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

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.

The City of Pittsburg (CN600687958) operates the Sparks Branch Wastewater Treatment Facility (RN101613065), an activated sludge process (oxidation ditch) plant with a mechanical bar screen, grit chamber, oxidation ditch aeration basin with mechanical surface aerators, two final clarifiers, sludge drying beds and UV disinfection basin. The facility is located at on Sparks Branch between Farm-to-Market Road 557 and State Highway 11, approximately 1.25 miles east of the intersection of State Highway Loop 271 and Farm-to-Market 557, in Pittsburg, Camp County, Texas 75686. This application is for a renewal to discharge at an annual average flow of 2.0 million gallons per day of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli.* Additional pollutants are included in the Domestic Technical Report 1.0, Section 7 Pollutant Analysis of Treated Effluent in the permit application package. Domestic Wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, Parshall flume, oxidation ditch, two clarifiers and a drying bed.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0010250001

APPLICATION. City of Pittsburg, 200 Rusk Street, Pittsburg, Texas 75686, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010250001 (EPA I.D. No. TX0025437) to authorize the discharge of treated wastewater at a volume not to exceed an annual average flow of 2,000,000 gallons per day. The domestic wastewater treatment facility is located approximately 1.25 miles east of the intersection of Farm-to-Market Road 557 and State Highway Loop 271, in Camp County, Texas 75686. The discharge route is from the plant site to Sparks Branch; thence to Dry Creek; thence to Big Cypress Creek Below Lake Bob Sandlin. TCEQ received this application on September 18, 2025. The permit application will be available for viewing and copying at Pittsburg City Hall, Front of Building near entry, 200 Rusk Street, Pittsburg, in Camp County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application. https://gisweb.tceq.texas.gov/LocationMapper/?marker=-94.940555,32.995833&level=18

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at: https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. El aviso de idioma alternativo en español está disponible en https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications.

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 Pittsburg at the address stated above or by calling Ms. Maricela Fuentes, City Secretary, at 903-856-3621.

Issuance Date: October 23, 2025

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Pittsburg

PERMIT NUMBER (If new, leave blank): WQ00 10250001

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region_____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

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

Check/Money Order Amount: Click to enter text.

Name Printed on Check: Click to enter text.

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 Wastewater Treatment

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

☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 10250001

EPA I.D. (TPDES only): TX 0025437

Expiration Date: 03/30/26

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 Pittsburg

(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: 600687958

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

Prefix: Mr. Last Name, First Name: Abernathy, David

Title: Mayor Credential: Click to enter text.

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

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

N/A

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

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

CN: 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: Click to enter text.

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. See 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: Ms. Last Name, First Name: Crafton, Erin

Title: Vice President Credential: Click to enter text.

Organization Name: AWWS, Inc.

Mailing Address: 476 Shady Ln. City, State, Zip Code: Hallsville, TX 75650

Phone No.: 903-399-9280 E-mail Address: awwsinc@gmail.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Mr. Last Name, First Name: Crafton, Travis

Title: Preparer Credential: Click to enter text.

Organization Name: AWWS, Inc.

Mailing Address: 476 Shady Ln. City, State, Zip Code: Hallsville, TX 75650

Phone No.: 903-452-5226 E-mail Address: awwsinc@gmail.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Pearson, Chad

Title: Utilities Director Credential: Click to enter text.

Organization Name: City of Pittsburg

Mailing Address: 200 Rusk St. City, State, Zip Code: Pittsburg, TX 75686

Phone No.: 903-856-3621 E-mail Address: cpearson@pittsburgtx.gov

B. Prefix: Mr. Last Name, First Name: Reynolds, Tim

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

Organization Name: City of Pittsburg

Mailing Address: 200 Rusk St. City, State, Zip Code: Pittsburg, TX 75686

Phone No.: 903-856-3621 E-mail Address: treynolds@pittsburgtx.gov

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Hardeman, Clint

Title: City Manager Credential: Click to enter text.

Organization Name: City of Pittsburg

Mailing Address: 200 Rusk St. City, State, Zip Code: Pittsburg, TX 75686

Phone No.: 903-856-3621 E-mail Address: chardeman@pittsburgtx.gov

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

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

Prefix: Mr. Last Name, First Name: Pearson, Chad

Title: Utilities Director Credential: Click to enter text.

