



Administrative Package Cover Page

This file contains the following documents:

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

City of Happy (CN 601180326) operates The City of Happy Wastewater Treatment Facility (RN 102183415), a Texas Pollutant Discharge Elimination System. The facility is located at approximately 0.6 mile southeast of the intersection of Highway 27 and West Farm-to-Market Road 1075, east of the City of Happy, Swisher County, Texas 79042, in Happy, Swisher County, Texas 79042. Renewal to discharge 0.077 million gallons per day (MGD) of treated domestic wastewater..

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), ammonia nitrogen (NH₃-N), and Escherichia coli. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units will include a lift station, facultative lagoon, and a wetlands unit.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010183001

APPLICATION. City of Happy, P.O. Box 216, Happy, Texas 79042, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010183001 (EPA I.D. No. TX0118206) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 77,000 gallons per day. The domestic wastewater treatment facility is located approximately 0.6 mile southeast of the intersection of Interstate Highway 27 and West Farm-to-Market Road 1075, near the city of Happy, in Swisher County, Texas 79042. The discharge route is from the plant site to Happy Draw; thence to SCS Reservoir; thence to Happy Draw; thence to Happy Canyon; thence to Upper Prairie Dog Town Fork Red River. TCEQ received this application on October 31, 2025. The permit application will be available for viewing and copying at Happy City Hall, City Secretary's Office, 106 North Tally Avenue, Happy, in Swisher County, Texas prior to the date this notice is published in the newspaper. The application is available for viewing and copying 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=-101.842222,34.741666&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 Happy at the address stated above or by calling Mr. Scott Downing, City Administrator, at 806-558-2121.

Issuance Date: November 19, 2025

**MUNICIPAL WASTEWATER TREATMENT PLANT (WWTP)
PERMIT RENEWAL**

CITY OF HAPPY, TEXAS

City of Happy Municipal Wastewater Treatment Plant
Swisher County
WWTP Permit No. WQ0010183001
October 2025

DOMESTIC ADMINISTRATIVE REPORT



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Happy

PERMIT NUMBER (If new, leave blank): WQ0010183001

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: 3123
Check/Money Order Amount: \$515.00
Name Printed on Check: City of Happy

EPAY Voucher Number: N/A

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 <u>with</u> Renewal | ☐ Minor Amendment <u>with</u> Renewal |
| ☐ Major Amendment <u>without</u> Renewal | ☐ Minor Amendment <u>without</u> Renewal |
| ☒ Renewal without changes | ☐ Minor Modification of permit |

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

f. **For existing permits:**

Permit Number: WQ00 10183001

EPA I.D. (TPDES only): TX 0118206

Expiration Date: [Click to enter text.](#)

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

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

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

City of Happy

(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: 601180326

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: Mrs

Last Name, First Name: Tirey Sara

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?

N/A

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

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

CN: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

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

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

- A. Prefix: Mr Last Name, First Name: Downing, Scott
Title: City Administrator Credential: N/A
Organization Name: City of Happy
Mailing Address: P.O. Box 216 City, State, Zip Code: Happy Texas, 79042
Phone No.: (806) 558-2121 E-mail Address: nsdhappy@yahoo.com
Check one or both: ☒ Administrative Contact ☐ Technical Contact
- B. Prefix: Mr Last Name, First Name: Garcia, Adolfo
Title: Professional Engineer Credential: P.E.
Organization Name: Hi-Plains Civil Engineers
Mailing Address: 4537 Canyon Dr. City, State, Zip Code: Amarillo, Texas, 79110
Phone No.: (806) 353-7233 E-mail Address: adolfog@hpcetx.com
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: Mr Last Name, First Name: Downing, Scott
Title: City Administrator Credential: N/A
Organization Name: City of Happy
Mailing Address: P.O. Box 216 City, State, Zip Code: Happy Texas, 79042
Phone No.: (806) 558-2121 E-mail Address: nsdhappy@yahoo.com

B. Prefix: Mr Last Name, First Name: James, Patrick
Title: Water & Sewer Superintendent Credential: N/A
Organization Name: City of Happy
Mailing Address: City, State, Zip Code: Happy Texas, 79042
Phone No.: (806) 558-2121 E-mail Address: p.jameshappy@yahoo.com

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: Downing, Scott
Title: City Administrator Credential: N/A
Organization Name: City of Happy
Mailing Address: P.O. Box 216 City, State, Zip Code: Happy Texas, 79042
Phone No.: (806) 558-2121 E-mail Address: nsdhappy@yahoo.com

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: Downing, Scott
Title: City Administrator Credential: N/A
Organization Name: City of Happy
Mailing Address: P.O. Box 216 City, State, Zip Code: Happy Texas, 79042
Phone No.: (806) 558 - 2121 E-mail Address: nsdhappy@yahoo.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr Last Name, First Name: Downing, Scott
Title: City Administrator Credential: N/A
Organization Name: City of Happy
Mailing Address: P.O. Box 216 City, State, Zip Code: Happy Texas, 79042
Phone No.: (806) 558-2121 E-mail Address: nsdhappy@yahoo.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: Downing, Scott

Title: City Administrator Credential: N/A

Organization Name: City of Happy

Mailing Address: P.O. Box 216 City, State, Zip Code: Happy Texas, 79042

Phone No.: (806)0558 - 2121 E-mail Address: nsdhappy@yahoo.com

D. Public Viewing Information

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

Public building name: City Hall

Location within the building: City Secretary's Office

Physical Address of Building: 106 N. Tally Street

City: Happy County: Swisher

Contact (Last Name, First Name): Downing, Scott

Phone No.: (806) 558-2121 Ext.: N/A

E. Bilingual Notice Requirements

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

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

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

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

☐ Yes ☒ No

If **no**, publication of an alternative language notice is not required; **skip to** Section 9 below.

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

F. 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: N/A

G. Public Involvement Plan Form

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

Attachment: N/A

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 102183415

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

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

City of Happy Wastewater Treatment Plant

C. Owner of treatment facility: City of Happy

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

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

Prefix: City of Happy Last Name, First Name: N/A

Title: N/A Credential: N/A

Organization Name: City of Happy

Mailing Address: P.O. Box 216 City, State, Zip Code: Happy, Texas 79042

Phone No.: (806) 558-2121 E-mail Address: nsdhappy@yahoo.com

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

Attachment: N/A

E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

N/A

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

☒ Yes ☐ No

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

N/A

City nearest the outfall(s): Happy

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

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

☐ Yes ☒ No

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

- ☐ Authorization granted ☐ Authorization pending

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

Attachment: N/A

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

N/A

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

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

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

N/A

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

Section 12. Miscellaneous Information (Instructions Page 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.

N/A

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

☐ Yes ☒ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: N/A

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: 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:

