday, September 19, 2025

RP250919051

Approved by _____

Kent Crozier, Lab Manager

8310 S. Broadway | Tyler, TX 75703 | www.aeltyler.com

P: 903-509-8700 | F:903-509-8811

Job Number : **1075642** Customer : **City of Grand Saline** Attn : **Taylor Morgan**

Date Sampled :	**08/20/2025**	Laboratory ID :	**1075642-01**
Time Sampled	**10:55AM**	Date Received :	**08/20/2025**
Project Name :	**Permit Renewal**	Time Received :	**2:40PM**
Project Number :		Matrix :	**Liquid**
Sample Description :	**Effluent**	Sample Type :	**Grab**
Composite Times:	**8/20/25 10:45 10:55**		

Parameter	Result	Unit	MQL	Qualifier	Test Method	QA	Date	Tech	Ac.
Total Alkalinity to pH 4.5	168	mg/L $CaCO_3$	20	Alk	SM 2320B-1997 2021ed	25082705	8/21/25 14:51	KRB	N,T
Ammonia as N	0.0694	mg/L NH_3-N	0.03		SM 4500NH3 D-2021mod	25082218	8/22/25 9:16	TCA	N
Chloride	79.3	mg/L	0.5		EPA 600 300.0mod	25091611	8/22/25 10:27	KRC	N
Sulfate	71.5	mg/L	0.5		EPA 600 300.0mod	25091611	8/22/25 10:27	KRC	N
Nitrate as N	1.6	mg/L	0.5		EPA 600 300.0mod	25090203	8/22/25 10:27	KRC	N
Carbonaceous Biochemical Oxygen Demand	<2	mg/L	2		SM 5210B-2016mod	25082609	8/20/25 14:00	LAC	N
E. coli	12.2	MPN/ 100mL	1		SM 9223B-2016	25082103	8/20/25 15:21	AAC	N
Total Coliform	325.5	MPN/ 100mL	1		SM 9223B-2016	25082103	8/20/25 15:21	AAC	
Metals-Total									
Phosphorus	3.97	mg/L	0.025		EPA 200.7	25082806	8/27/25 2:18	BLC	N
Oil and Grease	<5	mg/L	5		EPA 1664B SPE(HEM)mod	25090409	9/4/25 15:16	KRB	N
Total Dissolved Solids	994	mg/L	50	RH	SM 2540C-2015 2020ed	25091101	8/26/25 15:10	KRB	N
Total Kjeldahl Nitrogen	1.53	mg N/L	0.8		EPA 351.2mod	25091909	9/17/25 22:41	JAB	N
Total Suspended Solids	<2.5	mg/L	2.5	J	SM 2540D-2015 2020ed	25082104	8/21/25 11:41	SLS	N

1075642

Date/Time Analyzed : 8/21/25 11:41 **QA Batch Number : Qb25082104**
Analysis Method : SM 2540D-2015 2020ed **Units : mg/L** **Analyst : SLS**

Parameter	Analysis Type	Analysis I.D	Analyzed value	RPD	Spike Added	% Rec	Rec Ctrl Limits	RPD Ctrl Limits	Qualifier
Total Suspended Solids	Duplicate	1075636.04	174	1.1			-	0-15	
Total Suspended Solids	LCS		90		100	90	85-115	-	
Total Suspended Solids	MB		0.1						

Date/Time Analyzed : 8/22/25 9:16 **QA Batch Number : Qb25082218**
Analysis Method : SM 4500NH3 D-2021mod **Units : mg/L NH_3-N** **Analyst : TCA**

Parameter	Analysis Type	Analysis I.D	Analyzed value	RPD	Spike Added	% Rec	Rec Ctrl Limits	RPD Ctrl Limits	Qualifier
Ammonia as N	CCB		0.014						
Ammonia as N	CCB		0.0142						
Ammonia as N	CCV		0.925		1	92.5	90-110	-	
Ammonia as N	CCV		0.936		1	93.6	90-110	-	
Ammonia as N	CCV		1.03		1	103	90-110	-	
Ammonia as N	ICV		1.05		1	105	90-110	-	
Ammonia as N	MB		0.0148						
Ammonia as N	MS	1075642.01	1.29		1	122.1	80-120	-	SM
Ammonia as N	MSD		1.36	5.3	1	129.1	80-120	0-20	SM
Ammonia as N	RLV		0.0282		0.03	94	50-150	-	

