



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 Roxton (CN600657928) operates City of Roxton Wastewater Treatment Plant (RN101920759), an activated sludge process plant. The facility is located at approximately 1,921 feet south of the intersection of Farm-to-Market Road 137 and Jackson Street, in Roxton, Lamar County, Texas 75477. This application is for a renewal to discharge at an annual average flow of 100,000 gallons per day of treated domestic wastewater via Outfall 1.

Discharges from the facility are expected to contain total suspended solids (TSS), nitrate nitrogen, Kjeldahl nitrogen, sulfate, chloride, phosphorous, dissolved oxygen, chlorine residual, E.coli, and total dissolved solids. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7 Pollutant Analysis of Treated Effluent. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include an extended aeration-oxidation ditch system consisting of one oxidation ditch, one clarifier, one contact chamber, and four sludge drying beds .

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010204001

APPLICATION. City of Roxton, P.O. Box 176, Roxton, Texas 75477, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010204001 (EPA I.D. No. TX0053538) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 100,000 gallons per day. The domestic wastewater treatment facility is located approximately 1,921 feet south of the intersection of Farm-to-Market Road 137 and Jackson Street, near the city of Roxton, in Lamar County, Texas 75477. The discharge route is from the plant site to Denton Creek; thence to Cane Creek; thence to North Sulphur River. TCEQ received this application on November 10, 2025. The permit application will be available for viewing and copying at Roxton City Hall, Foyer, 105 North Pecan Street, Roxton, in Lamar 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=-95.721944,33.536666&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 Roxton at the address stated above or by calling Ms. Janet Wheeler, City Manager, at 903-346-3535.

Issuance Date: December 2, 2025



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
CHECKLIST**

Complete and submit this checklist with the application.

APPLICANT NAME: City of Roxton

PERMIT NUMBER (If new, leave blank): WQ0010204001

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

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

For TCEQ Use Only

Segment Number _____ County _____
Expiration Date _____ Region _____
Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: 18495
Check/Money Order Amount: \$815.00
Name Printed on Check: City of Roxton

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

- ☒ Publicly Owned Domestic Wastewater
☐ Privately-Owned Domestic Wastewater
☐ Conventional Water Treatment

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

- ☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 10204001

EPA I.D. (TPDES only): TX 0053538

Expiration Date: March 25, 2026

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 Roxton

(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: 600657928

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

Prefix: Click to enter text.

Last Name, First Name: Wheeler, Janet

Title: City Manager

Credential: Click to enter text.

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

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

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: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: N/A

Title: Click to enter text.

Credential: Click to enter text.

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

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Click to enter text.

Last Name, First Name: Hunter, Daniel

Title: Design Engineer

Credential: E.I.T.

Organization Name: Hayter Engineering, Inc.

Mailing Address: 4445 SE Loop 286

City, State, Zip Code: Paris, TX, 75460

Phone No.: (903)-785-0303

E-mail Address: dhunter@haytereng.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Click to enter text.

Last Name, First Name: Dusenberry, Brandon

Title: Project Engineer

Credential: P.E.

Organization Name: Hayter Engineering, Inc.

Mailing Address: 4445 SE Loop 286

City, State, Zip Code: Paris, TX, 75460

Phone No.: (903)-485-0303

E-mail Address: bdusenberry@haytereng.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: Click to enter text.

Last Name, First Name: Wheeler, Janet

Title: City Manager

Credential: Click to enter text.

Organization Name: City of Roxton

Mailing Address: PO Box 176

City, State, Zip Code: Roxton, TX, 75477

Phone No.: (903)-346-3535

E-mail Address: cityofroxton@yahoo.com

B. Prefix: Click to enter text. Last Name, First Name: Hatanville, Craig
Title: Operator Credential: Click to enter text.
Organization Name: City of Roxton
Mailing Address: PO Box 176 City, State, Zip Code: Roxton, TX, 75477
Phone No.: (903)-346-3535 E-mail Address: Cityofroxton@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: Click to enter text. Last Name, First Name: Wheeler, Janet
Title: City Manager Credential: Click to enter text.
Organization Name: City of Roxton
Mailing Address: PO Box 176 City, State, Zip Code: Roxton, TX, 75477
Phone No.: (903) 346-3535 E-mail Address: Cityofroxton@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: Click to enter text. Last Name, First Name: Hatanville, Craig
Title: Operator Credential: Click to enter text.
Organization Name: City of Roxton
Mailing Address: PO Box 176 City, State, Zip Code: Roxton, TX, 75477
Phone No.: (903) 346-3535 E-mail Address: Click to enter text.

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Click to enter text. Last Name, First Name: Dusenberry, Brandon
Title: Project Engineer Credential: P.E.
Organization Name: Hayter Engineering, Inc.
Mailing Address: 4445 SE Loop 286 City, State, Zip Code: Paris, TX, 75460
Phone No.: (903) 785-0303 E-mail Address: bdusenberry@haytereng.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: Click to enter text.

Last Name, First Name: Wheeler, Janet

Title: City Manager

Credential: Click to enter text.

Organization Name: City of Roxton

Mailing Address: Click to enter text.

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

Phone No.: (903) 346-3535

E-mail Address: CityofRoxton@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: Roxton City Hall

Location within the building: Foyer

Physical Address of Building: 105 Pecan Street, Roxton, TX, 75477

City: Roxton

County: Lamar

Contact (Last Name, First Name): Wheeler, Janet

Phone No.: (903) 346-3535 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program? N/A

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: 7

G. Public Involvement Plan Form

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

Attachment: N/A

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 101920759

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 Roxton Wastewater Treatment Facility

C. Owner of treatment facility: City of Roxton

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

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

Prefix: Click to enter text.

Last Name, First Name: City of Roxton

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: PO Box 176

City, State, Zip Code: Roxton, TX, 75477

Phone No.: (903) 346-3535

E-mail Address: Cityofroxton@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: Click to enter text.

E. Owner of effluent disposal site:

Prefix: Click to enter text.

Last Name, First Name: N/A

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: N/A

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

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): Roxton

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

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

☐ Yes ☒ No

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

- ☐ Authorization granted ☐ Authorization pending

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

Attachment: Click to enter text.

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

- C. County in which the disposal site is located: Click to enter text.

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

N/A

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

- ☐ Yes ☒ No

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

- ☐ Yes ☐ No ☒ Not Applicable

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

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: Click to enter text.

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: Click to enter text.

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0010204001

Applicant: City of Roxton

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): Paul Helms

Signatory title: Mayor

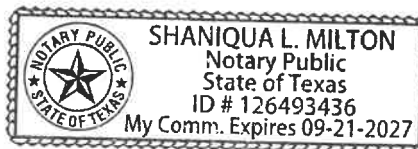
Signature: Paul Helms Date: 11/3/25
(Use blue ink)

Subscribed and Sworn to before me by the said Paul Helms
on this November day of 3rd, 20 25.
My commission expires on the 21 day of September, 20 27.

Shaniqua L. Milton
Notary Public

[SEAL]

Lamar
County, Texas



DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: 1



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600657928		RN 101920759

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		5/16/2025	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
City of Roxton					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
				10. DUNS Number (if applicable)	
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
12. Number of Employees		<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		13. Independently Owned and Operated?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:					
PO Box 176					
City		Roxton		State	TX
ZIP		75477		ZIP + 4	
16. Country Mailing Information (if outside USA)					
17. E-Mail Address (if applicable)					
cityofroxton@yahoo.com					
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	
(903) 346-3535				(903) 346-3759	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)	
<input type="checkbox"/> New Regulated Entity <input checked="" type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information	
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
City of Roxton	
23. Street Address of the Regulated Entity:	

(No PO Boxes)									
		City		State		ZIP		ZIP + 4	
24. County									

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

25. Description to Physical Location:		located approximately 1,921 feet south of the intersection of Farm-to-Market Road 137 and Jackson Street, in Lamar County, Texas 75477									
26. Nearest City						State		Nearest ZIP Code			
Roxton						TX		75477			
<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:			33.5366			28. Longitude (W) In Decimal:			95.7221		
Degrees		Minutes		Seconds		Degrees		Minutes		Seconds	
29. Primary SIC Code (4 digits)			30. Secondary SIC Code (4 digits)			31. Primary NAICS Code (5 or 6 digits)			32. Secondary NAICS Code (5 or 6 digits)		
4952						22132					
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)											
Treat municipal wastewater to required											
34. Mailing Address:											
		105 Pecan Street									
		City	Roxton	State	TX	ZIP	75477	ZIP + 4			
35. E-Mail Address:		cityofroxton@yahoo.com									
36. Telephone Number				37. Extension or Code			38. Fax Number (if applicable)				
(903) 346-3535							(903) 346-3759				

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


<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
WQ0010204001				

SECTION IV: Preparer Information

40. Name:	Daniel Hunter			41. Title:	Design Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(903) 785-0303		() -	dhunter@haytereng.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:	Hayter Engineering	Job Title:	Design Engineer
Name (In Print):	Daniel Hunter	Phone:	(903) 785- 303
Signature:			Date: 7/15/2025



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 Roxton (CN600657928) operates City of Roxton Wastewater Treatment Plant (RN101920759), an activated sludge process plant. The facility is located at approximately 1,921 feet south of the intersection of Farm-to-Market Road 137 and Jackson Street, in Roxton, Lamar County, Texas 75477. This application is for a renewal to discharge at an annual average flow of 100,000 gallons per day of treated domestic wastewater via Outfall 1.