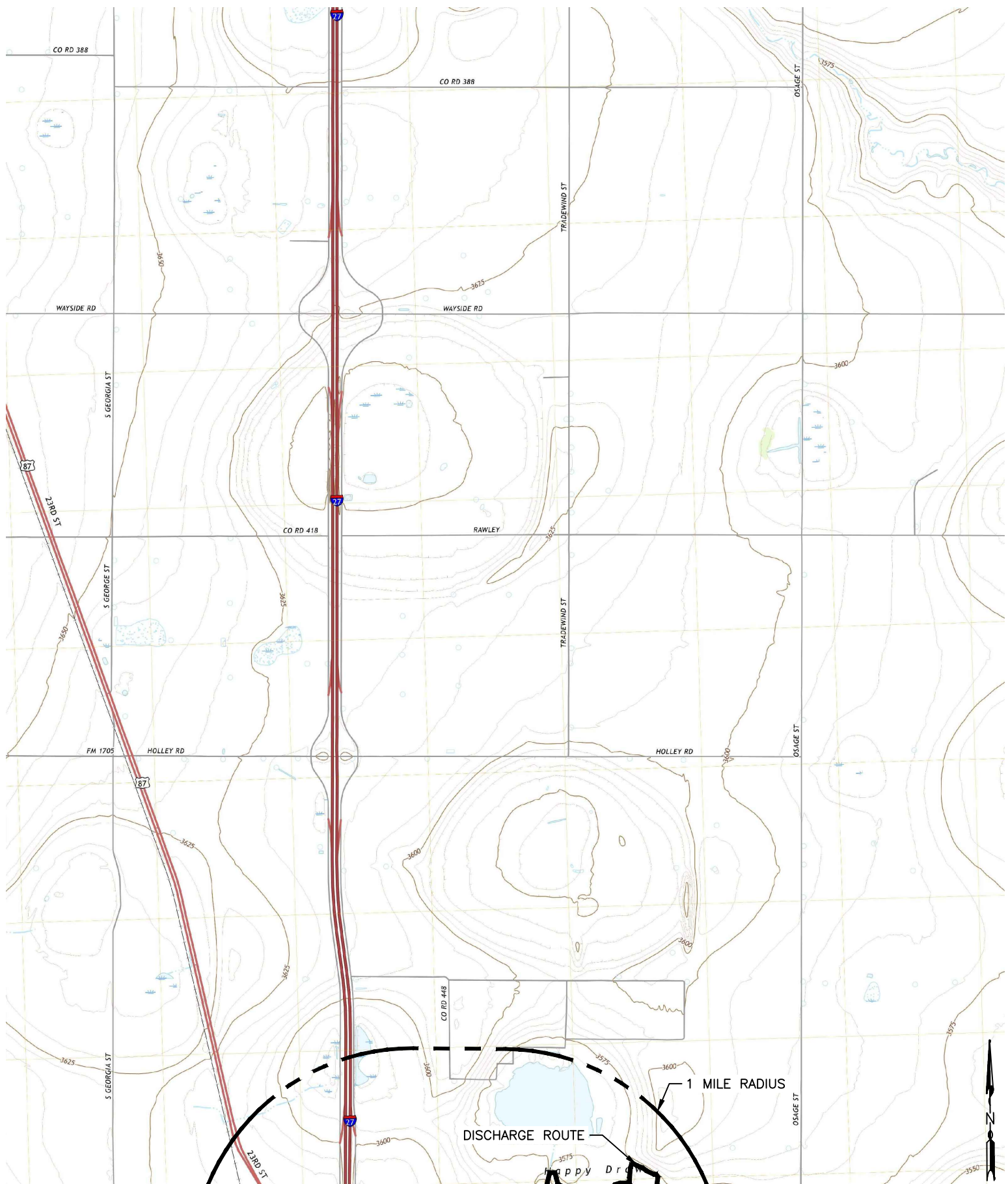
☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.

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

- 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.](#)



(FOR PERMIT PURPOSES ONLY)

CITY OF HAPPY WWTP PERMIT RENEWAL
DOMESTIC ADMINISTRATIVE REPORT 1.0

USGS TOPOGRAPHIC MAP CANYON SE, TX

PROJ. NO. 82986

DATE: SEPTEMBER 2025

SCALE: 1"=3,000'

FIGURE:

#2B

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0010183001

Applicant: City of Happy

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): Scott Downing

Signatory title: City Administrator

Signature: _____

N. Scott Downing

Date: _____

10/29/25

(Use blue ink)

Subscribed and Sworn to before me by the said N. Scott Downing

on this 29 day of October, 2025.

My commission expires on the 26 day of April, 2026.

Linda Gonzales
Notary Public

Swisher
County, Texas

[SEAL]



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: [Click to enter text.](#)
- E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
- ☐ Yes ☐ No

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

N/A

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: 3

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

DOMESTIC TECHNICAL REPORT



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): 0.077

2-Hr Peak Flow (MGD): 0.375

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): 0.077

2-Hr Peak Flow (MGD): 0.375

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility: September 2001

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.**

Final Phase: Facultative Lagoon, constructed wetlands (12 +/-) acres, additional (4 +/-) acres wetlands to be constructed as needed

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)
Facultative Lagoon - Final Phase	1	400' x 140' x 12'
Wetlands System- Final Phase	4	Each unit 3 +/- acres x 1.5' deep (12 acres total)

C. Process Flow Diagram

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

Attachment: 4

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

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

- Latitude: 34.741419
- Longitude: -101.835206

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

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

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

- The boundaries of the treatment facility;
- The boundaries of the area served by the treatment facility;
- If land disposal of effluent, the boundaries of the disposal site and all storage/holding ponds; and

- If sludge disposal is authorized in the permit, the boundaries of the land application or disposal site.

Attachment: 5

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

City of Happy, located in Swisher County, Texas - Municipality

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 Happy Wastewater Treatment Facility	City of Happy	Publicly Owned	593
		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.**

N/A

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.

N/A

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: February 2000

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

N/A

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

N/A

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

N/A

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

N/A

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.

N/A

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.

N/A

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 N/A or TXRNE N/A

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:

N/A

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.

N/A

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.

N/A

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.

N/A

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.
N/A

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

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

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

N/A

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.

N/A

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.

Table 1.0(2) – Pollutant Analysis for Wastewater Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	41	-	1	GRAB	10/14/2025 10:57
Total Suspended Solids, mg/l	230	-	1	GRAB	10/14/2025 10:57
Ammonia Nitrogen, mg/l	1.08	-	1	GRAB	10/14/2025 10:57
Nitrate Nitrogen, mg/l	<0.40	-	1	GRAB	10/14/2025 10:57
Total Kjeldahl Nitrogen, mg/l	27.1	-	1	GRAB	10/14/2025 10:57
Sulfate, mg/l	297	-	1	GRAB	10/14/2025 10:57
Chloride, mg/l	325	-	1	GRAB	10/14/2025 10:57
Total Phosphorus, mg/l	15.2	-	1	GRAB	10/14/2025 10:57
pH, standard units	8.4	-	1	GRAB	10/14/2025 10:57
Dissolved Oxygen*, mg/l	5.1	-	1	GRAB	10/14/2025 10:57
Chlorine Residual, mg/l	0	-	1	GRAB	10/14/2025 10:57
<i>E.coli</i> (CFU/100ml) freshwater	84	-	1	GRAB	10/14/2025 10:57
Enterococci (CFU/100ml) saltwater	N/A	-	N/A	N/A	N/A
Total Dissolved Solids, mg/l	367	-	1	GRAB	10/14/2025 10:57
Electrical Conductivity, µmohs/cm, †	3650	-	1	GRAB	10/14/2025 10:57
Oil & Grease, mg/l	<7	-	1	GRAB	10/14/2025 10:57
Alkalinity (CaCO ₃)*, mg/l	1150	-	1	GRAB	10/14/2025 10:57

*TPDES permits only

†TLAP permits only

Table 1.0(3) – Pollutant Analysis for Water Treatment Facilities

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l	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: Patrick N James

Facility Operator's License Classification and Level: Class D Wastewater

Facility Operator's License Number: #WW0033998

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

B. WWTP's 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
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): [N/A](#)

D. Disposal site

Disposal site name: [Southwest Landfill TX LP/Republic Services](#)

TCEQ permit or registration number: [Permit No. MSW-1663C](#)

County where disposal site is located: [Randall County](#)

E. Transportation method

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

Name of the hauler: [Allied Waste Services](#)

Hauler registration number: [20159](#)

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: N/A
- USDA Natural Resources Conservation Service Soil Map:
Attachment: N/A
- Federal Emergency Management Map:

Attachment: N/A

- Site map:

Attachment: N/A

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: N/A

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:

N/A

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:

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 1×10^{-7} cm/sec?

☒ Yes ☐ No

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

Clay liner

D. Site development plan

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

N/A

Attach the following documents to the application.

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

Attachment: N/A

- Copy of the closure plan

Attachment: N/A

- Copy of deed recordation for the site

Attachment: N/A

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

Attachment: N/A

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

Attachment: N/A

- Procedures to prevent the occurrence of nuisance conditions

Attachment: N/A

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: N/A

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:

N/A

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:

N/A

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

Has the facility received in the past three years, does it currently receive, or will it receive CERCLA wastewater, RCRA remediation/corrective action wastewater or other remediation activity wastewater?

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: N/A

Section 14. Laboratory Accreditation (Instructions Page 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.

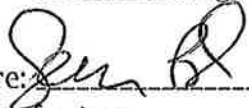
The following certification statement shall be signed and submitted with every application. See the Signature Page section in the Instructions, for a list of designated representatives who may sign the certification.

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: Serissa Beck

Title: General Manager

Signature: _____

Date: 10/30/25_____

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 to Section 2. If **yes**, provide the following:

Owner of the drinking water supply: N/A

Distance and direction to the intake: N/A

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

Attachment: N/A

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: N/A

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).

N/A

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).

N/A

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: Happy Draw

A. Receiving water type

Identify the appropriate description of the receiving waters.

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

Surface area, in acres: Click to enter text.

Average depth of the entire water body, in feet: Click to enter text.

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

- ☐ Man-made Channel or Ditch
- ☐ Open Bay
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Other, specify: Click to enter text.