Date/Time Analyzed : 8/20/25 9:00 **QA Batch Number : Qb25082609**
Analysis Method : SM 5210B-2016mod **Units : mg/L** **Analyst : LAC**

Parameter	Analysis Type	Analysis I.D	Analyzed value	RPD	Spike Added	% Rec	Rec Ctrl Limits	RPD Ctrl Limits	Qualifier
Carbonaceous Biochemical Oxygen Demand	Duplicate	1075593.01	2.01	200			-	0-20	DF, NC2
Carbonaceous Biochemical Oxygen Demand	GGA		185		198	93.2	84.6-115.4	-	
Carbonaceous Biochemical Oxygen Demand	MB		0.05						

Date/Time Analyzed : 8/21/25 14:51 **QA Batch Number : Qb25082705**
Analysis Method : SM 2320B-1997 2021ed **Units : mg/L $CaCO_3$** **Analyst : KRB**

Parameter	Analysis Type	Analysis I.D	Analyzed value	RPD	Spike Added	% Rec	Rec Ctrl Limits	RPD Ctrl Limits	Qualifier
Total Alkalinity to pH 4.5	Duplicate	1075642.01	162	3.6			-	0-20	
Total Alkalinity to pH 4.5	LCS		98		100	98	85-115	-	
Total Alkalinity to pH 4.5	MB		0						

Date/Time Analyzed : 8/26/25 23:57 **QA Batch Number : Qb25082806**
Analysis Method : EPA 200.7 **Units : mg/L** **Analyst : BLC**

Parameter	Analysis Type	Analysis I.D	Analyzed value	RPD	Spike Added	% Rec	Rec Ctrl Limits	RPD Ctrl Limits	Qualifier
Phosphorus	CCB		0.000357						
Phosphorus	CCB		0.00051						
Phosphorus	CCB		0.000702						

	Date/Time Analyzed : 8/27/25 1:40			**QA Batch Number : Qb25082806**					
	Analysis Method : EPA 200.7			**Units : mg/L**		**Analyst : BLC**			
Parameter	***Analysis Type***	***Analysis I.D***	***Analyzed value***	***RPD***	***Spike Added***	***% Rec***	***Rec Ctrl Limits***	***RPD Ctrl Limits***	***Qualifier***
Phosphorus	CCB		0.000766						
Phosphorus	CCB		0.000811						
Phosphorus	CCV		10.1		10	101	90-110	-	
Phosphorus	CCV		10.1		10	101	90-110	-	
Phosphorus	CCV		10.2		10	102	90-110	-	
Phosphorus	CCV		10.2		10	102	90-110	-	
Phosphorus	CCV		10.2		10	102	90-110	-	
Phosphorus	Dilution	1075631.01	0.000799				90-110	-	
Phosphorus	Dilution	1075642.01	0.742				90-110	-	
Phosphorus	ICV		10.2		10	102	95-105	-	
Phosphorus	ICV		10.3		10	103	95-105	-	
Phosphorus	LCS		0.961		1	96.1	85-115	-	
Phosphorus	LCSD		0.979	1.9	1	97.9	85-115	0-20	
Phosphorus	MB		0.00302						
Phosphorus	MS	1075631.01	0.983		1	98	70-130	-	
Phosphorus	MS	1075642.01	4.86		1	89.2	70-130	-	
Phosphorus	MSD		0.964	2	1	96.1	70-130	0-20	
Phosphorus	MSD		4.89	0.6	1	92.2	70-130	0-20	
Phosphorus	PDS	1075631.01	0.953		1	95	85-115	-	
Phosphorus	PDS	1075642.01	4.85		1	88.2	85-115	-	
	Date/Time Analyzed : 8/22/25 11:52			**QA Batch Number : Qb25090203**					
	Analysis Method : EPA 600 300.0mod			**Units : mg/L**		**Analyst : KRC**			
Parameter	***Analysis Type***	***Analysis I.D***	***Analyzed value***	***RPD***	***Spike Added***	***% Rec***	***Rec Ctrl Limits***	***RPD Ctrl Limits***	***Qualifier***
Nitrate as N	CCB		0						
Nitrate as N	CCB		0						
Nitrate as N	CCV		4.98		5	99.6	90-110	-	
Nitrate as N	CCV		5		5	100	90-110	-	
Nitrate as N	ICV		4.87		5	97.4	90-110	-	
Nitrate as N	LCS		1.92		2	96	90-110	-	
Nitrate as N	MB		0						
Nitrate as N	MS	1075697.01	2.63		2	97	80-120	-	
Nitrate as N	MS	1075636.01	19.3		2	96.6	80-120	-	
Nitrate as N	MSD		2.64	0.4	2	97.5	80-120	0-20	
Nitrate as N	MSD		19.3	0	2	96.6	80-120	0-20	
	Date/Time Analyzed : 9/4/25 15:16			**QA Batch Number : Qb25090409**					
	Analysis Method : EPA 1664B SPE (HEM)mod			**Units : mg/L**		**Analyst : KRB**			
Parameter	***Analysis Type***	***Analysis I.D***	***Analyzed value***	***RPD***	***Spike Added***	***% Rec***	***Rec Ctrl Limits***	***RPD Ctrl Limits***	***Qualifier***
Oil and Grease	LCS		35.5		40	88.8	78-114	-	