Organization Name: City of Pittsburg

Mailing Address: 200 Rusk St. City, State, Zip Code: Pittsburg, TX 75686

Phone No.: 903-856-3621 E-mail Address: cpearson@pittsburgtx.gov

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Fuentes, Maricela

Title: City Secretary Credential: Click to enter text.

Organization Name: City of Pittsburg

Mailing Address: 200 Rusk St. City, State, Zip Code: Pittsburg, TX 75686

Phone No.: 903-856-3621 E-mail Address: city.secretary@pittsburgtx.gov

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: Ms. Last Name, First Name: Fuentes, Maricela

Title: City Secretary Credential: Click to enter text.

Organization Name: City of Pittsburg

Mailing Address: 200 Rusk St. City, State, Zip Code: Pittsburg, TX 75686

Phone No.: 903-856-3621 E-mail Address: city.secretary@pittsburgtx.gov

D. Public Viewing Information

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

Public building name: Pittsburg City Hall

Location within the building: Front of Building near entry

Physical Address of Building: 200 Rusk St.

City: Pittsburg County: Camp

Contact (Last Name, First Name): Fuentes, Maricela

Phone No.: 903-856-3621 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

   ☒ Yes ☐ No

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

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

   ☒ Yes ☐ No

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No

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

F. Plain Language Summary Template

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

Attachment: 2

G. Public Involvement Plan Form

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

Attachment: 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** 101613065

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):

Sparks Branch Wastewater Treatment Facility

C. Owner of treatment facility: City of Pittsburg

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

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

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

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

Organization Name: City of Pittsburg

Mailing Address: 200 Rusk St. City, State, Zip Code: Pittsburg, TX 75686

Phone No.: 903-856-3621 E-mail Address: city.secretary@pittsburgtx.gov

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

Prefix: N/A Last Name, First Name: Click to enter text.

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

Organization Name: Click to enter text.

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

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

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

Attachment: Click to enter text.

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

Prefix: N/A Last Name, First Name: Click to enter text.

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

Organization Name: Click to enter text.

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

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

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

Attachment: Click to enter text.

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): City of Pittsburg

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

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:

Click to enter text.

B. City nearest the disposal site: Click to enter text.

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

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

Click to enter text.

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: Click to enter text.

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify**:** 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: WQ0010250001

Applicant: City of Pittsburg

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): David Abernathy

Signatory title: Mayor

Signature: David Abernathy (Use blue ink) Date: 08/29/2025

Subscribed and Sworn to before me by the said David Abernathy

on this 29 day of August, 2025.

My commission expires on the 3 day of May, 2029.

M Fuentes

Notary Public

MARICELA FUENTES
NOTARY PUBLIC
STATE OF TEXAS
ID #129058133
MY COMM. EXP. MAY 3, 2029

[SEAL]

Camp

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: 3

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (*If other is checked please describe in space provided.*)

☐ New Permit, Registration or Authorization (*Core Data Form should be submitted with the program application.*)

☒ Renewal *(Core Data Form should be submitted with the renewal form)* ☐ Other

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	**3. Regulated Entity Reference Number** *(if issued)*
CN 600687958		**RN 101613065**

SECTION II: Customer Information

4. General Customer Information	**5. Effective Date for Customer Information Updates** (mm/dd/yyyy)	8/2/2025

☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).

6. Customer Legal Name *(If an individual, print last name first: eg: Doe, John)*	*If new Customer, enter previous Customer below:*
City of Pittsburg	

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:	☐ Corporation	☐ Individual	Partnership: ☐ General ☐ Limited
Government: ☒ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other		☐ Sole Proprietorship	☐ Other:

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

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

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

15. Mailing Address:	200 Rusk St.						
	City	Pittsburg	**State**	TX	**ZIP**	75686	**ZIP + 4**

16. Country Mailing Information *(if outside USA)*	**17. E-Mail Address** *(if applicable)*
	mfuentes@pittsburgtx.gov

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(903) 856-3621		(903) 856-0544

SECTION III: Regulated Entity Information

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

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

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

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

Sparks Branch Wastewater Treatment Facility

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

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

25. Description to Physical Location:	Located on Sparks Branch between FM 557 and State Hwy 11, approximately 1.25 miles east of the intersection of State Hwy Loop 271 and FM 557 in Camp County, TX 75686.				
26. Nearest City			**State**	**Nearest ZIP Code**	
Pittsburg			TX	75686	