B. Flow characteristics

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

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

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

- ☐ USGS flow records
- ☒ Historical observation by adjacent landowners
- ☐ Personal observation
- ☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

Happy Draw runs through a playa lake

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.

Happy Draw runs through a playa lake

E. Normal dry weather characteristics

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

The stream does not generally have water upstream of the discharge

Date and time of observation: 03/06/2015 4:00 PM

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 | ☒ Urban runoff |
| ☐ Upstream discharges | ☒ Agricultural runoff |
| ☐ Septic tanks | ☐ Other(s), specify: <u>Click to enter text.</u> |

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 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: 0

Average Daily Flows, in MGD: 0

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

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.

N/A

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.

N/A

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.

N/A

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.

N/A

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.

N/A

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

A. General information

Company Name: N/A

SIC Code: N/A

Contact name: N/A

Address: N/A

City, State, and Zip Code: N/A

Telephone number: N/A

Email address: N/A

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).

N/A

C. Product and service information

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

N/A

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: N/A

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: N/A

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

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

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.

N/A

ATTACHMENTS

Attachment 1 – Core Data From (Administrative Report 1.0 – Item 3C)

Attachment 2 – USGS Topographic Map (Administrative Report 1.0 – Item 13)

Attachment 3 – SPIF (Administrative Report 1.0 –SPIF)

Attachment 4 – Process Flow Diagram (Technical Report 1.0 – Item 2C)

Attachment 5 – Site Map (Technical Report 1.0 - Item 3)

Attachment 6 – Pollutant Analysis Treated Effluent (Technical Report 1.0 - Item 7)

Attachment 7 – Copy of Payment

ATTACHMENT 1

Domestic Administrative Report 1.0

3. Facility Owner (Applicant) and Co-Applicant Information
Item (c) Core Data Form



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
☐ New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
☒ Renewal (Core Data Form should be submitted with the renewal form)	☐ Other	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 601180326		RN 102183415

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		08/28/2025	
☐ 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 Happy					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID	
		17560005518		(9 digits)	
				756000551	
11. Type of Customer:		☐ Corporation		☐ Individual	
Government: ☒ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other		☐ Sole Proprietorship		Partnership: ☐ General ☐ Limited	
12. Number of Employees				13. Independently Owned and Operated?	
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher				☐ Yes ☒ No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
☐ Owner ☐ Operator ☒ Owner & Operator ☐ Other:					
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant					
15. Mailing					
P.O.Box 216					
Address:					
City		Happy		State TX	
ZIP		79042		ZIP + 4	

16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		nsdhappy@yahoo.com	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	
(806) 558-2121		(806) 558-5009	

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							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)							
City of Happy Wastewater Treatment Plant							
23. Street Address of the Regulated Entity:							
<u>(No PO Boxes)</u>							
	City		State		ZIP		ZIP + 4
24. County							

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

25. Description to Physical Location:		Facility is located approximately 0.60 miles southeast of the intersection of West Farm-to-Market Road 1075 and Interstate Highway 27, in the City of Happy, Swisher County, Texas 79042					
26. Nearest City		State			Nearest ZIP Code		
Happy		TX			79042		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>							
27. Latitude (N) In Decimal:		34.7417		28. Longitude (W) In Decimal:		101.8423	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
34	44	30.12	101	50	32.28		
29. Primary SIC Code		30. Secondary SIC Code		31. Primary NAICS Code		32. Secondary NAICS Code	
(4 digits)		(4 digits)		(5 or 6 digits)		(5 or 6 digits)	
4952				22132			
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
34. Mailing Address:		P.O. Box 216					

	City	Happy	State	TX	ZIP	79042	ZIP + 4	
35. E-Mail Address:		nsdhappy@yahoo.com						
36. Telephone Number			37. Extension or Code		38. Fax Number (if applicable)			
(806) 558-2121					(806) 558-5009			

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

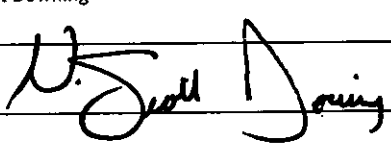
☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0010183001			

SECTION IV: Preparer Information

40. Name:	Adolfo Garcia	41. Title:	Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(806) 353-7233		(806) 353-7261	adolfo@hpcetx.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.

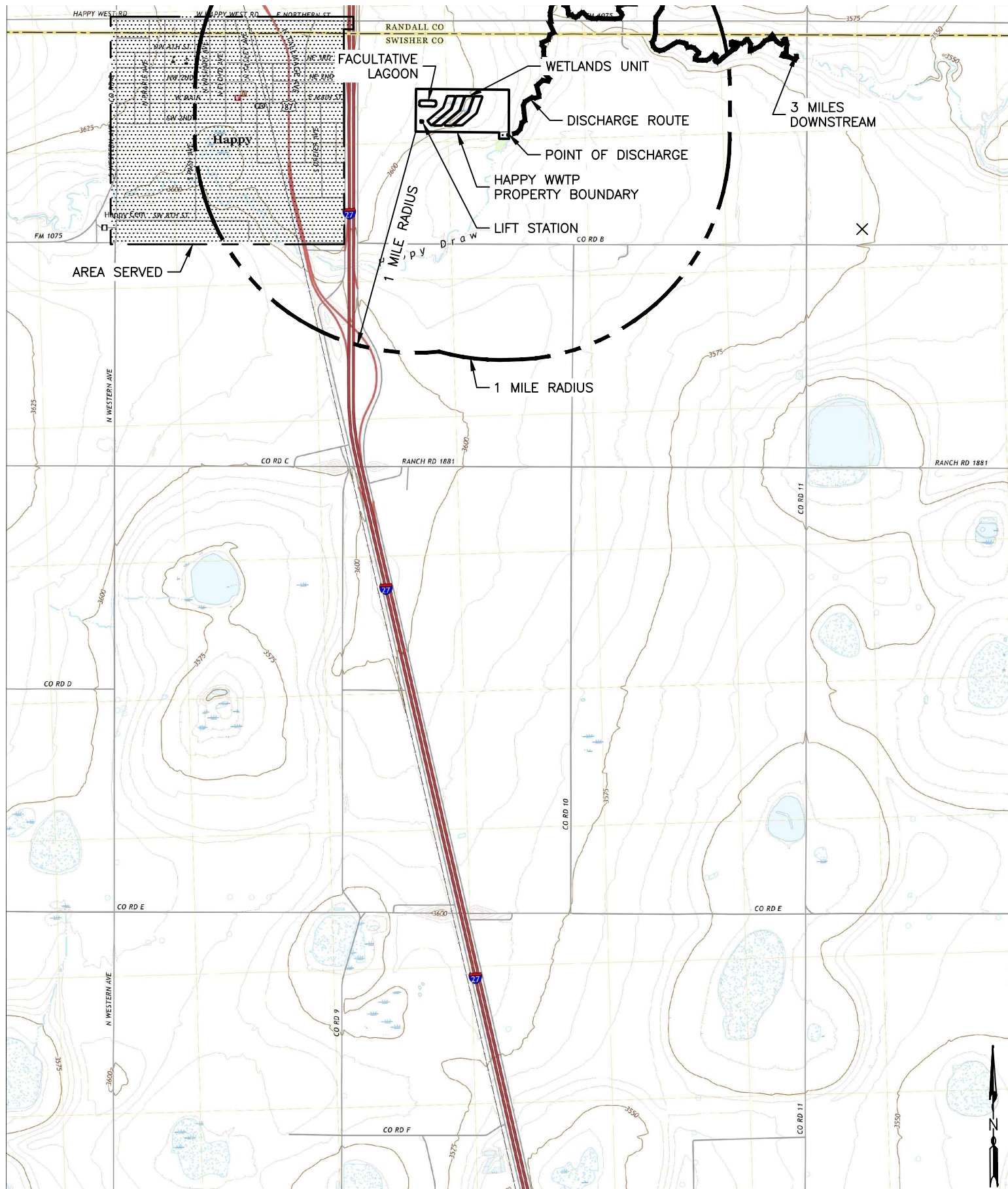
Company:	City of Happy	Job Title:	City Administrator
Name (In Print):	Scott Downing	Phone:	(806) 558- 2121
Signature:		Date:	10/29/25

ATTACHMENT 2

Domestic Administrative Report 1.0

13. Attachments

Original full-size USGS Topographic Map



(FOR PERMIT PURPOSES ONLY)

ATTACHMENT 3

Domestic Wastewater Permit Application
Supplemental Permit Information Form (SPIF)

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 Happy

Permit No. WQ00 10183001EPA ID No. TX 0118206

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

No physical address; located approximately ½ mile south of Farm-to Market Road 1075 and ½ mile east of interstate highway 27, east of the City of Happy in Swisher County, Texas 79042.