Discharges from the facility are expected to contain total suspended solids (TSS), nitrate nitrogen, Kjeldahl nitrogen, sulfate, chloride, phosphorous, dissolved oxygen, chlorine residual, E.coli, and total dissolved solids. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7 Pollutant Analysis of Treated Effluent. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include an extended aeration-oxidation ditch system consisting of one oxidation ditch, one clarifier, one contact chamber, and four sludge drying beds .

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 Roxton

Permit No. WQ00 WQ0010204001EPA ID No. TX 0053538

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

Located approximately 1,921 feet south of the intersection of Farm-to-Market Road 137 and Jackson Street, in Lamar County, Texas 75477

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: Janet Wheeler

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

Title: City Manager

Mailing Address: PO Box 176

City, State, Zip Code: Roxton, TX, 75477

Phone No.: (903) 346-3535 Ext.: [REDACTED] Fax No.: (903) 346-3759

E-mail Address: Cityofroxton@yahoo.com

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

N/A- Same

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

To Denton Creek, thence to Cane Creek, thence to North Sulphur River in Segment No. 0305 of the Sulphur River Basin

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

No Construction Proposed

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

Mowing for maintenance

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



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): .10

2-Hr Peak Flow (MGD): .30

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): .10

2-Hr Peak Flow (MGD): .30

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility: Click to enter text.

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.**

Extended aeration-oxidation ditch system consisting of one oxidation ditch, one clarifier, one contact chamber, and four sludge drying beds.

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Oxidation Ditch	1	5000 sf x 6' Deep
Clarifier	1	9' x 9' Deep
Chlorine Contact Chamber	1	120 sf x 6.5' Deep
Sludge Drying Beds	4	21' L x 17.5' x 1'

C. Process Flow Diagram

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

Attachment: 5

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

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

- Latitude: 33.5366 N
- Longitude: 95.7221 W

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

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

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

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

Attachment: 6

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

City limits of Roxton, TX

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 Roxton Collection System	City of Roxton	Publicly Owned	548
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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: [Click to enter text.](#)

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

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

☐ Yes ☐ No

3. Conditional exclusion

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

☐ Yes ☐ No

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

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.
[Click to enter text.](#)

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

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

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.

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	16.3		1	Grab	10-7-2025 8:40 a.m.
Total Suspended Solids, mg/l	15.6		1	Grab	10-7-2025 8:40 a.m.
Ammonia Nitrogen, mg/l	<0.020		1	Grab	10-7-2025 8:40 a.m.
Nitrate Nitrogen, mg/l	1.30		1	Grab	10-7-2025 8:40 a.m.
Total Kjeldahl Nitrogen, mg/l	15.7		1	Grab	10-7-2025 8:40 a.m.
Sulfate, mg/l	49.4		1	Grab	10-7-2025 8:40 a.m.
Chloride, mg/l	52.8		1	Grab	10-7-2025 8:40 a.m.
Total Phosphorus, mg/l	5.01		1	Grab	10-7-2025 8:40 a.m.
pH, standard units	7.0		1	Grab	10-7-2025 8:40 a.m.
Dissolved Oxygen*, mg/l	7.0		1	Grab	10-7-2025 8:40 a.m.
Chlorine Residual, mg/l	1.42		1	Grab	10-7-2025 8:40 a.m.
<i>E.coli</i> (CFU/100ml) freshwater	3.0		1	Grab	10-7-2025 8:40 a.m.
Enterococci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	260		1	Grab	10-7-2025 8:40 a.m.
Electrical Conductivity, umohs/cm, †	N/A	N/A	N/A	N/A	N/A
Oil & Grease, 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

*TPDES permits only

†TLAP permits only

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
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: Craig Hatanville

Facility Operator's License Classification and Level: Wastewater C

Facility Operator's License Number: WW0013096

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
Dispose in Landfill	Offsite Third Party	Bulk		N/A: Dispose in Landfill	N/A: Dispose in Landfill
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

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

D. Disposal site

Disposal site name: [Blossom Prairie Landfill](#)

TCEQ permit or registration number: [2358](#)

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

E. Transportation method

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

Name of the hauler: [Sanitation Solutions](#)

Hauler registration number: [23976](#)

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: [Click to enter text.](#)

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

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: [Click to enter text.](#)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

N/A

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

E. Groundwater monitoring

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

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

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

☐ Yes ☐ No

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

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

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 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 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: Paul Helms

Title: Mayor

Signature: Paul Helms

Date: 11/3/25

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: [Click to enter text.](#)

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

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

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

Section 2. Discharge into Tidally Affected Waters (Instructions Page 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: [Click to enter text.](#)

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

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: [Click to enter text.](#)

A. Receiving water type

Identify the appropriate description of the receiving waters.

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

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

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

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

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

B. Flow characteristics

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

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

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

- ☐ USGS flow records
- ☐ Historical observation by adjacent landowners
- ☐ Personal observation
- ☒ Other, specify: [USGS Map](#)

C. Downstream perennial confluences

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

Denton Creek intercepts Cane Creek soon after discharge. Both USGS and TCEQ maps show Cane Creek as perennial.

D. Downstream characteristics

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

☐ Yes ☒ No

If yes, discuss how.

N/A

E. Normal dry weather characteristics

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

N/A

Date and time of observation: [Click to enter text.](#)

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

Section 5. General Characteristics of the Waterbody (Instructions Page 65)

A. Upstream influences

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

- | | |
|---|--|
| <input type="checkbox"/> Oil field activities | <input checked="" type="checkbox"/> Urban runoff |
| <input type="checkbox"/> Upstream discharges | <input checked="" type="checkbox"/> Agricultural runoff |
| <input type="checkbox"/> Septic tanks | <input type="checkbox"/> Other(s), specify: Click to enter text. |

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

- ☐ Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional
- ☒ Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored
- ☐ Common Setting: not offensive; developed but uncluttered; water may be colored or turbid
- ☐ Offensive: stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 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: 00

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: Click to enter text.

B. Treatment plant interference

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

☐ Yes ☒ No

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

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
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

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: [Click to enter text.](#)

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

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

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

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

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

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

B. Process information

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

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: [Click to enter text.](#)