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

27. Latitude (N) In Decimal:	32.9957		**28. Longitude (W) In Decimal:**	-94.9410	
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.)*

Municipal Wastewater Treatment Facility

34. Mailing Address:	**200 Rusk St.**						
	City	**Pittsburg**	**State**	**TX**	**ZIP**	**75686**	**ZIP + 4**
35. E-Mail Address:	**mfuentes@pittsburgtx.gov**						

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(903) 856-3621		**(903) 856-544**

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

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

SECTION IV: Preparer Information

40. Name:	Erin Crafton	**41. Title:**	Vice President

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(903 **)** 668-4133		**(** 903 **)** 668-1095	awwsinc@gmail.com

SECTION V: Authorized Signature

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

Company:	City of Pittsburg	**Job Title:**	Preparer
Name *(In Print):*	Erin Crafton	**Phone:**	**(** 903 **)** 668- **4133**
Signature:	Erin Crafton	**Date:**	9/5/2025

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

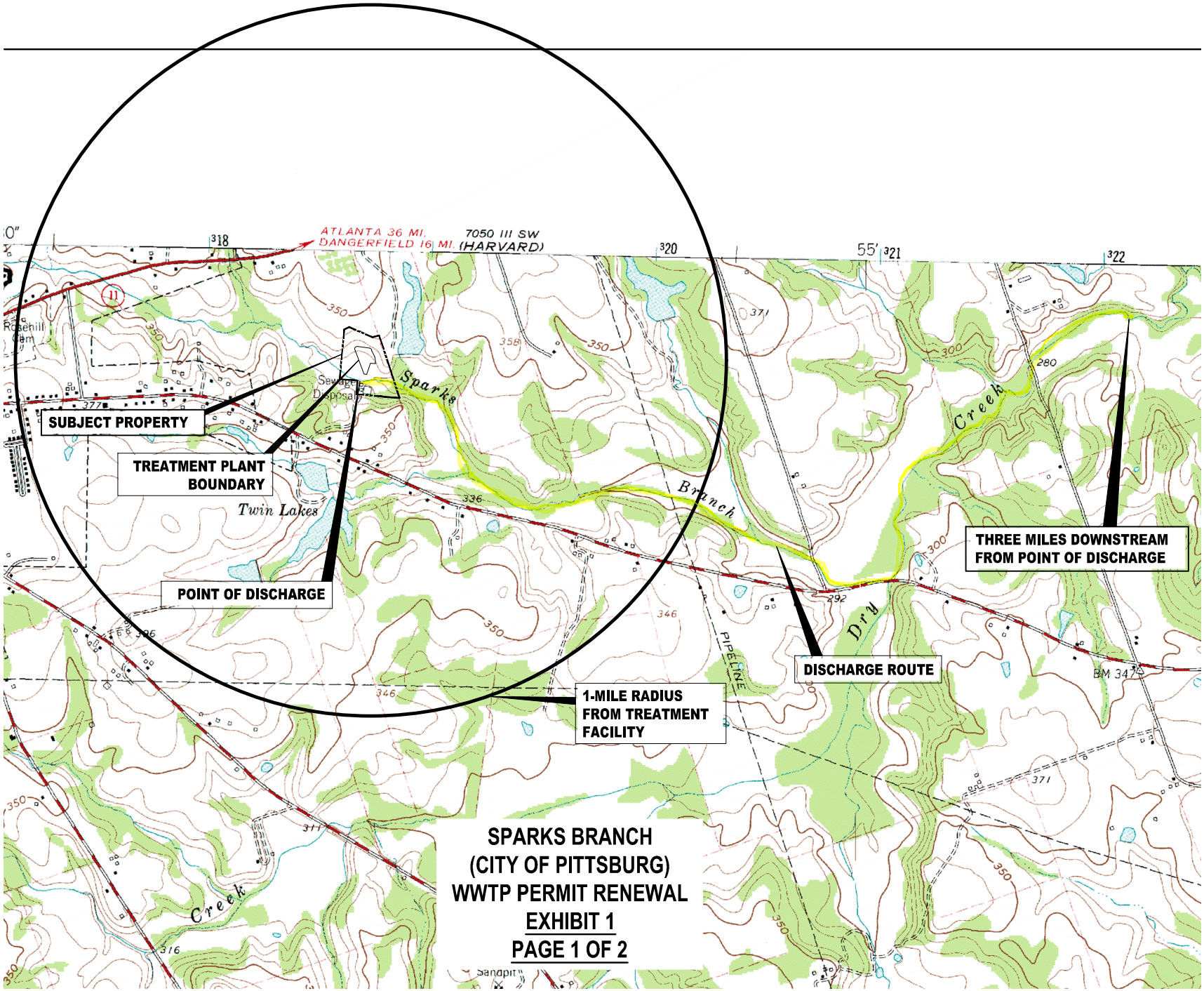
SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