Date/Time Analyzed : 9/4/25 15:16	QA Batch Number : Qb25090409
Analysis Method : EPA 1664B SPE (HEM)mod	Units : mg/L Analyst : KRB

Parameter	Analysis Type	Analysis I.D	Analyzed value	RPD	Spike Added	% Rec	Rec Ctrl Limits	RPD Ctrl Limits	Qualifier
Oil and Grease	MB		0.2						
Oil and Grease	MS	1075642.01	32		40	77.8	78-114	-	SM

Date/Time Analyzed : 8/26/25 15:10	QA Batch Number : Qb25091101
Analysis Method : SM 2540C-2015 2020ed	Units : mg/L Analyst : KRB

Parameter	Analysis Type	Analysis I.D	Analyzed value	RPD	Spike Added	% Rec	Rec Ctrl Limits	RPD Ctrl Limits	Qualifier
Total Dissolved Solids	Duplicate	1075632.01	972	0.6			-	0-15	RH
Total Dissolved Solids	LCS		111		95	116.8	85-115	-	LF,RH
Total Dissolved Solids	MB		15						BD

Date/Time Analyzed : 8/22/25 11:52	QA Batch Number : Qb25091611
Analysis Method : EPA 600 300.0mod	Units : mg/L Analyst : KRC

Parameter	Analysis Type	Analysis I.D	Analyzed value	RPD	Spike Added	% Rec	Rec Ctrl Limits	RPD Ctrl Limits	Qualifier
Chloride	CCB		0.193						
Chloride	CCB		0.193						
Sulfate	CCB		0						
Sulfate	CCB		0						
Chloride	CCV		30.1		30	100.3	90-110	-	
Chloride	CCV		30.1		30	100.3	90-110	-	
Sulfate	CCV		29.9		30	99.7	90-110	-	
Sulfate	CCV		29.9		30	99.7	90-110	-	
Chloride	ICV		30.1		30	100.3	90-110	-	
Sulfate	ICV		29.7		30	99	90-110	-	
Chloride	LCS		19.9		20	99.5	90-110	-	
Sulfate	LCS		19.9		20	99.5	90-110	-	
Chloride	MB		0.161						
Sulfate	MB		0.102						BD

Date/Time Analyzed : 9/17/25 22:33	QA Batch Number : Qb25091909
Analysis Method : EPA 351.2mod	Units : mg N/L Analyst : JAB