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

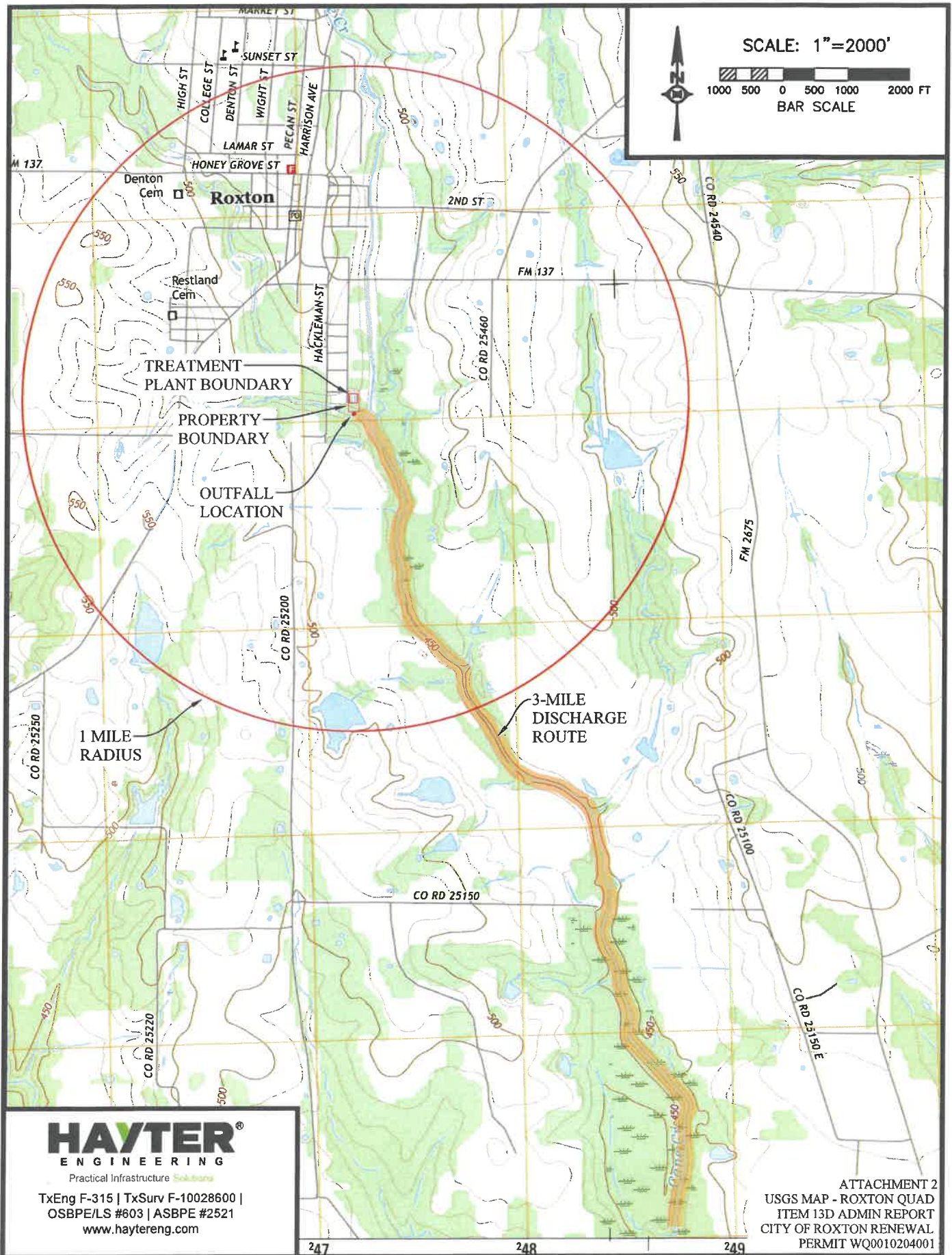
F. Industrial user interruptions

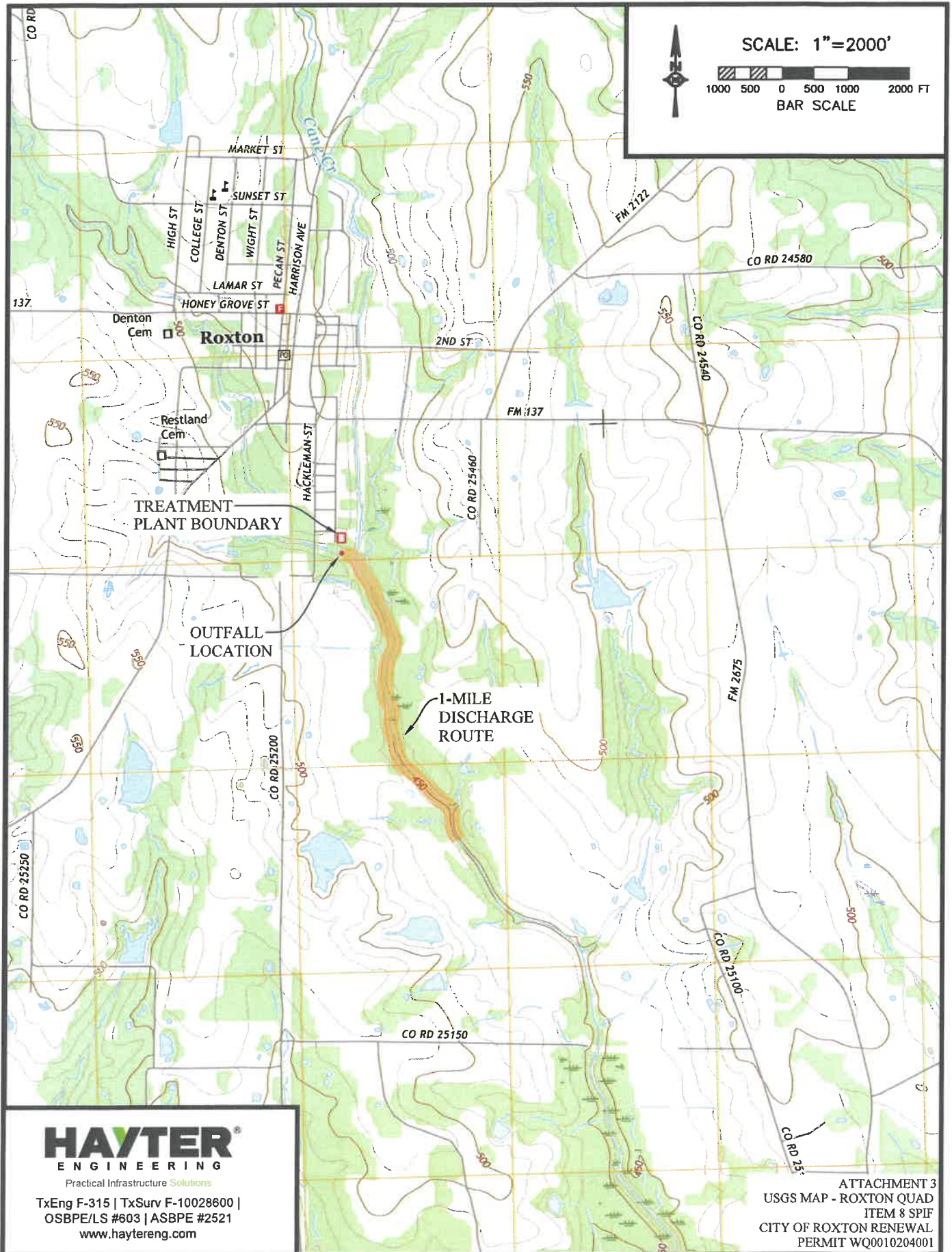
Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years?

☐ Yes ☐ No

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

N/A





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ENGINEERING

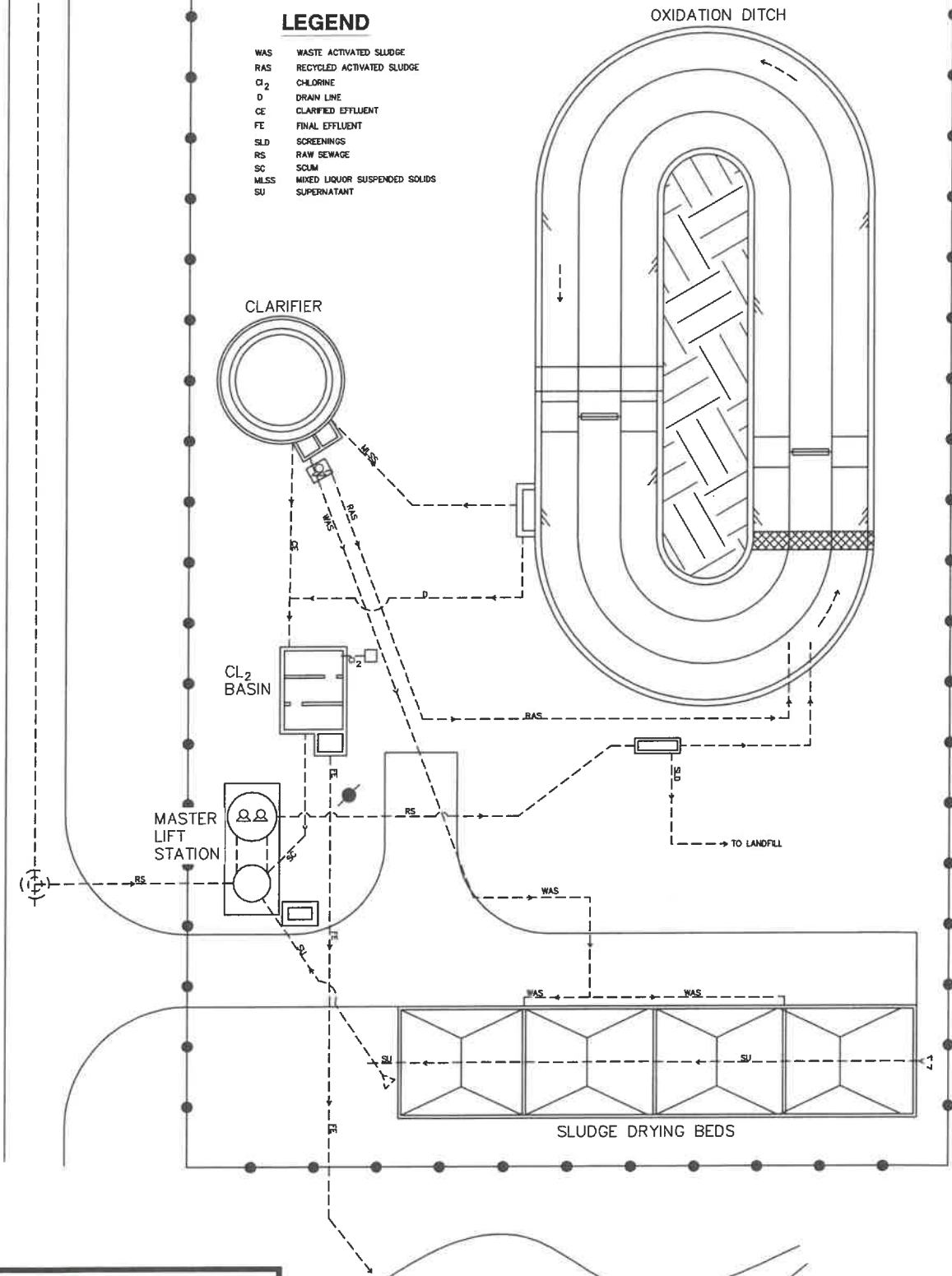
Practical Infrastructure Solutions

TxEng F-315 | TxSurv F-10028600 |
OSBPE/LS #603 | ASBPE #2521
www.haytereng.com

ATTACHMENT 3
USGS MAP - ROXTON QUAD
ITEM 8 SPIF
CITY OF ROXTON RENEWAL
PERMIT WQ0010204001

LEGEND

WAS	WASTE ACTIVATED SLUDGE
RAS	RECYCLED ACTIVATED SLUDGE
CL ₂	CHLORINE
D	DRAIN LINE
CE	CLARIFIED EFFLUENT
FE	FINAL EFFLUENT
SLD	SCREENINGS
RS	RAW SEWAGE
SC	SCUM
MLSS	MIXED LIQUOR SUSPENDED SOLIDS
SU	SUPERNATANT