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

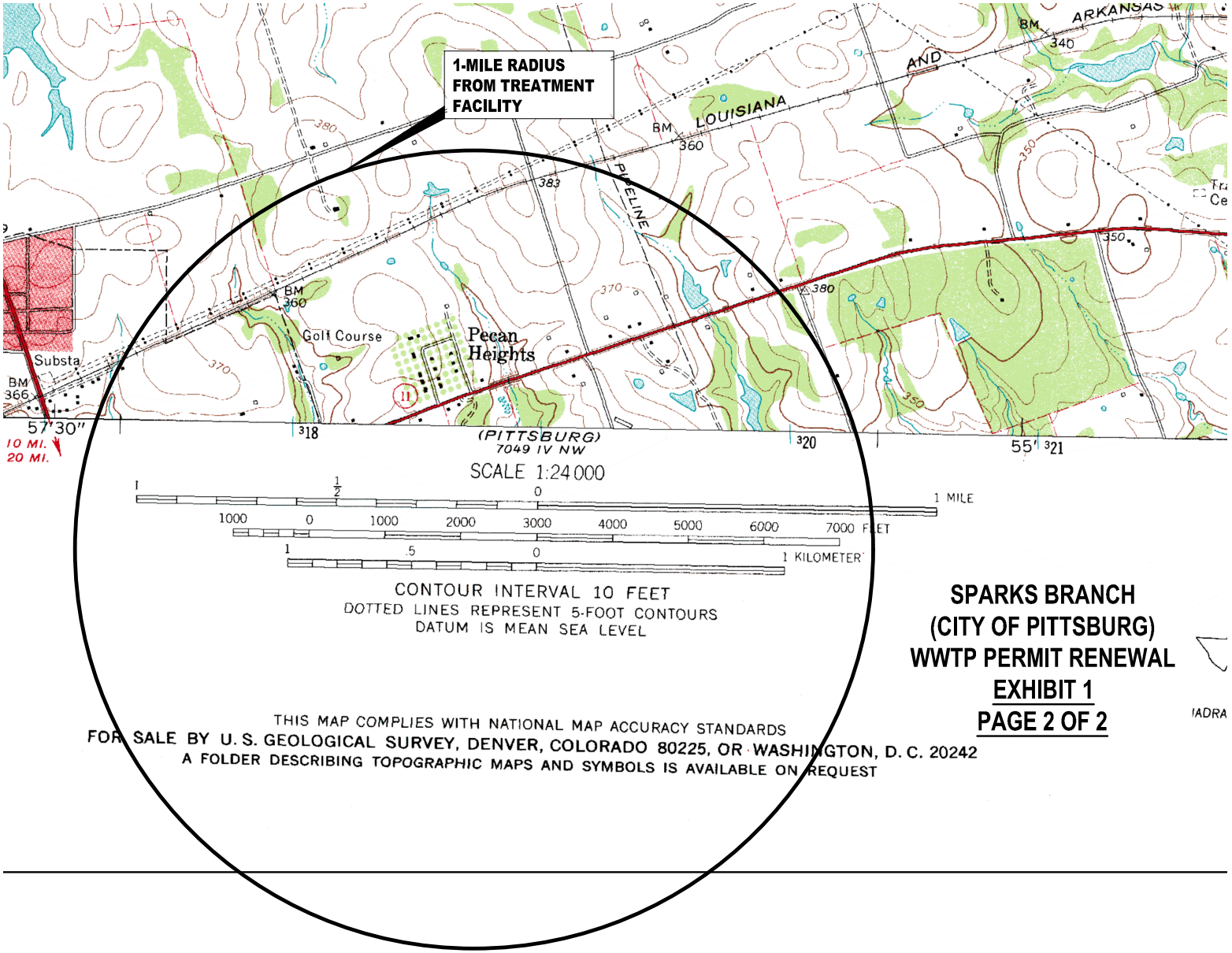
The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal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