Parameter	Analysis Type	Analysis I.D	Analyzed value	RPD	Spike Added	% Rec	Rec Ctrl Limits	RPD Ctrl Limits	Qualifier
Total Kjeldahl Nitrogen	CCB		0.026						
Total Kjeldahl Nitrogen	CCB		0.031						
Total Kjeldahl Nitrogen	CCV		4.71		5	94.2	90-110	-	
Total Kjeldahl Nitrogen	CCV		4.75		5	95	90-110	-	
Total Kjeldahl Nitrogen	Duplicate	1075747.01	12.6	26.2			-	0-20	DF
Total Kjeldahl Nitrogen	ICV		5.14		5	102.8	90-110	-	
Total Kjeldahl Nitrogen	LCS		3.81		4	95.2	90-110	-	
Total Kjeldahl Nitrogen	MB		-0.09						
Total Kjeldahl Nitrogen	MS	1075747.01	16.5		0.8	2.5	90-110	-	SM, SB

QA Flags, Notes, and Definitions for Job 1075642

NOTES & DEFINITIONS

Unless otherwise specified, these test results meet the requirements of TNI.

µg/L Micrograms per Liter (ppb)

µg/kg Micrograms per Kilogram (ppb)

mg/L Milligrams per Liter (ppm)

mg/kg Milligrams per Kilogram (ppm)

Note: If RPD shows recovery outside control limits and data not flagged, then RPD was not calculable.

MDL (TRRP SQL) The minimum concentration of a COC the laboratory would measure and report with 99% confidence that the analyte concentration is greater than zero. The MDL reported in the MDL column is the method detection limit adjusted to reflect sample dilution.

MQL Lowest concentration that can be reliably achieved within specified limits of precision and accuracy during routine laboratory operating conditions. The MQL reported in the MQL column is the method quantitation limit adjusted to reflect sample dilution.

Note: Results are reported on a wet weight basis unless otherwise noted.

Note: AEL is certified in Drinking Water Matrix for Total Coliforms and E.coli (P/A). Other Drinking water tests are not part of AEL's scope. Lab approval tests noted under Ac.

Note: Tests noted with a "N" under Ac. column represents that the test is part of our NELAP Accreditation.

Note: If "N" is not showing under Ac. column, that test is not Nelac accredited.

Note: Tests noted with a "T" under Ac. column represents that the test is part of our TCEQ Drinking Lab Approval.

Note: Subcontract under Method denotes test has been subcontracted. Only the value will be displayed, details can be found at end of report.

Note: This report (or portions of the report) cannot be duplicated, except in whole.

QA FLAGS

Alk	Titration endpoint pH corresponds to an inflection point unless otherwise noted.
BD	Analyte detected in associated blank between the MDL and the MQL.
DF	The RPD of the duplicate associated with this batch exceeded the control limit.
J	Analyte concentration is above the MDL but below the MQL and is considered an estimate.
LF	LCS recovery outside control limit.
NC2	Duplicate RPD not valid due to result less than 2x the quantitation limit.
RH	Result is potentially biased high based on QA/QC.
SB	Matrix spike accuracy and MS/MSD RPD could not be assessed due to high background analyte levels in the spiked sample.
SM	Matrix spike recovery outside control limit due to suspected matrix interference, so the result for the sample used for the matrix spike may be biased (low or high) in a similar manner as the matrix spike unless additional matrix spike flag or note added.

Analytical Environmental Laboratory LLC
8310 South Broadway
Tyler, TX 75730
903-509-8700

CASE NARRATIVE

Job ID : 1075642

Client Name :	City of Grand Saline
Project Name :	
Date Received :	08/20/2025
Collected By :	T. Morgan

Note Source:	SDMS Result Entry
Source Name:	Anions
Note:	1075636-1 Chloride recovered MS 96.0%, MSD 95.5%, RPD 0.3%. 1075697-1 Chloride recovered MS 96.0%, MSD 95.9%, RPD 0.14%. 1075636-1 Sulfate recovered MS 97.8%, MSD 98.1%, RPD 0.22%. 1075697-1 Sulfate recovered MS 98.4%, MSD 99.2%, RPD 0.67%.