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): [REDACTED]

First and Last Name: Scott Downing

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

Title: City Administrator

Mailing Address: P.O. Box 216

City, State, Zip Code: Happy Texas, 79042

Phone No.: (806) 558-2121 Ext.: [REDACTED] Fax No.: (806) 558-5009

E-mail Address: nsdhappy@yahoo.com

2. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

The property is owned by the applicant, the City of Happy

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

To Happy Draw; thence to a SCS Reservoir; thence to Happy Canon; Thence to Upper Prairie Dog Town Fork Red River in Segment 0229 of the Red River Basin

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

[REDACTED]

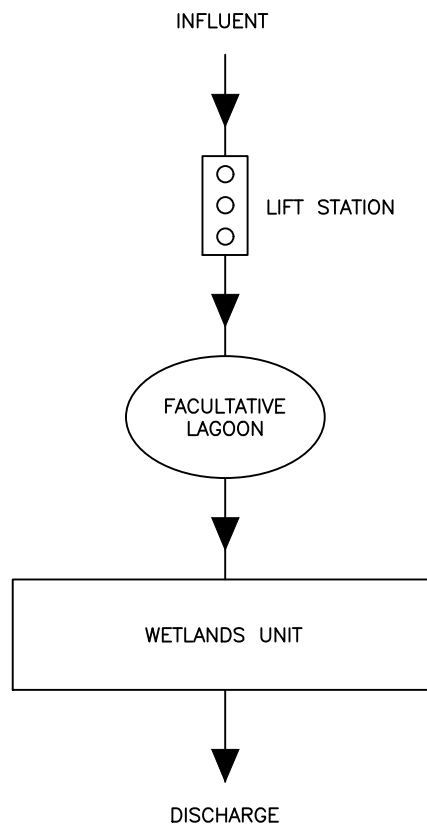
4. Provide a brief history of the property, and name of the architect/builder, if known.

[REDACTED]

ATTACHMENT 4

Domestic Technical Report 1.0
2. Treatment Process
Attached Process Flow Diagram

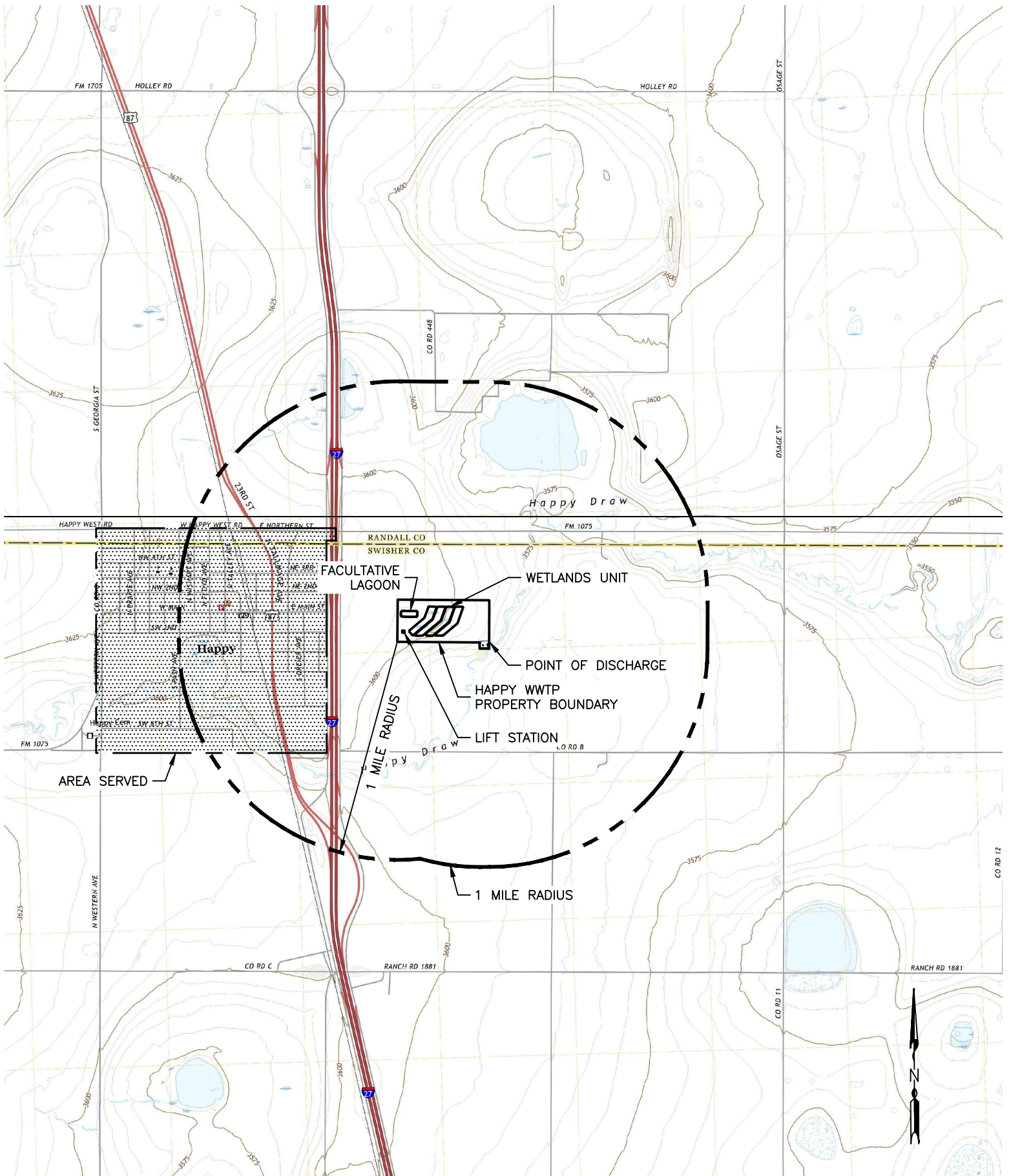
**CITY OF HAPPY
WASTEWATER TREATMENT FACILITY**



(FOR PERMIT PURPOSES ONLY)

ATTACHMENT 5

Domestic Technical Report 1.0
3. Site Information and Drawing
Attached Site Map



(FOR PERMIT PURPOSES ONLY)

CITY OF HAPPY WWTP PERMIT RENEWAL
DOMESTIC TECHNICAL REPORT 1.0

SITE MAP

FIGURE:

#5

ATTACHMENT 6

Domestic Technical Report 1.0
7. Pollutant Analysis of Treated Effluent data

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

Click to enter text.

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

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

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

☐ Yes ☐ No

If yes, provide the date that the plant started accepting the waste, an estimate how much waste is accepted on a monthly basis (gallons or millions of gallons), a description of the entities generating the waste, and any distinguishing chemical or other physical characteristic of the waste. Also note if this information has or has not changed since the last permit action.

Click to enter text.

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 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	41	-	1	GRAB	10/14/25 10:57
Total Suspended Solids, mg/l	230	-	1	GRAB	10/14/25 10:57
Ammonia Nitrogen, mg/l	1.08	-	1	GRAB	10/14/25 10:57
Nitrate Nitrogen, mg/l	<0.40	-	1	GRAB	10/14/25 10:57
Total Kjeldahl Nitrogen, mg/l	27.1	-	1	GRAB	10/14/25 10:57
Sulfate, mg/l	297	-	1	GRAB	10/14/25 10:57
Chloride, mg/l	325	-	1	GRAB	10/14/25 10:57
Total Phosphorus, mg/l	15.2	-	1	GRAB	10/14/25 10:57
pH, standard units	8.4	-	1	GRAB	10/14/25 10:57
Dissolved Oxygen*, mg/l	5.1	-	1	GRAB	10/28/25 8:20
Chlorine Residual, mg/l	0	-	1	GRAB	10/14/25 10:57
<i>E.coli</i> (CFU/100ml) freshwater	84	-	1	GRAB	10/14/25 10:57
Enterococci (CFU/100ml) saltwater	-	-	-	-	-
Total Dissolved Solids, mg/l	367	-	1	GRAB	10/14/25 10:57
Electrical Conductivity, μ mohs/cm, †	3650	-	1	GRAB	10/14/25 10:57
Oil & Grease, mg/l	<7	-	1	GRAB	10/14/25 10:57
Alkalinity (CaCO ₃)*, mg/l	1150	-	1	GRAB	10/14/25 10:57

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: [Click to enter text.](#)Facility Operator's License Classification and Level: [Click to enter text.](#)Facility Operator's License Number: [Click to enter text.](#)