The City of Pittsburg (CN600687958) operates the Sparks Branch Wastewater Treatment Facility (RN101613065), an activated sludge process (oxidation ditch) plant with a mechanical bar screen, grit chamber, oxidation ditch aeration basin with mechanical surface aerators, two final clarifiers, sludge drying beds and UV disinfection basin. The facility is located at on Sparks Branch between Farm-to-Market Road 557 and State Highway 11, approximately 1.25 miles east of the intersection of State Highway Loop 271 and Farm-to-Market 557, in Pittsburg, Camp County, Texas 75686. This application is for a renewal to discharge at an annual average flow of 2.0 million gallons per day of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli.* Additional pollutants are included in the Domestic Technical Report 1.0, Section 7 Pollutant Analysis of Treated Effluent in the permit application package. Domestic Wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, Parshall flume, oxidation ditch, two clarifiers and a drying bed.



SPARKS BRANCH
(CITY OF PITTSBURG)
WWTP PERMIT RENEWAL
EXHIBIT 1
PAGE 1 OF 2



SPARKS BRANCH
(CITY OF PITTSBURG)
WWTP PERMIT RENEWAL
EXHIBIT 1
PAGE 2 OF 2

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 Pittsburg

   Permit No. WQ00 0010250001 EPA ID No. TX 0025437

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

   Located on Sparks Branch between Farm-to-Market Road 557 and State Highway 11, approximately 1.25 miles east of the intersection of State Highway Loop 271 and Farm-to-Market 557 in Camp County, TX 75686

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

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

First and Last Name: Maricela Fuentes

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

Title: City Secretary

Mailing Address: 200 Rusk St

City, State, Zip Code: Pittsburg, TX 75686

Phone No.: 903-856-3621 Ext.: 9304 Fax No.: Click here to enter text.

E-mail Address: city.secretary@pittsburgtx.gov

2. List the county in which the facility is located: Camp
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. The owner is the same as the permitte/applicant

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

From point of discharge to Sparks Branck; thence to Dry Creek; thence to Big Cypress Creek below Lake Bob Sandlin in Segment No. 0404 of the Cypress Creek Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