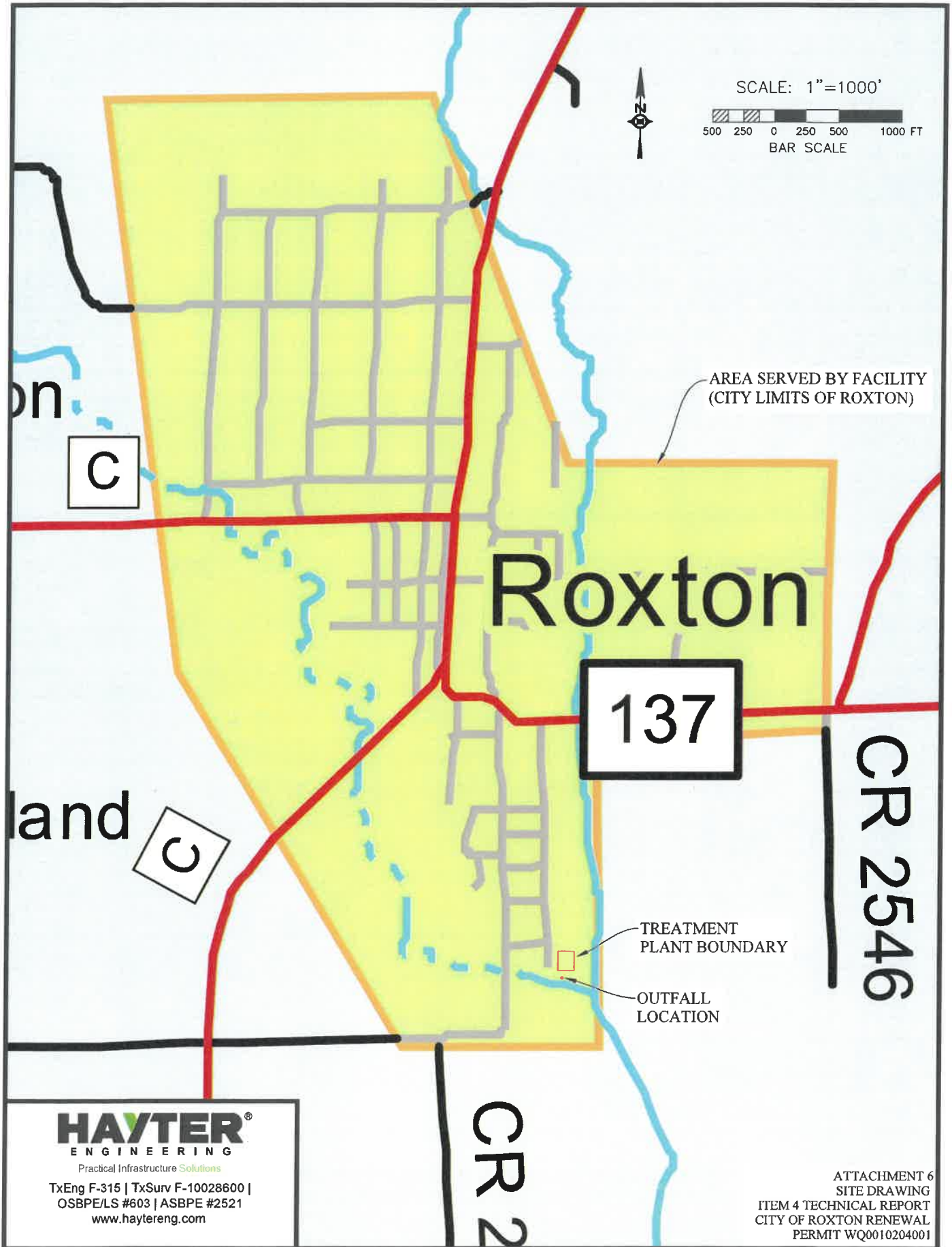


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OSBPE/LS #603 | ASBPE #2521
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DENTON CREEK

ATTACHMENT 5
FLOW DIAGRAM
ITEM 3C TECHNICAL REPORT
CITY OF ROXTON RENEWAL
PERMIT WQ0010204001



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ATTACHMENT 6
SITE DRAWING
ITEM 4 TECHNICAL REPORT
CITY OF ROXTON RENEWAL
PERMIT WQ0010204001

ROX1-A

City of Roxton
Craig Hattenfield
P. O. Box 276
Roxton, TX 75477



Printed 10/24/2025
12:37

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1164504_r03_03_ProjectResults	SPL Kilgore Project P:1164504 C:ROX1 Project Results t:304	4
1164504_r10_05_ProjectQC	SPL Kilgore Project P:1164504 C:ROX1 Project Quality Control Groups	7
1164504_r99_09_CoC_1_of_1	SPL Kilgore CoC ROX1 1164504_1_of_1	4
Total Pages:		16

Email: Kilgore.ProjectManagement@spllabs.com

Survey: How are we doing?



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SAMPLE CROSS REFERENCE

Project
1164504

Printed 10/24/2025 Page 1 of 1
 ww

City of Roxton
 Craig Hattenfield
 P. O. Box 176
 Roxton, TX 75477

Sample	Sample ID	Taken	Time	Received
2453071	Wastewater Permit	10/07/2025	08:40:00	10/07/2025

Bottle 01 Polyethylene 1/2 gal (White), C
 Bottle 02 Polyethylene Quart, Q
 Bottle 03 16 oz HNO3 Metals Plastic, C
 Bottle 04 H2SO4 to pH<2 Polyethylene 250 ml, C
 Bottle 05 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I
 Bottle 06 BOD Titration Beaker A (Batch 1199333) Volume: 100.00000 mL <== Derived from 01 (100 ml)
 Bottle 07 BOD Analytical Beaker B (Batch 1199333) Volume: 100.00000 mL <== Derived from 01 (100 ml)
 Bottle 08 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1199338) Volume: 6.00000 mL <== Derived from 04 (6 ml)
 Bottle 09 Prepared Bottle: ICP Preparation for Metals (Batch 1199385) Volume: 50.00000 mL <== Derived from 03 (50 ml)
 Bottle 10 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1199438) Volume: 20.00000 mL <== Derived from 04 (20 ml)
 Bottle 11 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1200788) Volume: 20.00000 mL <== Derived from 04 (20 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	02	1199738	10/08/2025	1199738	10/08/2025
EPA 200.7 4.4	09	1199385	10/08/2025	1199601	10/08/2025
SM 5210 B-2016 (TCMP Inhibitor)	01	1199333	10/13/2025	1199333	10/13/2025
SM 4500-Cl G-2011		1199286	10/07/2025	1199286	10/07/2025
SM 4500-O G-2016		1199287	10/07/2025	1199287	10/07/2025
SM 9223 B (Colilert-18 QT)-2016	05	1199481	10/08/2025	1199481	10/08/2025
SM 9223 B (Colilert-18 QT)-2016	05	1199480	10/08/2025	1199480	10/08/2025
EPA 350.1 2	08	1199338	10/08/2025	1200029	10/10/2025
SM 2540 C-2020	02	1200217	10/09/2025	1200217	10/09/2025
EPA 351.2 2	11	1200788	10/16/2025	1200952	10/16/2025
EPA 351.2 2	10	1199438	10/08/2025	1199985	10/10/2025
SM 2540 D-2020	01	1200263	10/10/2025	1200263	10/10/2025
SM 4500-H+ B-2011		1199288	10/07/2025	1199288	10/07/2025

Email: Kilgore.ProjectManagement@spllabs.com

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



SPL
The Woodlands, Texas

2

ROX1-A

City of Roxton
Craig Hattenfield
P. O. Box 276
Roxton, TX 75477

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Project
1164504

Printed: 10/24/2025

RESULTS

Sample Results

2453071 Wastewater Permit

Received: 10/07/2025

Non-Potable Water

Collected by: JMI

SPL Kilgore

PO

Taken: 10/07/2025

08:40:00

EPA 200.7.4.4

Prepared: 1199785 10/08/2025 08:30:00 Analyzed 1199601 10/08/2025 16:02:00 ANC

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Phosphorus	5.01	1.00	mg/L	0.040		7723-14-0	09