Note Source:	SDMS Result Entry
Source Name:	Metals
Note:	(ICSA/SIC) Analyses reported without the new SIC corrections in SOP DN087 2024A. Run and reported using previous corrections and visual checks of instrument results to ensure no interference present.

Qualifiers will be noted next to the sample results or QC if applicable.
Sample Condition Check will note any login discrepancies or issues.

Released By : KRC
Title : Lab Manager

Analytical Environmental Laboratory LLC
8310 South Broadway
Tyler, TX 75730
903-509-8700

SAMPLE CONDITION CHECKLIST

Date: 09/19/2025 03:47 PM

Client Name : City of Grand Saline		
Client Address : 132 E. Frank		
Job ID : 1075642	**Date Received :** 08/20/2025	**Time Received :** 02:40 PM
Temperature(°C) : 1.1/1.2		
Thermometer ID : T172	**pH Paper ID :** R15829	

Comments : Include actions taken to resolve discrepancies/problem:

	Check Points	Yes	No	N/A
1	Custody Seals Intact (Shipping &/or Sample containers)			✔
2	Sample(s) received in the Process of Chilling	✔		
3	Chain of Custody (COC) Present	✔		
4	COC Signed by sampler / relinquished / received	✔		
5	All expected Containers Present	✔		
6	All containers Intact	✔		
7	COC and sample Labels agree	✔		
8	Sample(s) in Appropriate lab Container	✔		
9	Sample(s) at correct Temperature	✔		
10	Correct & sufficient Preservative(s)	✔		
11	Sample Amount Sufficient for analyses requested	✔		
12	Samples received within Holding Time; aqueous pH within 15 min	✔		
13	Sample pH checked and in range required by method	✔		
14	Sample filtered as required			✔
15	Tests needing zero Headspace completely filled (or are plugs in VOAs or Encore); tests needing minimum hs. filled appropriately.			✔

CheckIn By : MFW CheckIn Date : 08/20/2025

1075642

Analytical Environmental Laboratory, LLC
8310 South Broadway
Tyler, TX 75703
(903) 509-8700 info@aeltyler.com

CHAIN OF CUSTODY

AEL Job No. 1075642 Page 1 of 1

COMPANY: City of Grand Saline
STREET, CITY,
STATE, ZIP: 132 E. Frank Grand Saline, TX 751401824

CONTACT: Taylor Morgan
PHONE: (903) 904-8190 CELL: (903) 603-5481
E-MAIL: tmorgan@grandsalinetx.gov

Sample Receiving Checklist - Laboratory Use Only — Reviewed By:

	Y	N	N/A
Sufficient Amount of Sample for all Analyses	☑	☐	☐
Samples Collected in Appropriate Containers	☑	☐	☐
Sample Labels Match Chain of Custody	☑	☐	☐
Custody Seal Intact on Shipping Containers	☐	☐	☑
Custody Seal Intact on Sample Containers	☐	☐	☑
All Expected Samples Present	☑	☐	☐
All Sample Containers Intact	☑	☐	☐
Samples Preserved Correctly	☑	☐	☐
No Headspace for Volatiles	☐	☐	☑
Received within Holding Time	☑	☐	☐

Turn Around Time (TAT) (BUSINESS DAYS): Next Day (Emergency) ☐ 5 Days (Priority) ☐
(***Please verify non-standard TAT with lab.) 3 Days (Rush) ☐ STANDARD 7-14 ☐

Project Name: Permit Renewal
Project Number: PO#:

Collected By:
(Print name here & Sign 'Relinquished by' below)