n/a

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

n/a

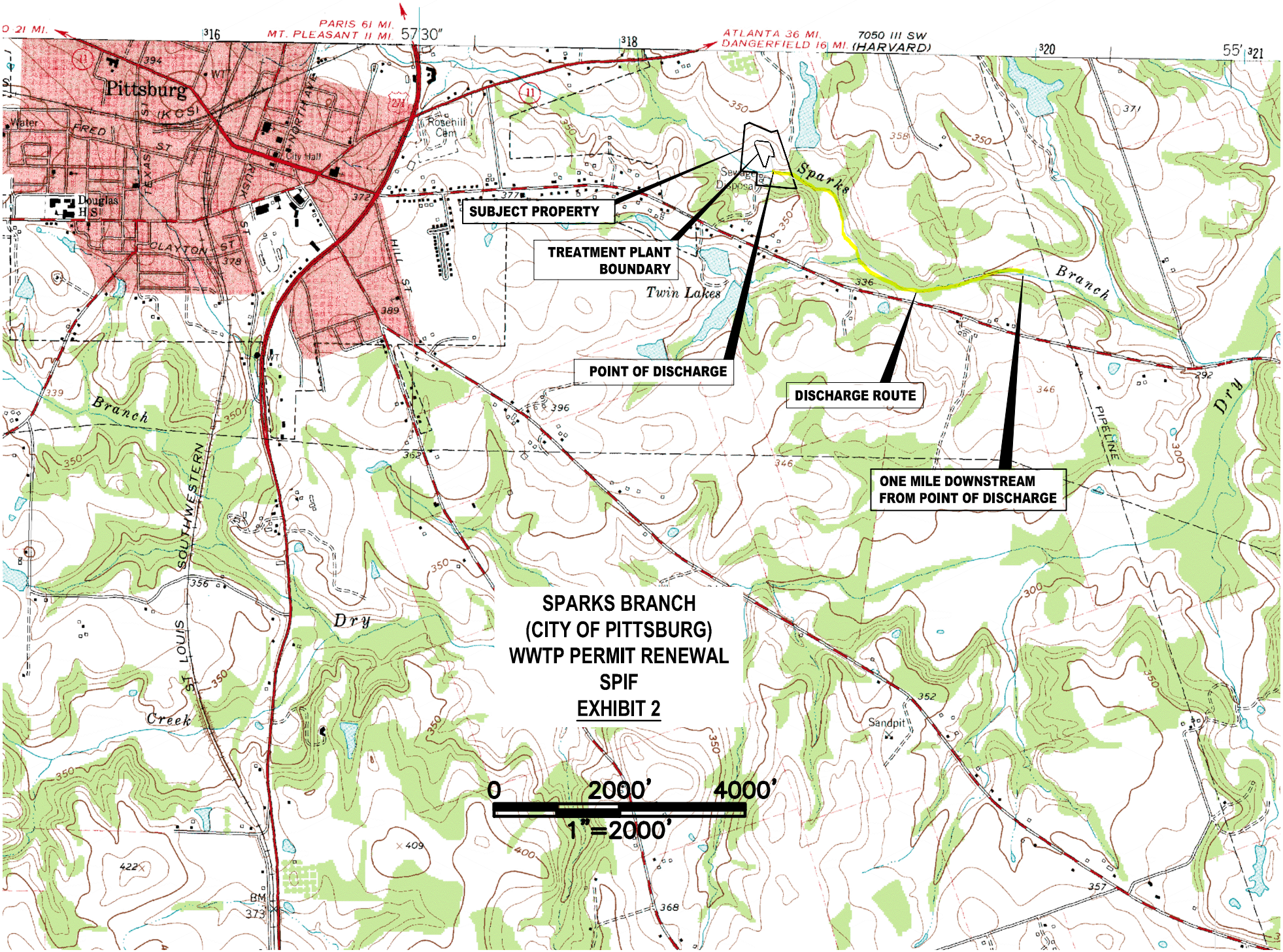
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