EPA 300.0 2.1

Prepared: 1199738 10/08/2025 17:28:00 Analyzed 1199738 10/08/2025 17:28:00 K&A

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Chloride	52.8	10.00	mg/L	3.00			02
NELAC Nitrate-Nitrogen Total	1.30	10.00	mg/L	0.226		14797-55-8	02
NELAC Sulfate	49.4	10.00	mg/L	3.00			02

EPA 350.1 2

Prepared: 1199338 10/08/2025 07:02:20 Analyzed 1200029 10/10/2025 08:11:00 MEG

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Ammonia Nitrogen	<0.020	1.00	mg/L	0.020			08

EPA 351.2 2

Prepared: 1199438 10/08/2025 12:12:18 Analyzed 1199985 10/10/2025 09:15:00 MEG

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Total Kjeldahl Nitrogen	12.2	2.00	mg/L	0.100		7727-37-9	10

EPA 351.2 2

Prepared: 1200785 10/16/2025 06:45:26 Analyzed 1200952 10/16/2025 10:28:00 MEG

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Total Kjeldahl Nitrogen	15.7	2.00	mg/L	0.100		7727-37-9	11

SM 2540 C-2020

Prepared: 1200217 10/09/2025 09:15:00 Analyzed 1200217 10/09/2025 09:15:00 JMB

Parameter	Results	DF	Units	RL	Flags	CAS	Bottle
NELAC Total Dissolved Solids	260	2.00	mg/L	10.0			02



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ROX1-A

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City of Roxton
 Craig Hattenfield
 P. O. Box 276
 Roxton, TX 75477



Printed: 10/24/2025

2453071 Wastewater Permit

Received: 10/07/2025

Non-Potable Water

Collected by: JMI
 Taken: 10/07/2025

SPL Kilgore
 08:40:00

PO:

SM 2540 D-2020		Prepared:	1200263	10/10/2025	12:00:00	Analyzed	1200263	10/10/2025	12:00:00	JSM
Parameter	Results	DF	Units	RL	Flags	CAS	Bottle			
NELAC Total Suspended Solids	15.6	2.00	mg/L	4.00			01			
SM 4500-C1 G-2011		Prepared:	1199286	10/07/2025	08:42:00	Analyzed	1199286	10/07/2025	08:42:00	JMI
Parameter	Results	DF	Units	RL	Flags	CAS	Bottle			
NELAC Cl2 Res.,Total(Onsite)Spec Mtd [RL 0.05 mg/L]	1.42	1.00	mg/L	0.05						
SM 4500-H+ B-2011		Prepared:	1199288	10/07/2025	08:44:00	Analyzed	1199288	10/07/2025	08:44:00	JMI
Parameter	Results	DF	Units	RL	Flags	CAS	Bottle			
NELAC pH (Onsite)	7.0	1.00	SU							
SM 4500-O G-2016		Prepared:	1199287	10/07/2025	08:41:00	Analyzed	1199287	10/07/2025	08:41:00	JMI
Parameter	Results	DF	Units	RL	Flags	CAS	Bottle			
NELAC Dissolved Oxygen Onsite	7.0	1.00	mg/L	1.0						
SM 5210 B-2016 (TCMP Inhibitor)		Prepared:	1199333	10/08/2025		Analyzed	1199333	10/13/2025	13:18:51	JWI
Parameter	Results	DF	Units	RL	Flags	CAS	Bottle			
NELAC BOD Carbonaceous	16.3	4.00	mg/L	2.00			01			
SM 9223 B (Colilert-18 QT)-2016		Prepared:	1199480	10/08/2025	12:13:00	Analyzed	1199480	10/08/2025	12:13:00	CP1
Parameter	Results	DF	Units	RL	Flags	CAS	Bottle			
NELAC MPN, Total Coliform, Non-Pot	19.5	1.00	MPN/100mL	1.00			05			
SM 9223 B (Colilert-18 QT)-2016		Prepared:	1199481	10/08/2025	12:13:00	Analyzed	1199481	10/08/2025	12:13:00	CP1
Parameter	Results	DF	Units	RL	Flags	CAS	Bottle			
NELAC MPN, E.coli, Col-18 - Non-Pot	3.0	1.00	MPN/100mL	1.00			05			



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



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 THE SPECTRO-ANALYTICAL LABORATORY

ROX1-A

City of Roxton
 Craig Hattenfield
 P. O. Box 176
 Roxton, TX 75477

Project
1164504

Printed: 10/24/2025

Sample Preparation

2453071 Wastewater Permit

Received: 10/07/2025

10/07/2025

			Prepared:	10/07/2025	17:01:10	Calculated:	10/07/2025	17:01:30	CAI
2	Enviro Fee (per Sampling Group)	Verified							
	<i>EPA 200.2.2.8</i>		Prepared:	1199385 10/08/2025	08:30:00	Analyzed:	1199385 10/08/2025	08:30:00	MP1
5	Liquid Metals Digestion	50/50			ml				03
	<i>EPA 350.1, Rev. 2.0</i>		Prepared:	1199338 10/08/2025	07:02:20	Analyzed:	1199338 10/08/2025	07:02:20	CMS
NELAC	Ammonia Distillation	6/6			ml				04
	<i>EPA 351.2, Rev 2.0</i>		Prepared:	1199438 10/08/2025	12:12:18	Analyzed:	1199438 10/08/2025	12:12:18	AMB
NELAC	TKN Block Digestion	20/20			ml				04
	<i>EPA 351.2, Rev 2.0</i>		Prepared:	1300788 10/16/2025	06:45:26	Analyzed:	1300788 10/16/2025	06:45:26	CMS
NELAC	TKN Block Digestion	20/20			ml				04
	<i>SM 2540 C-2015</i>		Prepared:	1199680 10/09/2025	09:35:00	Analyzed:	1199680 10/09/2025	09:35:00	JMB
NELAC	Total Dissolved Solids Started	Started							
	<i>SM 2540 D-2011</i>		Prepared:	1199389 10/10/2025	12:00:20	Analyzed:	1199389 10/10/2025	12:00:20	LSM
NELAC	TSS Set Started	Started							



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ROX1-A

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City of Roxton
Craig Hattenfield
P. O. Box 176
Roxton, TX 75477



Printed: 10/24/2025

2453071 Wastewater Permit

Received: 10/07/2025

10/07/2025

SM 5210 B-2016 (TCMP Inhibitor)

Prepared: 1199333 10/08/2025

Analyzed: 1199333 10/08/2025 06:19:02 JWI

NELAC BOD₅ Set Started

Started

SM 9223 B (Coliort-18 QT)-2016

Prepared: 1199479 10/07/2025

16:38:00 Analyzed: 1199479 10/07/2025 16:38:00 CPT

NELAC MPN (Coliort-18) Start Non-Pot

STARTED

05

Qualifiers:

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

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

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

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAP.

RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (POL), and any dilutions and/or concentrations performed during sample preparation (P:Q1). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'I' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.

Bill Peery

Bill Peery, MS, Senior Director, Environmental Technology



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QUALITY CONTROL



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ROX1-A

City of Roxton
Craig Hattenfield
P. O. Box 176
Roxton, TX 75477

Project
1164504

Printed 10/24/2025

Analytical Set		1199480				SM 9223 B (Colilert-18 QT)-2016	
Blank							
Parameter	PrepSet	Reading	MDL	MQL	Units	File	
MPN, Total Coliform, Non-Pot	1199480	<1.0	1.00	1.00	MPN/100mL	128176397	
Micro Dup							
Parameter	Sample	Type	Result	Unknown	Unit	Range Criterion	
MPN, Total Coliform, Non-Pot	2453084	Duplicate	<1.0	1.0	MPN/100mL	0 0.7825	
Standard							
Parameter	Sample	Reading	Known	Units	Recover%	Limits% File	
P. aeruginosa	1199479	<1.0	<1.0	MPN/100ml	-	128176394	
Standard E. coli	1199479	>2419.6	>2419.6	MPN/100ml	-	128176396	
Standard K.varicola	1199479	>2419.6	>2419.6	MPN/100ml	-	128176395	

Analytical Set		1199481				SM 9223 B (Colilert-18 QT)-2016	
Blank							
Parameter	PrepSet	Reading	MDL	MQL	Units	File	
MPN, E.coli, Col.-18 - Non-Pot	1199481	<1.0	1.00	1.00	MPN/100mL	128176414	
Micro Dup							
Parameter	Sample	Type	Result	Unknown	Unit	Range Criterion	
MPN, E.coli, Col.-18 - Non-Pot	2453084	Duplicate	<1.0	<1.0	MPN/100mL	0 0.7825	
Standard							
Parameter	Sample	Reading	Known	Units	Recover%	Limits% File	
P. aeruginosa	1199479	<1.0	<1.0	MPN/100ml	-	128176411	
Standard E. coli	1199479	>2419.6	>2419.6	MPN/100ml	-	128176413	
Standard K.varicola	1199479	<1.0	<1.0	MPN/100ml	-	128176412	