AEL ID	DATE of collection	TIME of collection	SAMPLE ID	COMP or GRAB	MATRIX Aq/Solid	CONTAINERS TYPE	HOW MANY	PRESERVED WITH	CBOD,TSS	Ammonia,TKN	Total P	Nitrate,Sulfate,Chloride,TDS,Total Alkalinity	Total Coliform MPN Ecoli	Oil and Grease	Cooler ID
1	8-20-25	10:45	Effluent	Grab	Aqueous	2LP	1	<6degC	X						
1	8-20-25	10:55	Effluent	Grab	Aqueous	~~250mL~~ 500 rec 8/11/25	1	H2SO4		X					
1	8-20-25	10:55	Effluent	Grab	Aqueous	250mL	1	HNO3			X				
1	8-20-25	10:45	Effluent	Grab	Aqueous	1LP	1	<6degC				X			
1	8-20-25	10:45	Effluent	Grab	Aqueous	120mLSP	1	Na2S2O3					X		
1	8-20-25	10:45	Effluent	Grab	Aqueous	1LAG	2	1:1HCl						X	

RELINQUISHED BY (SIGNATURE)	Date	Time	RECEIVED BY (SIGNATURE)	Date	Time
Taylor Morgan	8-20-25	10:45 10:55	Refrigerator	8-20-25	10:48 10:57
REFRIGERATOR	8/20/25	1105		8/20/25	1105
	8/20/25	1440		8/20/25	1440

Any samples collected by AEL are collected according to Field Sampling SOP DN035.
REMARKS

Receiving Temp. (Observed 1.1 - Correction factor) = 1.2 °C T# 172
Shipped: Hand Delivered / Courier Ael Received Condition: Wet Ice
Client Notified by (method / initials) re:

Container Types: G- glass AG- amber glass TL- teflon liner
P- plastic SP- sterile plastic CC- client container
VOA- 40ml voa vial 4GTL- 4oz glass jar with teflon liner

B. Prefix: Mr. Last Name, First Name: Mc Craw, Joel

Title: Public Works Director Credential: N/A

Organization Name: City of Grand Saline

Mailing Address: 132 East Frank Street City, State, Zip Code: Grand Saline, TX 75140

Phone No.: 903.962.3122 E-mail Address: joel.mccraw@grandsalinetx.gov

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Mc Craw, Joel

Title: Public Works Director Credential: N/A

Organization Name: City of Grand Saline Mailing Address: 132 East Frank Street City, State, Zip Code: Grand Saline, TX, 75140

Phone No.: 903.962.3122 E-mail Address: joel.mccraw@grandsalinetx.gov

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

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

Prefix: Mr. Last Name, First Name: Mc Craw, Joel

Title: Public Works Director Credential: N/A

Organization Name: City of Grand Saline

Mailing Address: 132 East Frank Street City, State, Zip Code: Grand Saline TX, 75140

Phone No.: 903.962.3122 E-mail Address: joel.mccraw@grandsalinetx.gov

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: West, Siglinda

Title: Regulatory Compliance Specialist Credential: N/A

Organization Name: KSA Engineers/ Pape-Dawson

Mailing Address: 6781 Oak Hill City, State, Zip Code: Tyler, TX 75703

Phone No.: 903.581.8141 E-mail Address: swest@ksaeng.com

Francesca Findlay

From: Sigi West <swest@ksaeng.com>
Sent: Monday, September 29, 2025 11:34 AM
To: Francesca Findlay
Subject: RE: WQ0010179001 City of Grand Saline
Attachments: 1st Response page 1.pdf

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

Ms. Francesca,
I verify the billing address for City of Grand Saline is 132 East Frank Street Grand Saline, TX 75140.
I have included a replacement page.
I have read the included portion of the NORI and found no errors or omissions.

Thank you

Sigi West | **Regulations Compliance Specialist**

O: 903.581.8141 | **D:** 214.833.4974 | **E:** swest@ksaeng.com

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Monday, September 29, 2025 11:19 AM
To: Sigi West <swest@ksaeng.com>
Cc: joel.mccraw@grandsalinetx.gov
Subject: FW: WQ0010179001 City of Grand Saline

Dear Ms. West:

The attached Notice of Deficiency letter sent on September 29, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention October 13, 2025.