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: Serissa Beck

Title: General Manager

Signature: _____

Date: 10/30/25



ENVIRONMENTAL MONITORING LABORATORY, L.L.C

P.O. Box 477
6145 State Highway 171
Hillsboro, Texas 76645
Phone: 254-582-2622

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

ANALYTICAL REPORT 25101607

For:

City of Happy
106 N. Talley Ave.
Happy, Texas 79042

Sample Site: Renewal Analysis

Collected Date: 10/14/25



Lab Number: TX01547

Authorized for release by:
29-OCT-25

Lisa Soward, Data Manager

homeoffice@yourwaterlab.com

The test results in this report meet all 2009 NELAP and 2016 TNM requirements for accredited parameters, exceptions are noted in this report. This report may not be reproduced except in full, and with written approval from the laboratory. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory



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Hillsboro, Texas 76645
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BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

ANALYTICAL RESULTS

Analytical Report: 25101607

Lab ID: 25101607-001 Collected Date: 10/14/25 10:57 Matrix: Waste Water
Client: City of Happy Received Date: 10/15/25 20:10 Temp at Receipt: 4 °C
Sample Site: Renewal Analysis Report Date: 10/23/25 Sample Collector: vw

Analyte	Abbreviation	Method	TNI Cert	Analyst	Date Analyzed	Result	Units
Ammonia Nitrogen	NH3N	SM 4500-NH3/D	NP	JK	10/16/25 10:46	1.08	mg/L
Carbonaceous BOD	CBOD	SM 5210/B	NP	SB	10/16/25 07:38	41	mg/L
Total Suspended Solids	TSS	SM 2540/D	NP/P	SS	10/16/25 12:32	230	mg/L
pH	SM4500-H	SM4500/H	N	vw	10/14/25 10:57	8.4	SU
Nitrate as N	E300.0	E 300.0	NP/P	PT	10/16/25 10:20	<0.400	mg/L
Dissolved Oxygen	DO	SM 4500-O	N	vw	10/14/25 10:57	5.3	mg/L
Total Phosphorus (as P)	T.PHOS.	SM 4500-P/E	NP	HJ	10/21/25 11:34	15.2	mg/L
Nitrogen, Total Kjeldahl	TKN	SM 4500-NH3/D	NP	JK	10/22/25 13:21	27.1	mg/L
Total dissolved solids	SM2540C	SM 2540/C	NP/P	HJ	10/20/25 15:22	2312	mg/L
Sulfate	E300.0	E 300.0	NP/P	PT	10/16/25 13:18	297	mg/L
Chloride	Cl-	SM 4500-Cl-/B	NP	DH	10/16/25 13:38	325	mg/L
Chlorine	SM4500-CL	SM4500-CL	NP	vw	10/14/25 10:57	0.00	mg/L
n-Hexane Extractable Material (HEM)	O&G	SM 5520/B	NP	DH	10/20/25 10:44	<7.00	mg/L
Alkalinity, Total (CaCO3)	ALK	SM 2320/B	NP	DH	10/16/25 11:01	1150	mg/L
Conductivity @ 25C	Cond	SM 2510/B	NP	DH	10/16/25 14:40	3650	umhos/cm

P: Potable water NP: Non Potable water N: Not Certified

Version 1.000 was revised to add note regarding DO. It was retaken to comply with permit renewal required time. 10/29/25 LS

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Page 2 of 6 Final 1.001

QUALITY ASSURANCE & QUALITY CONTROL

Control #: 25101607

ANALYTE	ABBR./ ALT.NAME	STANDARD METHOD	UNITS	Quality Control					Q
				S.D.	CV%	REC.1%	REC.2%	MDL/PQL	
Nitrate as N	E300.0	E 300.0	mg/L					0.400 / 0.400	
Sulfate	E300.0	E 300.0	mg/L					1.00 / 1.80	
Alkalinity, Total (CaCO3)	ALK	SM 2320/B	mg/L					1.50 / 5.00	
Chloride	Cl-	SM 4500-Cl-/B	mg/L	2.84	.57	102	100	1.00 / 3.00	
Ammonia Nitrogen	NH3N	SM 4500-NH3/D	mg/L	0.02	2.07	96.7	99.6	0.0300 / 0.100	
Nitrogen, Total Kjeldahl	TKN	SM 4500-NH3/D	mg/L	0.13	1.06	93.1	94.9	0.0200 / 0.120	
Total Phosphorus (as P)	T.PHOS.	SM 4500-P/E	mg/L	0.11	1.86	103.2	106.2	.02 / .05	
n-Hexane Extractable Material (HEM)	O&G	SM 5520/B	mg/L	.21	.21	100.3	100.6	7.00 / 7.00	
Chemical Oxygen Demand	COD	SM 5220/D	mg/L						
Turbidity	TURB.	SM 2130/B	NTUs						
Total Percent Solids	%d.w	SM 2540/G	%						N

Biochemical Oxygen Demand(BOD) Carbonaceous Biochemical Oxygen Demand(CBOD) Method: SM 5210/B			Dissolved Oxygen Method: SM 4500-O*/G			Total Suspended Solids (TSS, MLSS) Method: 2540/D		
Results	Units	Description	Results	Units	Description	Results	Units	Description
0.11	mg/L	Blank 1 - CBOD	8.88	mg/L	Set Up Calibration	0	mg/L	Blank 1
0.14	mg/L	Blank 2 - CBOD	9.07	mg/L	Read Off Calibration	0.3	mg/L	Blank 2
0.19	mg/L	Blank 3 - CBOD				0.3	mg/L	Blank 3
			20	°C	Set Up Temperature	0.3	mg/L	Blank 4
			20	°C	Read Off Temperature			
173	mg/L	G/GA Std 1 - CBOD	759	mm Hg	Set Up Barometer	4.95	%	Relative % Difference
172	mg/L	G/GA Std 2 - CBOD	762	mm Hg	Read Off Barometer	2.12	%	Relative % Difference
172	mg/L	G/GA Std 3 - CBOD				3.83	%	Relative % Difference
172	mg/L	G/GA Average - CBOD				3.92	%	Relative % Difference
						0	%	Relative % Difference
0.75	mg/L	Seed Corr/mL - CBOD				4.56	%	Relative % Difference
0.74	mg/L	Seed Corr/mL - CBOD				1.83	%	Relative % Difference
0.73	mg/L	Seed Corr/mL - CBOD				1.38	%	Relative % Difference
0.74	mg/L	Seed Corr Average - CBOD				4.78	%	Relative % Difference
						2.74	%	Relative % Difference
			Fecal Coliform Method: SM9222 /D MF					
			Results	Units	Description			
				CFU/100ml	Pre Blank			
				CFU/100ml	Post Blank			
			TDS by SM2540/C					
			Results	Units	Description			
			0	mg/L	Blank			
			E. coli By IDEXX Collert (enumeration)					
				MPN/100 mL				
						Conductivity @ 25° C Method: SM2510/B Standards ran for each analytical batch.		
			Results	Units	Description			
				umhos/cm	Conductivity Standard			
				umhos/cm	Conductivity Standard			
				umhos/cm	Conductivity Standard			

Lisa Soward

Lisa Soward
Data Manager

Report Out Date: 10/29/2025

QUALITY ASSURANCE & QUALITY CONTROL

Standard Method SM 2540/D
 Matrix Waste Water
 Batch Number 83402

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
83402-1-MB	Total Suspended Solids	<1.000 mg/L			0%	80-120%		0-10%	
83402-2-MB	Total Suspended Solids	0.3000 mg/L			0%	80-120%		0-10%	
83402-3-MB	Total Suspended Solids	0.3000 mg/L			0%	80-120%		0-10%	
83402-4-MB	Total Suspended Solids	0.3000 mg/L			0%	80-120%		0-10%	

Standard Method SM 5210/B
 Matrix Waste Water
 Batch Number 83407

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
83407-1-BKS01	Carbonaceous BOD	173 mg/L		198 mg/L	87%	85-115%		0-25%	
83407-2-BKS02	Carbonaceous BOD	172 mg/L		198 mg/L	87%	85-115%		0-25%	
83407-3-BKS03	Carbonaceous BOD	172 mg/L		198 mg/L	87%	85-115%		0-25%	
83407-4-BKS04	Carbonaceous BOD	172 mg/L		198 mg/L	87%	85-115%		0-25%	
83407-1-BLK01	Carbonaceous BOD	0.110 mg/L			0%	85-115%		0-25%	
83407-2-BLK02	Carbonaceous BOD	0.140 mg/L			0%	85-115%		0-25%	
83407-3-BLK03	Carbonaceous BOD	0.190 mg/L			0%	85-115%		0-25%	