Analytical Set		1199333				SM 5210 B-2016 (TCMP Inhibitor)	
Blank							
Parameter	PrepSet	Reading	MDL	MQL	Units	File	
BOD Carbonaceous	1199333	0.03	0.200	0.500	mg/L	128172366	
BOD Carbonaceous	1199333	-0.2	0.200	0.500	mg/L	128173827	
Duplicate							
Parameter	Sample	Result	Unknown	Unit	RPD	Limits%	
BOD Carbonaceous	2452771	ND	4.93	mg/L	200 *	30.0	
BOD Carbonaceous	2453168	ND	2.85	mg/L	200 *	30.0	
BOD Carbonaceous	2453449	ND	ND	mg/L		30.0	
Seed Drop							
Parameter	PrepSet	Reading	MDL	MQL	Units	File	
BOD Carbonaceous	1199333	0.167	0.200	0.500	mg/L	128172368	
BOD Carbonaceous	1199333	0.343	0.200	0.500	mg/L	128173829	

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QUALITY CONTROL



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ROX1-A

City of Roxton
Craig Hattenfield
P. O. Box 176
Roxton, TX 75477

Project
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Printed 10/24/2025

Standard							
Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
BOD Carbonaceous		218	198	mg/L	110	83.7 - 116	128172369
BOD Carbonaceous		209	198	mg/L	106	83.7 - 116	128173830

Analytical Set 1199985

EPA 351.2.2

Blank						File
Parameter	PrepSet	Reading	MDL	MDL	Units	
Total Kjeldahl Nitrogen	1199438	ND	0.00712	0.050	mg/L	128187761

CCB						File
Parameter	PrepSet	Reading	MDL	MDL	Units	
Total Kjeldahl Nitrogen	1199438	ND	0.00712	0.050	mg/L	128187760
Total Kjeldahl Nitrogen	1199438	ND	0.00712	0.050	mg/L	128187772

CCV						File
Parameter	Reading	Known	Units	Recover%	Limits%	
Total Kjeldahl Nitrogen	5.45	5.00	mg/L	109	90.0 - 110	128187759
Total Kjeldahl Nitrogen	5.50	5.00	mg/L	110	90.0 - 110	128187769
Total Kjeldahl Nitrogen	5.38	5.00	mg/L	108	90.0 - 110	128187779
Total Kjeldahl Nitrogen	5.21	5.00	mg/L	104	90.0 - 110	128187790
Total Kjeldahl Nitrogen	5.45	5.00	mg/L	109	90.0 - 110	128187800
Total Kjeldahl Nitrogen	5.44	5.00	mg/L	109	90.0 - 110	128187807

Duplicate							RPD	Limit%
Parameter	Sample	Result	Unknown	Unit				
Total Kjeldahl Nitrogen	2452932	3.49	3.24	mg/L			7.43	20.0

ICV						File
Parameter	Reading	Known	Units	Recover%	Limits%	
Total Kjeldahl Nitrogen	5.44	5.00	mg/L	109	90.0 - 110	128187758

LCS Dup									
Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD
Total Kjeldahl Nitrogen	1199438	5.02	4.94	5.00	90.0 - 110	100	98.8	mg/L	1.61

Mat. Spike									
Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File	
Total Kjeldahl Nitrogen	2452932	7.14	3.24	5.00	mg/L	78.0	80.0 - 120	128187766	*

Analytical Set 1200029

EPA 350.1.2

Blank						File
Parameter	PrepSet	Reading	MDL	MDL	Units	
Ammonia Nitrogen	1199338	ND	0.00336	0.020	mg/L	128189626

CCV						File
Parameter	Reading	Known	Units	Recover%	Limits%	
Ammonia Nitrogen	2.14	2.00	mg/L	107	90.0 - 110	128189624
Ammonia Nitrogen	2.06	2.00	mg/L	103	90.0 - 110	128189634

Email: Kilgore.ProjectManagement@spilabs.com



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City of Roxton
Craig Hattenfield
P. O. Box 176
Roxton, TX 75477

1164504

CCV

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recovery^o</u>	<u>Limits^o</u>	<u>File</u>
Ammonia Nitrogen	2.04	2.00	mg/L	102	90.0 - 110	128189645
Ammonia Nitrogen	2.14	2.00	mg/L	107	90.0 - 110	128189654

Parameter	Sample	Result	Unknown	Unit	RPD	Limit
Ammonia Nitrogen	24S1604	0.775	0.780	mg/L	0.643	20.0
Ammonia Nitrogen	24S2517	0.921	0.961	mg/L	4.25	20.0

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recovery%</u>	<u>Units%</u>	<u>File</u>
Ammonia Nitrogen	2.18	2.00	mg/L	109	90.0 - 110	128189623

Parameter	PrepSci	LCS	LCSD	Known	Limits ^o	LCS%	LCSD%	Units	RPD	Limit%
Ammonia Nitrogen	1199338	2.10	2.09	2.00	90.0 - 110	105	104	mg/L	0.477	20.0

<i>Parameter</i>	<i>Sample</i>	<i>Spike</i>	<i>Unknown</i>	<i>Known</i>	<i>Unit</i>	<i>Recovery %</i>	<i>Limit %</i>	<i>File</i>
Ammonia Nitrogen	2451604	2.71	0.780	2.00	mg/L	96.5	80.0 - 120	128189631
Ammonia Nitrogen	2452517	2.82	0.961	2.00	mg/L	93.0	80.0 - 120	128189635

EPA 351.2.2

Parameter	Reading	Known	Units	Recovery%	Limit%	File
Total Kjeldahl Nitrogen	0.045	0.050	mg/L	90.0	75.0 - 125	128208867

<u>Parameter</u>	<u>PreSet</u>	<u>Reading</u>	<u>MDI</u>	<u>MDL</u>	<u>Units</u>	<u>File</u>
Total Kjeldahl Nitrogen	1200788	ND	0.00712	0.050	mg/L	128208864

<i>Parameter</i>	<i>PropSet</i>	<i>Reading</i>	<i>MDI</i>	<i>MDL</i>	<i>Units</i>	<i>File</i>
Total Kjeldahl Nitrogen	1200788	ND	0.00712	0.050	mg/L	128208863
Total Kjeldahl Nitrogen	1200788	ND	0.00712	0.050	mg/L	128208875
Total Kjeldahl Nitrogen	1200788	ND	0.00712	0.050	mg/L	128208885
Total Kjeldahl Nitrogen	1200788	ND	0.00712	0.050	mg/L	128208895
Total Kjeldahl Nitrogen	1200952	ND	0.00712	0.050	mg/L	128208900

<i>Parameter</i>	<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limit%</i>	<i>Note</i>
Total Kjeldahl Nitrogen	5.36	5.00	mg/L	107	90.0 - 110	128208862
Total Kjeldahl Nitrogen	5.29	5.00	mg/L	106	90.0 - 110	128208872
Total Kjeldahl Nitrogen	5.25	5.00	mg/L	105	90.0 - 110	128208881
Total Kjeldahl Nitrogen	5.04	5.00	mg/L	101	90.0 - 110	128208892
Total Kjeldahl Nitrogen	5.19	5.00	mg/L	104	90.0 - 110	128208898
Total Kjeldahl Nitrogen	5.19	5.00	mg/L	104	90.0 - 110	128208901

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QUALITY CONTROL



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ROX1-A

City of Roxton
Craig Hattenfield
P. O. Box 176
Roxton, TX 75477

Project
1164504

Printed 10/24/2025

Duplicate										
Parameter	Sample	Result	Unknown	Units	RPD	Limit%				
Total Kjeldahl Nitrogen	2455093	1.83	1.82	mg/L	0.548	20.0				
Total Kjeldahl Nitrogen	2455722	0.408	0.015	mg/L	186	*	20.0			
ICV										
Parameter	Reading	Known	Units	Recovery%	Limit%	File				
Total Kjeldahl Nitrogen	5.26	5.00	mg/L	105	90.0 - 110	128208861				
LCS Dup										
Parameter	Prep/Set	LCS	LCS/D	Known	Limit%	LCS%	LCS/D%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1200788	5.43	5.40	5.00	90.0 - 110	109	108	mg/L	0.554	20.0
Mat. Spike										
Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limit %	File		
Total Kjeldahl Nitrogen	2455093	6.80	1.82	5.00	mg/L	99.6	80.0 - 120	128208870		
Total Kjeldahl Nitrogen	2455722	3.51	0.015	5.00	mg/L	70.2	80.0 - 120	128208874	*	

Analytical Set 1199286

SM 4500-CI G-2011

Duplicate							
Parameter	Sample	Result	Unknown	Unit	RPD	Limit%	
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	2453071	1.42	1.42	mg/L		20	
Standard							
Parameter	Sample	Reading	Known	Units	Recovery%	Limits%	File
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1199286	0.230	0.230	mg/L	100	90 - 110	
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1199286	0.860	0.860	mg/L	100	90 - 110	
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1199286	1.60	1.61	mg/L	99.4	90 - 110	

Analytical Set 1199287

SM 4500-O G-2016

Duplicate										
Parameter	Sample	Result	Unknown	Units	RPD	Limit%				
Dissolved Oxygen Onsite	2453153	7.0	7.0	mg/L		20				