Thank you,

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

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

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

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 42)

A. Existing/Interim I Phase

Design Flow (MGD): 0.540

2-Hr Peak Flow (MGD): 1.35

Estimated construction start date: N/A Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility:

EXISTING

Section 2. Treatment Process (Instructions Page 42)

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

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(903) 962-3122		(903) 962-3363

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 Grand Saline Wastewater Treatment Plant

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	500 East South Pacific							
	City	Grand Saline	**State**	TX	**ZIP**	75140	**ZIP + 4**	1824
24. County	Van Zandt							

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

25. Description to Physical Location:	

26. Nearest City	**State**	**Nearest ZIP Code**
Grand Saline	TX	75140

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:	32.671111		**28. Longitude (W) In Decimal:**	95.701111	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
32	40	16	95	42	04

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.)*

Treatment of domestic sewage

34. Mailing Address:	**132 East Frank Street**							
	City	**Grand Saline**	**State**	**TX**	**ZIP**	**75140**	**ZIP + 4**	
35. E-Mail Address:	**joel.mccraw@grandsalinetx.gov**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(90) 962-3122		**(903) 962-3363**

Francesca Findlay

From: Francesca Findlay
Sent: Monday, October 13, 2025 9:59 AM
To: 'Sigi West'
Subject: RE: WQ0010179001 City of Grand Saline

Good morning,

I am reviewing your application, and I noticed that the Technical Report 1.0 Section 1, Item A has a different Interim I Phase than the previous permit. Please verify that this is correct. If you are wanting to raise the flow, we would need the application to be a major amendment. Please let me know if you have any questions.

Thank you,

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

From: Sigi West <swest@ksaeng.com>
Sent: Monday, September 29, 2025 11:34 AM
To: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Subject: RE: WQ0010179001 City of Grand Saline
Importance: High

Ms. Francesca,
I verify the billing address for City of Grand Saline is 132 East Frank Street Grand Saline, TX 75140.
I have included a replacement page.
I have read the included portion of the NORI and found no errors or omissions.

Thank you

Sigi West | **Regulations Compliance Specialist**

O: 903.581.8141 | **D:** 214.833.4974 | **E:** swest@ksaeng.com

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Monday, September 29, 2025 11:19 AM
To: Sigi West <swest@ksaeng.com>
Cc: joel.mccraw@grandsalinetx.gov
Subject: FW: WQ0010179001 City of Grand Saline

Dear Ms. West:

The attached Notice of Deficiency letter sent on September 29, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention October 13, 2025.

Thank you,

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

Francesca Findlay

From: Sigi West <swest@ksaeng.com>
Sent: Monday, October 13, 2025 10:17 AM
To: Francesca Findlay
Subject: RE: WQ0010179001 City of Grand Saline

No we are not raising the flow. Straight renewal with no expected changes. I will take a look and get you a replacement page. So sorry for the inconvenience.

Sigi West | **Regulations Compliance Specialist**

O: 903.581.8141 | **D:** 214.833.4974 | **E:** swest@ksaeng.com

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Monday, October 13, 2025 9:59 AM
To: Sigi West <swest@ksaeng.com>
Subject: RE: WQ0010179001 City of Grand Saline

Good morning,

I am reviewing your application, and I noticed that the Technical Report 1.0 Section 1, Item A has a different Interim I Phase than the previous permit. Please verify that this is correct. If you are wanting to raise the flow, we would need the application to be a major amendment. Please let me know if you have any questions.

Thank you,

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

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

From: Sigi West <swest@ksaeng.com>
Sent: Monday, September 29, 2025 11:34 AM
To: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Subject: RE: WQ0010179001 City of Grand Saline
Importance: High

Ms. Francesca,
I verify the billing address for City of Grand Saline is 132 East Frank Street Grand Saline, TX 75140.
I have included a replacement page.
I have read the included portion of the NORI and found no errors or omissions.

Thank you

Sigi West | **Regulations Compliance Specialist**

O: 903.581.8141 | **D:** 214.833.4974 | **E:** swest@ksaeng.com

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From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Monday, September 29, 2025 11:19 AM
To: Sigi West <swest@ksaeng.com>
Cc: joel.mccraw@grandsalinetx.gov
Subject: FW: WQ0010179001 City of Grand Saline

Dear Ms. West:

The attached Notice of Deficiency letter sent on September 29, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention October 13, 2025.

Thank you,

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