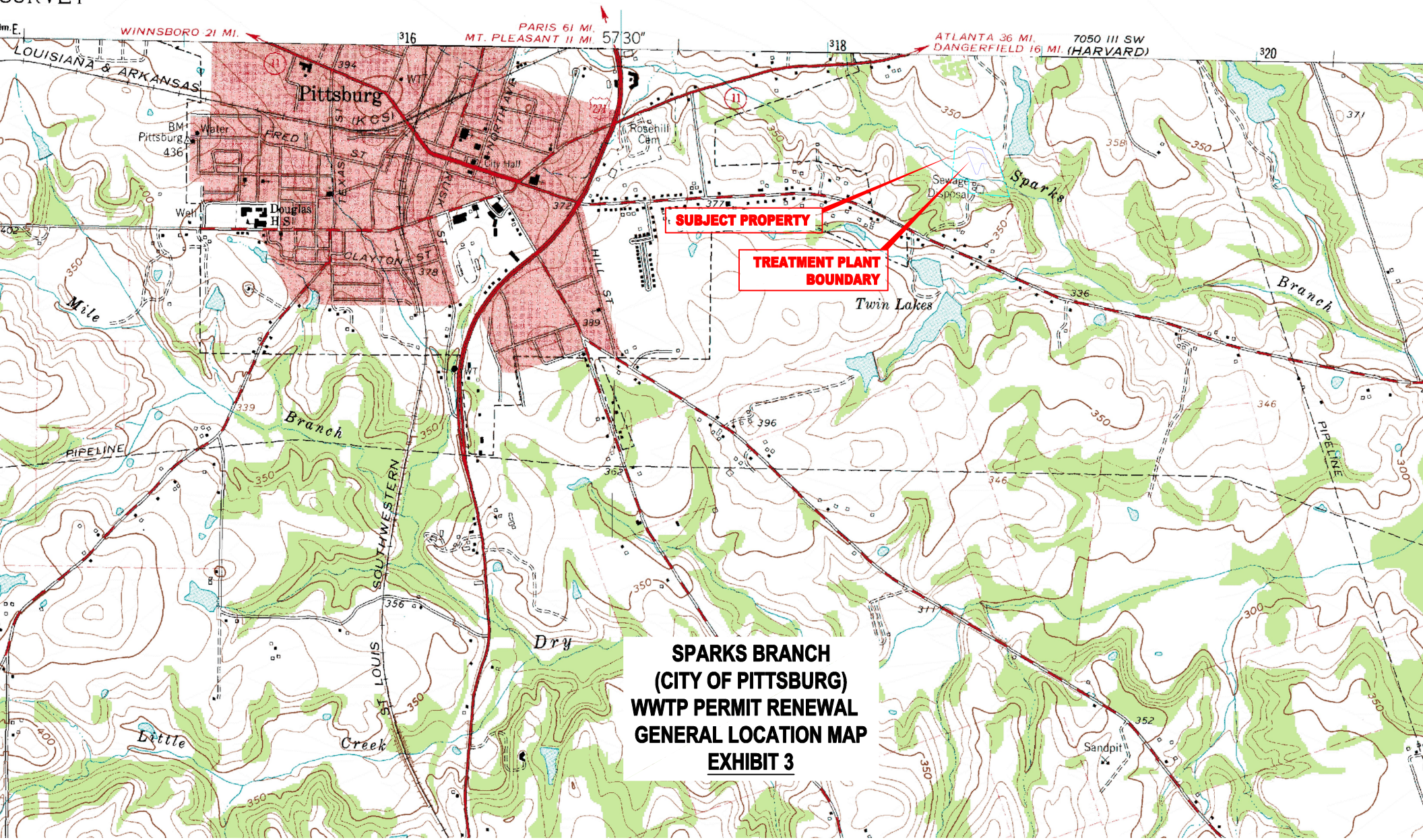
n/a

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

n/a


SUBJECT PROPERTY
TREATMENT PLANT BOUNDARY
POINT OF DISCHARGE
DISCHARGE ROUTE
ONE MILE DOWNSTREAM FROM POINT OF DISCHARGE
SPARKS BRANCH
(CITY OF PITTSBURG)
WWTP PERMIT RENEWAL
SPIF
EXHIBIT 2
0
2000'
4000'
1"=2000'
Pittsburg
Douglas H.S.
Rosehill Cem.
Sewage Disposal
Twin Lakes
Sandpit
Sparks Branch
Dry Creek
PIPELINE
SOUTHWESTERN
ST LOUIS
PARIS 61 MI.
MT. PLEASANT 11 MI.
ATLANTA 36 MI.
DANGERFIELD 16 MI.
7050 III SW
(HARVARD)

TATES
THE INTERIOR
SURVEY



SPARKS BRANCH
(CITY OF PITTSBURG)
WWTP PERMIT RENEWAL
GENERAL LOCATION MAP
EXHIBIT 3

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): 2.0

2-Hr Peak Flow (MGD): 6.0

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: 2004

D. Current Operating Phase

Provide the startup date of the facility: 2004

Section 2. Treatment Process (Instructions Page 43)

A. Current Operating Phase

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and

finish with the point of discharge. Include all sludge processing and drying units. **If more than one phase exists or is proposed, a description of *each phase* must be provided**.

Conventional activated sludge (oxidation ditch) plant with mechanical bar screen, grit chamber, oxidation ditch aeration basin with mechanical surface aerators, two final clarifiers, UV disinfection basin. Parshall flume effluent meter, effluent cascade aeration, return sludge pump station, plant lift station, aerobic digester, sludge drying beds and drying bed filtrate life station.

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Aeration basin	1	140,000 cu ft
Clarifiers	2	8 ft diameter
Aerobic Digester	1	13,000 cu ft
Sludge Drying Beds	4	8,350 sq ft
Return Sludge Pumps		1,600 gpm

C. Process Flow Diagram

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

Attachment: Attachment 3

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

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

- Latitude: 32.9957
- Longitude: -94.9410

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

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

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

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

Attachment: Attachment 4

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

City of Pittsburg

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
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 45)

Is the application for a renewal of a permit that contains an unbuilt phase or phases?