Analytical Set 1199288

SM 4500-H+ B-2011

CCV							
<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recovery%</u>	<u>Limits%</u>	<u>File</u>	
pH (Onsite)	6.0	6.0	SU	100	90 - 110		
pH (Onsite)	6.0	6.0	SU	100	90 - 110		
Duplicate							
<u>Parameter</u>	<u>Sample</u>	<u>Result</u>	<u>Unknown</u>	<u>Units</u>	<u>RPD</u>	<u>Limit%</u>	
pH (Onsite)	2453154	7.0	7.0	SU		20	
Standard							
<u>Parameter</u>	<u>Sample</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recovery%</u>	<u>Limit%</u>	<u>File</u>

Email: Kilgore.ProjectManagement@spllabs.com



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QUALITY CONTROL



SPL
PROJECT MANAGEMENT

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ROX1-A

City of Roxton
Craig Hattenfield
P. O. Box 176
Roxton, TX 75477

Project
1164504

Printed 10/24/2025

Standard							File
Parameter	Sample	Reading	Known	Units	Recover%	Limits%	
pH (Onsite)	1199288	8.0	8.0	SU	100	90 - 110	
pH (Onsite)	1199288	8.0	8.0	SU	100	90 - 110	

Analytical Set

1200217

SM 2540 C-2020

Blank							File
Parameter	PrepSet	Reading	MDL	MDL	Units		
Total Dissolved Solids	1200217	ND	5.00	5.00	mg/L		128195261
ControlBlk							File
Parameter	PrepSet	Reading	MDL	MDL	Units		
Total Dissolved Solids	1200217	0.0004			grams		128195248
Duplicate							File
Parameter	Sample	Result	Unknown		Unit	RPD	
Total Dissolved Solids	2453071	264	260		mg/L	1.53	20.0
LCS							File
Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	
Total Dissolved Solids	1200217	204	200	mg/L	102	85.0 - 115	128195249

Analytical Set

1200263

SM 2540 D-2020

Blank							File
Parameter	PrepSet	Reading	MDL	MDL	Units		
Total Suspended Solids	1200263	ND	2	2	mg/L		128196089
ControlBlk							File
Parameter	PrepSet	Reading	MDL	MDL	Units		
Total Suspended Solids	1200263	0			grams		128196088
Duplicate							File
Parameter	Sample	Result	Unknown		Unit	RPD	
Total Suspended Solids	2453438	4840	4780		mg/L	1.25	20.0
Total Suspended Solids	2453445	556	544		mg/L	2.18	20.0
Total Suspended Solids	2454476	420	438		mg/L	8.66	20.0
LCS							File
Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	
Total Suspended Solids	1200263	50.0	50.0	mg/L	100	90.0 - 110	128196122
Standard							File
Parameter	Sample	Reading	Known	Units	Recover%	Limits%	
Total Suspended Solids		96.0	100	mg/L	96.0	90.0 - 110	128196121

Analytical Set

1199738

EPA 300.0 2.1

AWRL/LOQ C							File
Parameter		Reading	Known	Units	Recover%	Limits%	
Nitrate-Nitrogen Total		0.0183	0.0226	mg/L	81.0	70.0 - 130	128181351

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QUALITY CONTROL



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Midland, TX 79701-4000

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ROX1-A

City of Roxton
Craig Hattenfield
P. O. Box 176
Roxton, TX 75477

Project
1164504

Printed 10/24/2025

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1199738	0.068	0.0163	0.300	mg/L	128181352
Nitrate-Nitrogen Total	1199738	ND	0.00128	0.0226	mg/L	128181352
Sulfate	1199738	ND	0.123	0.300	mg/L	128181352

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1199738	0.042	0.0163	0.300	mg/L	128181348
Chloride	1199738	0.067	0.0163	0.300	mg/L	128181369
Chloride	1199738	0.034	0.0163	0.300	mg/L	128181381
Nitrate-Nitrogen Total	1199738	0	0.00128	0.0226	mg/L	128181348
Nitrate-Nitrogen Total	1199738	0	0.00128	0.0226	mg/L	128181369
Nitrate-Nitrogen Total	1199738	0	0.00128	0.0226	mg/L	128181381
Sulfate	1199738	0	0.123	0.300	mg/L	128181348
Sulfate	1199738	0	0.123	0.300	mg/L	128181369
Sulfate	1199738	0	0.123	0.300	mg/L	128181381

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Chloride	9.75	10.0	mg/L	97.5	90.0 - 110	128181353
Chloride	9.58	10.0	mg/L	95.8	90.0 - 110	128181368
Chloride	9.74	10.0	mg/L	97.4	90.0 - 110	128181380
Nitrate-Nitrogen Total	2.15	2.26	mg/L	95.1	90.0 - 110	128181353
Nitrate-Nitrogen Total	2.16	2.26	mg/L	95.6	90.0 - 110	128181368
Nitrate-Nitrogen Total	2.20	2.26	mg/L	97.3	90.0 - 110	128181380
Sulfate	9.35	10.0	mg/L	93.5	90.0 - 110	128181353
Sulfate	9.17	10.0	mg/L	91.7	90.0 - 110	128181368
Sulfate	9.35	10.0	mg/L	93.5	90.0 - 110	128181380

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Chloride	1199738	4.92	4.84	5.00	85.0 - 115	98.4	96.8	mg/L	1.64	20.0
Nitrate-Nitrogen Total	1199738	1.14	1.13	1.13	86.3 - 117	101	100	mg/L	0.881	20.0
Sulfate	1199738	4.65	4.59	5.00	85.4 - 124	93.0	91.8	mg/L	1.30	20.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Chloride	2453156	856	853	681	100	80.0 - 120	175 *	172 *	mg/L	1.73	20.0
Nitrate-Nitrogen Total	2453156	63.7	63.3	37.4	22.6	80.0 - 120	116	115	mg/L	1.53	20.0
Sulfate	2453156	1340	1350	1060	100	80.0 - 120	280 *	290 *	mg/L	3.51	20.0
Chloride	2453187	763	760	564	100	80.0 - 120	199 *	196 *	mg/L	1.52	20.0
Nitrate-Nitrogen Total	2453187	23.9	23.2	ND	22.6	80.0 - 120	106	103	mg/L	2.97	20.0
Sulfate	2453187	110	109	ND	100	80.0 - 120	110	109	mg/L	0.913	20.0

Analytical Set

1199601

EPA 200.7 4.4

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
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Email: Kilgore.ProjectManagement@spllabs.com



Report Page 12 of 17

QUALITY CONTROL



SPL
Environmental Laboratory

Page 7 of 7

ROX1-A

City of Roxton
Craig Hattenfield
P. O. Box 176
Roxton, TX 75477



Printed 10/24/2025

Blank											
Parameter	PrepSet	Reading	MDL	MDL	Units	File					
Phosphorus	1199385	ND	0.0353	0.040	mg/L	128177812					
CCV											
Parameter		Reading	Known	Units	Recover%	Limits%	File				
Phosphorus		0.976	1.00	mg/L	97.6	90.0 - 110	128177803				
Phosphorus		0.973	1.00	mg/L	97.3	90.0 - 110	128177804				
Phosphorus		0.965	1.00	mg/L	96.5	90.0 - 110	128177813				
Phosphorus		0.967	1.00	mg/L	96.7	90.0 - 110	128177823				
ICL											
Parameter		Reading	Known	Units	Recover%	Limits%	File				
Phosphorus		24.7	25.0	mg/L	98.8	95.0 - 105	128177801				
ICV											
Parameter		Reading	Known	Units	Recover%	Limits%	File				
Phosphorus		1.01	1.00	mg/L	101	90.0 - 110	128177802				
LCS Dup											
Parameter	PrepSet	LCS	LCSD		Known	Limits%	LCS%	LCSD%	Units	RPD	Limits%
Phosphorus	1199385	3.94	3.88		4.00	85.0 - 115	98.5	97.0	mg/L	1.53	25.0
MSD											
Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limits%
Phosphorus	2453081	4.39	4.35	0.442	4.00	75.0 - 125	98.7	97.7	mg/L	1.02	25.0

* Out: RPD is Relative Percent Difference: $\frac{\text{abs}(r1-r2)}{\text{mean}(r1,r2)} * 100\%$

Recover% is Recovery Percent: $\frac{\text{result}}{\text{known}} * 100\%$

CCV - Continuing Calibration Verification (same standard used to prepare the curve, typically a mid-range concentration; verifies the continued validity of the calibration

curve; Blank - Method Blank (reagent water or other blank matrices that contains all reagents except standard(s) and is processed simultaneously with and under the

same conditions as samples; carried through preparation and analytical procedures exactly like a sample; monitors; MSD - Matrix Spike Duplicate (replicate of the matrix

spike; same solution and amount of target analyte added to the MS is added to a third aliquot of sample; quantifies matrix bias and precision); ICV - Initial Calibration

Verification; LCS Dup - Laboratory Control Sample Duplicate (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and

precision); CCB - Continuing Calibration Blank; AWRL/LOG C - Ambient Water Reporting Limit; LOO Check Std; LCS - Laboratory Control Sample (reagent water or other

blank matrices that is spiked with a known quantity of target analyte(s) and carried through preparation and analytical procedures exactly like a sample; typically a

mid-range concentration; verifies that bias and precision of the analytical process are within control limits, determines usability of the data.)