Standard Method E 300.0
 Matrix Waste Water
 Batch Number 83451

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
83451-1-LCS	Nitrate as N	8.13 mg/L		8.00 mg/L	102%	90-110%		0-20%	
83451-1-LCSD	Nitrate as N	8.13 mg/L		8.00 mg/L	102%	90-110%	0%	0-20%	
83451-1-UNS	Nitrate as N	0.130 mg/L			0%	90-110%		0-20%	
25101573-002 S	Nitrate as N	8.03 mg/L	0.130 mg/L	8.00 mg/L	99 %	80-120%		0-20%	
25101573-002 SD	Nitrate as N	8.07 mg/L	0.130 mg/L	8.00 mg/L	99 %	80-120%	0%	0-20%	

QUALITY ASSURANCE & QUALITY CONTROL

Standard Method E 300.0

Matrix Waste Water

Batch Number 83452

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
83452-1-LCS	Sulfate	15.0 mg/L		15.0 mg/L	100%	90-110%		0-20%	
83452-1-LCSD	Sulfate	15.0 mg/L		15.0 mg/L	100%	90-110%	0%	0-20%	
83452-1-UNS	Sulfate	3.70 mg/L			0%	90-110%		0-20%	
25101573-002 S	Sulfate	18.2 mg/L	3.70 mg/L	15.0 mg/L	97 %	80-120%		0-20%	
25101573-002 SD	Sulfate	18.3 mg/L	3.70 mg/L	15.0 mg/L	97 %	80-120%	1%	0-20%	

Standard Method SM 2540/C

Matrix Waste Water

Batch Number 83454

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
83454-1-MB	Total dissolved solids	< mg/L			0%	80-120%		0-10%	

Environmental Monitoring Laboratory • P.O. Box 477 / 6145 State Highway 171, Hillsboro, Texas 76645 • Phone: (254) 582-2622



Purchase Order / Chain of Custody

Panhandle Division
 13250 South US Hwy 287 Amarillo, Texas 79128
 Office: 806-326-6993 Emergency: 806-326-6912
Southwest Division
 811 E. Young Street Llaneta, Texas 75643
 Office: 325-247-3235 Emergency: 254-582-2622
East Texas Division
 14255 S.R. 165 North Winona, Texas 75792
 Office: 936-817-9222 Emergency: 817-357-6535
Coastal Division
 34 East Ave. Schulerburg, Texas 78555
 Office: 979-743-2040 Emergency: 254-221-3201

Report To: Pat James		Report To: (Buyer)		CL2														
Company: City of Happy		Purchase Order #:		CL2														
106 N. Talley Ave. Happy, TX 79042		Address:		0.60														
Email: p.jameshappy@yahoo.com		Email:																
Phone: 806-584-3020		Quote #:																
Project Name:		City, State:																
Project Location: WWTP																		
Hand Deliver ☐ Pick-up ☐ Sampler: (Please Print) <i>Pat James</i>																		
Lab#	Client Sample ID	Matrix	Date	Time	Prep. Code	Units Code	CBOD / BOD	TSS, TDS	pH	DO	NH3N (pH < 2.0, H2SO4) SM4500-NH3 D or G unless specified TKN, TOT PHOS	FECAL COLIFORM / E. COLI (Sterile)	MLSS	ALKALINITY, CHLORIDE, CONDUCTIVITY	OIL & GREASE	NITRATE, SULFATE	Sample Remarks	
25101607	1 Renewal Analysis	WW	10/14/25	10:57	1	1	X	X	8.35	5.33								
2.					2	1					X							
3.					1	1						X						
4.					2	2							X					
5.					1	1										X		
6.																		
7.																		
8.																		
9.																		
10.																		
Relinquished By	Date	Time	Received By	Date	Time	If CUN In: <i>10/14/25</i> YES ☒ NO ☐ Temperature: <i>96.4</i> 1. Name: <i>Pat James</i> 2. Date: <i>10/14/25</i> 3. Time: <i>1700</i> 4. Name: <i>Pat James</i> 5. Date: <i>10/15/25</i> 6. Time: <i>735</i> 7. Name: <i>Pat James</i> 8. Date: <i>10/15/25</i> 9. Time: <i>2010</i>												
1. <i>Pat James</i>	10/14/25	1700	3.1212-3.1212 <i>Pat James</i>	10/14/25	1700													
2. <i>Pat James</i>	10/15/25	735	2 <i>Pat James</i>	10/15/25	735													
3. <i>Pat James</i>	10/15/25	2010	3 <i>Pat James</i>	10/15/25	2010													
4.			4.															

Complete sample information is vital for proper login and reporting. EML may need to subcontract some analyses due to equipment or procedural limitations.

Check us out on the web: <http://www.yourwaterlab.com>

Email us at: homeoffice@yourwaterlab.com

Revised 04/2025



ENVIRONMENTAL MONITORING LABORATORY, L.L.C

Panhandle Division
13260 South Highway 287
Amarillo, TX 79118-7005
Phone: 254-582-2622

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

ANALYTICAL REPORT 25101628

For:

City of Happy
106 N. Talley Ave.

Happy, Texas 79042

Sample Site: Renewal Analysis

Collected Date: 10/14/25



Lab Number: TX01547

Authorized for release by:
23-OCT-25

Lisa Soward, Data Manager

homeoffice@yourwaterlab.com

The test results in this report meet all 2009 NELAP and 2016 TNI requirements for accredited parameters, exceptions are noted in this report. This report may not be reproduced except in full, and with written approval from the laboratory. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory



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BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

ANALYTICAL RESULTS

Analytical Report: 25101628

Lab ID: 25101628-001 Collected Date: 10/14/25 10:58 Matrix: Waste Water
Client: City of Happy Received Date: 10/14/25 17:00 Temp at Receipt:
Sample Site: Renewal Analysis Report Date: 10/21/25 Sample Collector: VW

Analyte	Abbreviation	Method	TNI Cert	Analyst	Date Analyzed	Result	Units
E. coli	E. coli	IDEXX Colilert	NP	AC	10/14/25 17:01	84	MPN/100 mL

P: Potable water NP: Non Potable water N: Not Certified

Version 1.000 was revised to correct data entry error on client name. LC 10/22/25

QUALITY ASSURANCE & QUALITY CONTROL

Control #: 25101628

ANALYTE	ABBR./ ALT.NAME	STANDARD METHOD	UNITS	Quality Control					Q
				S.D.	CV%	REC.1%	REC.2%	MDL/PQL	
Chloride	Cl-	SM 4500-Cl-/B	mg/L						
Alkalinity	ALK	SM 2320/B	mg/L						
Total Phosphorus	T.PHOS.	SM 4500-P/E	mg/L						
Total Kjeldahl Nitrogen	TKN	SM 4500-NH3/D	mg/L						
Ammonia Nitrogen	NH3N	SM 4500-NH3/D	mg/L						
Oil & Grease	O&G	SM 5520/B	mg/L						
Chemical Oxygen Demand	COD	SM 5220/D	mg/L						
Turbidity	TURB.	SM 2130/B	NTUs						
Total Percent Solids	%d.w	SM 2540/G	%						N

Biochemical Oxygen Demand(BOD) Carbonaceous Biochemical Oxygen Demand(CBOD) Method: SM 5210/B			Dissolved Oxygen Method: SM 4500-O*/G			Total Suspended Solids (TSS, MLSS) Method: 2540/D		
Results	Units	Description	Results	Units	Description	Results	Units	Description
				mg/L	Set Up Calibration			
				mg/L	Read Off Calibration			
				°C	Set Up Temperature			
				°C	Read Off Temperature			
				mm Hg	Set Up Barometer			
				mm Hg	Read Off Barometer			
			Fecal Coliform Method: SM9222 /D MF			Conductivity @ 25° C Method: SM2510/B Standards ran for each analytical batch.		
Results	Units	Description	Results	Units	Description	Results	Units	Description
	CFU/100ml	Pre Blank		umhos/cm	Conductivity Standard		umhos/cm	Conductivity Standard
	CFU/100ml	Post Blank		umhos/cm	Conductivity Standard		umhos/cm	Conductivity Standard
			TDS by SM2540/C					
Results	Units	Description	Results	Units	Description			
	mg/L	Blank						
			E. coli By IDEXX Collert (enumeration)					
			MPN/100 mL					

Lisa Soward

Lisa Soward
Data Manager

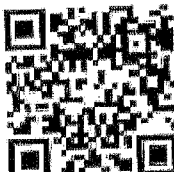
Report Out Date: 10/23/2025



Purchase Order / Crain of Custody

Division	Address	City	State	Zip	Phone	Telex
Panhandle Division	13200 South US Hwy 28R	Amarillo	Texas	79118		
	Office:	806-335-5593	Emergency:	806-786-0512		
Pack and Mail Division	811 E. Young Street	Lubbock	Texas	79403		
	Office:	325-247-5295	Emergency:	254-592-2622		
East Texas Division	14255 S.H. 155 North	Wharton	Texas	75792		
	Office:	933-877-9222	Emergency:	817-351-5555		
Coastal Division	34 East Ave.	Seadrift	Texas	78566		
	Office:	978-743-7010	Emergency:	254-221-5201		

Report To: Pat James		Report To: (Buyer)		City, State:		Quote #:	
Company: City of Happy		Purchase Order #:					
106 N. Talley Ave. Happy, TX 79042		Address:					
Email: p.jameshappy@yahoo.com		Email:					
Phone: 806-584-3020							
Project Name:							
Project Location: WWTP							
Hand Deliver: ☐ Pick-up: ☐		Sampler: (Please Print) <i>John Willis</i>					
Lab#	Client Sample ID	Matrix	Date	Time	Pres. Date	Isote Code	
2501028	1.Renewal Analysis	WW	10/4/05	1058	6	1	
2							
3							
4							
5							
6							
7							
8							
9							
10							
Relinquished By: <i>Pat James</i>		Date	Time	Received By: <i>Pat James</i>	Date	Time	
1.		10/4/05	1700		10/14/05	1700	
2.							
3.							
4.							



25101628

ANALYSES REQUESTED

CBOD / BOD	
TSS, TDS	
pH	
DO	
NH3N (pH<2.0, H2SO4) SM4500-NH3 D or G unless specified TKN, TOT PHOS	
FECAI COLIFORM / ECOLI (Sterile)	
MLSS	
ALKALINITY, CHLORIDE, CONDUCTIVITY	
OIL & GREASE	
NITRATE, SULFATE	

Sample Remarks

IN CUR ID: *2501028*

Test YES NO

Temp performed *113*

Preservation Codes:

1. None
2. Sulfuric
3. Nitric
4. HNO3 + ZnAc
5. HNO3
6. Stab + Thiosulfate
7. Phosphate

NOTES:

Analyzed in Amarillo Location of Environmental Monitoring Laboratory, LLC
13280 South US Highway 287
Amarillo TX 79118-7005

Complete sample information is vital for proper login and reporting. EML may need to subcontract some analyses due to equipment or procedural limitations.

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Email us at: homeoffice@yourwaterlab.com

Revised 04/2025



ENVIRONMENTAL MONITORING LABORATORY, L.L.C

P.O. Box 477
6145 State Highway 171
Hillsboro, Texas 76645
Phone: 254-582-2622

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

ANALYTICAL REPORT 25102963

For:

City of Happy
106 N. Talley Ave.

Happy, Texas 79042

Sample Site: Renewal Analysis

Collected Date: 10/28/25



Lab Number: TX01547

Serissa R Beck

Authorized for release by:
30-OCT-25

Serissa Beck, Assistant General Manager

homeoffice@yourwaterlab.com

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This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory



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P.O. Box 477
6145 State Highway 171
Hillsboro, Texas 76645
Phone: 254-582-2622

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

ANALYTICAL RESULTS

Analytical Report: 25102963

Lab ID: 25102963-001 Collected Date: 10/28/25 08:20 Matrix: Waste Water
Client: City of Happy Received Date: 10/28/25 10:30 Temp at Receipt: °C
Sample Site: Renewal Analysis Report Date: 10/30/25 Sample Collector: VW

Analyte	Abbreviation	Method	TNI Cert	Analyst	Date Analyzed	Result	Units
Dissolved Oxygen	DO	SM 4500-O	N	VW	10/28/25 08:20	5.1	mg/L
Chlorine	SM4500-CL	SM4500-CL	NP	VW	10/28/25 08:20	0.0	mg/L

P: Potable water NP: Non Potable water N: Not Certified

QUALITY ASSURANCE & QUALITY CONTROL

Control #: 25102963

ANALYTE	ABBR./ ALT.NAME	STANDARD METHOD	UNITS	Quality Control					Q
				S.D.	CV%	REC.1%	REC.2%	MDL/PQL	
Chloride	Cl-	SM 4500-Cl-/B	mg/L						
Alkalinity	ALK	SM 2320/B	mg/L						
Total Phosphorus	T.PHOS.	SM 4500-P/E	mg/L						
Total Kjeldahl Nitrogen	TKN	SM 4500-NH3/D	mg/L						
Ammonia Nitrogen	NH3N	SM 4500-NH3/D	mg/L						
Oil & Grease	O&G	SM 5520/B	mg/L						
Chemical Oxygen Demand	COD	SM 5220/D	mg/L						
Turbidity	TURB.	SM 2130/B	NTUs						
Total Percent Solids	%d.w	SM 2540/G	%						N

Biochemical Oxygen Demand(BOD) Carbonaceous Biochemical Oxygen Demand(CBOD) Method: SM 5210/B			Dissolved Oxygen Method: SM 4500-O*/G			Total Suspended Solids (TSS, MLSS) Method: 2540/D		
Results	Units	Description	Results	Units	Description	Results	Units	Description
			mg/L		Set Up Calibration			
			mg/L		Read Off Calibration			
			°C		Set Up Temperature			
			°C		Read Off Temperature			
			mm Hg		Set Up Barometer			
			mm Hg		Read Off Barometer			
Fecal Coliform Method: SM9222 /D MF			Results	Units	Description	Conductivity @ 25° C Method: SM2510/B Standards ran for each analytical batch.		
			CFU/100ml		Pre Blank	Results	Units	Description
			CFU/100ml		Post Blank		umhos/cm	Conductivity Standard
							umhos/cm	Conductivity Standard
							umhos/cm	Conductivity Standard
TDS by SM2540/C			Results	Units	Description			
			mg/L		Blank			
E. coli By IDEXX Collert (enumeration)								
MPN/100 mL								

Serissa R Beck

Serissa Beck
Assistant General Manager

Report Out Date: 10/30/2025

ATTACHMENT 7

Copy of Application Fee Check

Candice Calhoun

From: Latisha Lavrar <latishav@hpcetx.com>
Sent: Wednesday, November 5, 2025 10:51 AM
To: Candice Calhoun
Subject: Happy Permit No. WQ001183001
Attachments: 2986-TCEQ Response.pdf

Good Morning,

Please see the attached.

Thank you,

Latisha LaVrar

Administrative Assistant

4537 Canyon Drive Amarillo, Texas 79110

Office: 806.353.7233 | latishav@hpcetx.com | www.hpcetx.com





4537 CANYON DRIVE • AMARILLO, TEXAS 79110 • 806.353.7233

November 5, 2025

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

Re: Application to Renew Permit No. WQ0010183001
Issued to City of Happy
(CN 601180326; RN 102183415)

Dear Ms. Courville (Calhoun):

This transmittal letter is intended to address each comment in the Pre-Technical Review email dated November 3, 2025 for WWTP Permit No. WQ00110183001. The comments from the Pre-Technical review are included and addressed below.

- 1. Our records indicate that an original paper copy of the application was not received. The original paper copy and electronic copy of the application are both required. Please submit the original paper copy of the application to: TEXAS COMMISSION ON ENVIRONMENTAL QUALITY, WATER QUALITY DIVISION, APPLICATION REVIEW AND PROCESSING TEAM (MC 148), P.O. BOX 13087, AUSTIN, TEXAS 78711-3087**

The original paper copy was dispatched on Friday October 31, 2025 and according to the USPS tracking information, it was delivered on Monday November 3, 2025.

- 2. Application Fee on page 1 of the administrative report: We were unable to confirm Payment of the application processing fee. The filing fee for your application is \$515.00. Please submit payment to: TCEQ, REVENUE SECTION (MC 214), P.O. BOX 13088, AUSTIN, TEXAS 78711-3088. Also, provide a copy of the check along with the response to this letter.**

The payment for the application fee was mailed on Thursday October 30, 2025. As no tracking number was obtained, the exact delivery date is unknown. A copy of the payment was attached to the permit renewal form.

- 3. Section 3 of the administrative report: The individual listed to sign the application does not match the individual who signed the section 14 signature page. Please provide a revised section to match the signature page.**

See Attachment 1, for revised section 3.