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 13 of 17

1164504 CoC Print Group 001 of 001



CHAIN OF CUSTODY

21453071

Lab. # 10101
Camp. # 10101
Pilot, TX 75401

ROXI-A
108

Wastewater Permit

ROXI-A, NON-ESTABLISHED WASTEWATER

Sample Collection Start

Date: 10/11/20

Time: 10:40

Sample Provider Name

Jerry Smith

Sample Affiliation

Jerry Smith

Sample Signature

Jerry Smith

1) On Site Testing

ROXI-A, NON-ESTABLISHED WASTEWATER

Collected By: JMS

Date: 10/11/20

Time: 10:40

Analyzed By: JMS

Date: 10/11/20

Time: 10:40

Results: 1.42

Temp: 14.5

Time: 10:40

Duplicate: 1.42

Units: mg/L

Temp: 14.5

R1: 1.45

R2: 1.45

QC R1: 1.45

QC R2: 1.45

Short Hold

ROXI-A, NON-ESTABLISHED WASTEWATER

Collected By: JMS

Date: 10/11/20

Time: 10:40

Analyzed By: JMS

Date: 10/11/20

Time: 10:40

Results: 1.42

Temp: 14.5

Time: 10:40

Duplicate: 1.42

Units: mg/L

Temp: 14.5

Short Hold



1164504 CoC Print Group 001 of 001



CHAIN OF CUSTODY

Lab of R. J. ...
Lab of Matter ...
F. ...
P. ...

ROX1-A
108

Collected By: J. ... Date: 10/10/2010 Analyzed By: J. ... Date: 10/10/2010 Time: 10:00

Sample ID: 101 Unit: 101 Temp: 101 ...

1 Na2S2O3 (0.008%) Polystyrene-100 ml. Sterilized. I			
Short Hold	MPNW	MPN	MPN
1 Polyethylene 1/2 gal (White). Q			
Short Hold	MPNW	MPN	MPN
	ISS	ISS	ISS
1 HNO3 to pH <2 Polyethylene 500 ml. for Metals. Q			
	MPNW	MPN	MPN
	ISS	ISS	ISS
1 H2SO4 to pH <2 250 ml Polyethylene. Q			
	MPNW	MPN	MPN
	ISS	ISS	ISS
1 Polyethylene Quart. Q			
Short Hold	MPNW	MPN	MPN
	ISS	ISS	ISS
	ISS	ISS	ISS



1164504 CoC Print Group 001 of 001



CHAIN OF CUSTODY

City of Houston
Harris County
Houston, TX 77002

ROXI-A
108

10/2/05	11:00	Temp. 108 Sp. 108	SR	M. J. Williams, SPL, Inc.



1164504 CoC Print Group 001 of 001



COOLER CHECKIN

Region/Driver/Client

JMI

Date / Time:

1-11-2015 1 1600

Cooler:

of

Shipping Company:

SPL

Temp Label:

1-11-2015 1600		JMI	
Date	Time	Tech	
Temp	1.411.5		C
Term# 6205 Corr Fact -0.1 C			

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

November 24, 2025

Re: Application to Renew, for Permit No.: WQ0010204001 (EPA I.D. No. TX0053538)
Applicant Name: City of Roxtton (CN600657928)
Site Name: Roxtton WWTP (RN101920759)
Type of Application: Renewal without changes

Ms. Findlay -

Enclosed within are one (1) original response and one (1) copy of the Notice of Deficiency (NOD) letter dated November 13, 2025 (see attached to this letter). Please see the following response to each of the items listed in the NOD letter.

1. Physical application was mailed via USPS on 11/10/2025.
2. See attached revised Administrative Report 1.0, Section 3, Item A.
3. The NORI is correct as written.

Thank you for your time reviewing this application. If you have any questions or need more information, please contact me at (903) 785-0303 or at dhunter@haytereng.com.

Sincerely,

Hayter Engineering

Daniel Hunter, EIT
Design Engineer I


11/24/2025

Enclosures:

1. NOD Letter dated November 13, 2025.
2. Administrative Report page 4

Practical Infrastructure **Solutions**

Brooke T. Paup, *Chairwoman*
Catarina R. Gonzales, *Commissioner*
Tonya R. Miller, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

November 13, 2025

Mr. Daniel Hunter, E.I.T.
Design Engineer
Hayter Engineering, Inc.
4445 South East Loop 286
Paris, Texas 75460

RE: Application to Renew, for Permit No.: WQ0010204001 (EPA I.D. No. TX0053538)
Applicant Name: City of Roxton (CN600657928)
Site Name: Roxton WWTP (RN101920759)
Type of Application: Renewal without changes

VIA EMAIL

Dear Mr. Hunter:

We have received the application for the above-mentioned permit, and it is currently under review. Your attention to the following items is requested before we can declare the application administratively complete. Please submit responses to the following items via email. In addition, please submit one original hard copy (including a cover letter) of the complete response.

1. Please provide a paper copy of the application.
2. Administrative Report 1.0, Section 3, Item A: Please provide an updated page with the same name as the signature page.
3. 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.

Mr. Daniel Hunter, E.I.T.
Page 2
November 13, 2025
Permit No. WQ0010204001

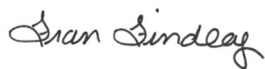
APPLICATION. City of Roxton, P.O. Box 176, Roxton, Texas 75477, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010204001 (EPA I.D. No. TX0053538) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 100,000 gallons per day. The domestic wastewater treatment facility is located approximately 1,921 feet south of the intersection of Farm-to-Market Road 137 and Jackson Street, near the city of Roxton, in Lamar County, Texas 75477. The discharge route is from the plant site to Denton Creek; thence to Cane Creek; thence to North Sulphur River. TCEQ received this application on November 10, 2025. The permit application will be available for viewing and copying at Roxton City Hall, Foyer, 105 Pecan Street, Roxton, in Lamar 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=-95.721944,33.536666&level=18>

Further information may also be obtained from City of Roxton at the address stated above or by calling Ms. Janet Wheeler, City Manager, at 903-346-3535.

Please submit the complete response, addressed to my attention by November 28, 2025. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-2441 or by email at Francesca.Findlay@tceq.texas.gov

Sincerely,



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

ff

Enclosure(s)

cc: Mr. Brandon Dusenberry, P.E., Project Engineer, Hayter Engineering, Inc., 4445 South East Loop 286, Paris, Texas 75460

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

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

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

f. For existing permits:

Permit Number: WQ00 10204001

EPA I.D. (TPDES only): TX 0053538

Expiration Date: March 25, 2026

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

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

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

City of Roxton

(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: 600657928

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

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

Last Name, First Name: Helms, Paul

Title: Mayor

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

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

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

N/A

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

Francesca Findlay

From: Daniel Hunter <dhunter@haytereng.com>
Sent: Monday, November 24, 2025 1:06 PM
To: Francesca Findlay
Cc: Brandon Dusenberry
Subject: RE: WQ0010204001 City of Roxton
Attachments: City of Roxton Response 11.24.2025.pdf

Francesca,

Please see the City of Roxton's response attached.

Let us know if you have any questions.

Thank you,

Daniel Hunter
Design Engineer I



TxEng F-315 | TxSurv F-10028600 | OSBPE/LS #603 | ASBPE #2521
4445 SE Loop 286 | Paris, TX 75460
O: 903.785.0303 C: 469.644.0703
www.haytereng.com

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Tuesday, November 18, 2025 8:55 AM
To: Daniel Hunter <dhunter@haytereng.com>
Cc: Brandon Dusenberry <bdusenberry@haytereng.com>
Subject: RE: WQ0010204001 City of Roxton

Good morning,

I have attached the requested nod. I was able to open the pdf. Please try again. Please let me know if you have any questions.

Thank you,

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

Texas Commission on Environmental Quality



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

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

From: Daniel Hunter <dhunter@haytereng.com>
Sent: Monday, November 17, 2025 10:09 AM
To: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Cc: Brandon Dusenberry <bdusenberry@haytereng.com>
Subject: RE: WQ0010204001 City of Roxton

Francesca,

Would you mind resending the pdf? I am receiving an error message when I try to open it.

Thank you,

Daniel Hunter
Design Engineer I



TxEng F-315 | TxSurv F-10028600 | OSBPE/LS #603 | ASBPE #2521
4445 SE Loop 286 | Paris, TX 75460
O: 903.785.0303 C: 469.644.0703
www.haytereng.com

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Thursday, November 13, 2025 4:31 PM
To: Daniel Hunter <dhunter@haytereng.com>
Cc: Brandon Dusenberry <bdusenberry@haytereng.com>
Subject: FW: WQ0010204001 City of Roxton

Dear Mr. Hunter:

The attached Notice of Deficiency letter sent on November 13, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention November 28, 2025.

Thank you,

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



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

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