- 4. Section 5; item B of the administrative report: The mailing address for the individual listed was not provided. Please provide a revised section of the application to include the mailing address.**

See Attachment 2, for revised section 5.B.

- 5. USGS Topographic Map: The USGS map provided did not include the applicant's property boundary. If it is one in the same with the site boundary, please label it as such. Also, please highlight the discharge route in a yellow or light-color.**

The property boundary of the Happy WWTP is shown on Figure #2A

See Attachment 3, for the revised USGS map

- 6. Supplemental Permit Information Form (SPIF): The location description listed in item 1 does not match the current permit or CDF. Please provide a revised SPIF to provide a corrected location description.**

See Attachment 4, for the revised Supplemental Permit Information Form.

- 7. Plain Language Summary (PLS): The plain language summary, in English language, was not provided. Please use the attached template to provide a complete PLS.**

See Attachment 5, for the Plain Language Summary form.

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

The English version of the NORI document is accurate and conforms to the intended content

Sincerely,

HI-PLAINS CIVIL ENGINEERS



Adolfo Garcia, P.E.

cc: City of Happy

ATTACHMENTS

Attachment 1 – Facility Owner (Administrative Report 1.0 – Item 3)

Attachment 2 – Permit Contact Information (Administrative Report 1.0 – Item 5.B)

Attachment 3 – USGS Topographic Map (Administrative Report 1.0 –Item 13)

Attachment 4 – SPIF (Administrative Report 1.0 – SPIF)

Attachment 5 – Summary of Application in Plain Language (Administrative Report 1.0 - Item 8F)

ATTACHMENT 1

Domestic Administrative Report 1.0

3. Facility Owner (Applicant) and Co-Applicant Information

Section 3. Facility Owner (Applicant) and Co-Applclicant 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 Happy

(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: 601180326

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

Prefix: Mr

Last Name, First Name: Scott Downing

Title: City Administrator

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?

N/A

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

If the co-applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at:

<http://www15.tceq.texas.gov/crpub/>

CN: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

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

C. Core Data Form

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

ATTACHMENT 2

Domestic Administrative Report 1.0
5. Permit Contact Information

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.

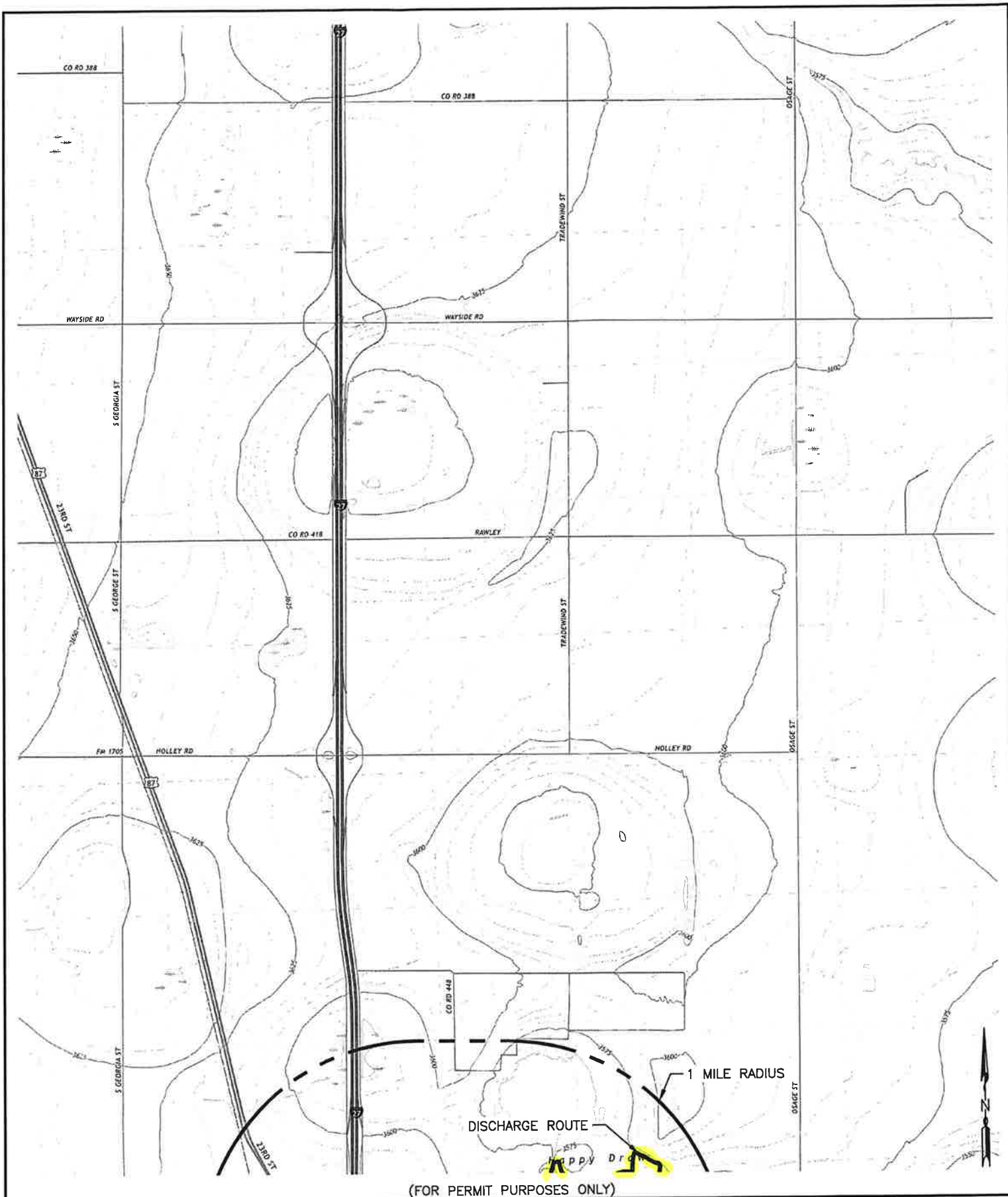
- A. Prefix: Mr Last Name, First Name: Downing, Scott
Title: City Administrator Credential: N/A
Organization Name: City of Happy
Mailing Address: P.O. Box 216 City, State, Zip Code: Happy Texas, 79042
Phone No.: (806) 558-2121 E-mail Address: nsdhappy@yahoo.com
- B. Prefix: Mr Last Name, First Name: James, Patrick
Title: Water & Sewer Superintendent Credential: N/A
Organization Name: City of Happy
Mailing Address: P.O. Box 216 City, State, Zip Code: Happy Texas, 79042
Phone No.: (806) 558-2121 E-mail Address: p.jameshappy@yahoo.com

ATTACHMENT 3

Domestic Administrative Report 1.0

13. Attachments

Original full-size USGS Topographic Map



ATTACHMENT 4

Domestic Wastewater Permit Application
Supplemental Permit Information Form (SPIF)

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 WO-ARPTeam@tceq.texas.gov or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: City of Happy

Permit No. WQ00 10183001

EPA ID No. TX 0118206

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

No physical address; located approximately 0.6 mile southeast of the intersection of Highway 27 and West Farm-to-Market Road 1075, east of the City of Happy, Swisher County, Texas 79042

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

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

First and Last Name: Scott Downing

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

Title: City Administrator

Mailing Address: P.O. Box 216

City, State, Zip Code: Happy Texas, 79042

Phone No.: (806) 558-2121 Ext.: N/A Fax No.: (806) 558-5009

E-mail Address: nsdhappy@yahoo.com

2. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

The property is owned by the applicant, the City of Happy

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

To Happy Draw; thence to a SCS Reservoir; thence to Happy Canon; Thence to Upper Prairie Dog Town Fork Red River in Segment 0229 of the Red River Basin

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

N/A

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

N/A

ATTACHMENT 5

Domestic Technical Report 1.0

8. Public Notice Information

Item (f) Summary of Application in Plain Language Template



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

City of Happy (CN 601180326) operates The City of Happy Wastewater Treatment Facility (RN 102183415), a Texas Pollutant Discharge Elimination System. The facility is located at approximately 0.6 mile southeast of the intersection of Highway 27 and West Farm-to-Market Road 1075, east of the City of Happy, Swisher County, Texas 79042, in Happy, Swisher County, Texas 79042. Renewal to discharge 0.077 million gallons per day (MGD) of treated domestic wastewater..

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), ammonia nitrogen (NH₃-N), and Escherichia coli. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units will include a lift station, facultative lagoon, and a wetlands unit.