☐ Yes ☒ No

If yes, does the existing permit contain a phase that has not been constructed **within five years** of being authorized by the TCEQ?

☐ Yes ☒ No

If yes, provide a detailed discussion regarding the continued need for the unbuilt phase. **Failure to provide sufficient justification may result in the Executive Director recommending denial of the unbuilt phase or phases**.

n/a

Section 5. Closure Plans (Instructions Page 45)

Have any treatment units been taken out of service permanently, or will any units be taken out of service in the next five years?

☐ Yes ☒ No

If yes, was a closure plan submitted to the TCEQ?

☐ Yes ☐ No

If yes, provide a brief description of the closure and the date of plan approval.

n/a

Section 6. Permit Specific Requirements (Instructions Page 45)

For applicants with an existing permit, check the Other Requirements or Special Provisions of the permit.

A. Summary transmittal

Have plans and specifications been approved for the existing facilities and each proposed phase?

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: 1989 original, 2004 latest change

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.

Click to enter text.

3. Grit disposal

Does the facility have a Municipal Solid Waste (MSW) registration or permit for grit disposal?

☐ Yes ☒ No

If No, contact the TCEQ Municipal Solid Waste team at 512-239-2335. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.

Describe the method of grit disposal.

Click to enter text.

4. *Grease and decanted liquid disposal*

Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-2335.

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

Click to enter text.

E. Stormwater management

1. *Applicability*

Does the facility have a design flow of 1.0 MGD or greater in any phase?

☒ Yes ☐ No

Does the facility have an approved pretreatment program, under 40 CFR Part 403?

☐ Yes ☒ No

If no to both of the above, then skip to Subsection F, Other Wastes Received.

2. *MSGP coverage*

Is the stormwater runoff from the WWTP and dedicated lands for sewage disposal currently permitted under the TPDES Multi-Sector General Permit (MSGP), TXR050000?

☒ Yes ☐ No

If yes, please provide MSGP Authorization Number and skip to Subsection F, Other Wastes Received:

TXR05 S202 or TXRNE Click to enter text.

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

☐ Yes ☒ No

3. *Conditional exclusion*

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

☐ Yes ☒ No

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

Click to enter text.

4. ***Existing coverage in individual permit***

Is your stormwater discharge currently permitted through this individual TPDES or TLAP permit?

☐ Yes ☒ No

If yes, provide a description of stormwater runoff management practices at the site that are authorized in the wastewater permit then skip to Subsection F, Other Wastes Received.

Click to enter text.

5. ***Zero stormwater discharge***

Do you intend to have no discharge of stormwater via use of evaporation or other means?

☐ Yes ☒ No

If yes, explain below then skip to Subsection F. Other Wastes Received.

Click to enter text.

Note: If there is a potential to discharge any stormwater to surface water in the state as the result of any storm event, then permit coverage is required under the MSGP or an individual discharge permit. This requirement applies to all areas of facilities with treatment plants or systems that treat, store, recycle, or reclaim domestic sewage, wastewater or sewage sludge (including dedicated lands for sewage sludge disposal located within the onsite property boundaries) that meet the applicability criteria of above. You have the option of obtaining coverage under the MSGP for direct discharges, (recommended), or obtaining coverage under this individual permit.

6. ***Request for coverage in individual permit***

Are you requesting coverage of stormwater discharges associated with your treatment plant under this individual permit?

☐ Yes ☒ No

If yes, provide a description of stormwater runoff management practices at the site for which you are requesting authorization in this individual wastewater permit and describe whether you intend to comingle this discharge with your treated effluent or discharge it via a separate dedicated stormwater outfall. Please also indicate if you

intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.

Click to enter text.

Note: Direct stormwater discharges to waters in the state authorized through this individual permit will require the development and implementation of a stormwater pollution prevention plan (SWPPP) and will be subject to additional monitoring and reporting requirements. Indirect discharges of stormwater via headworks recycling will require compliance with all individual permit requirements including 2-hour peak flow limitations. All stormwater discharge authorization requests will require additional information during the technical review of your application.

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

If yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions.
Click to enter text.

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

1. *Acceptance of sludge from other WWTPs*

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

2. *Acceptance of septic waste*

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

If no, this section is not applicable. Proceed to Section 8.

If yes, provide effluent analysis data for the listed pollutants. ***Wastewater treatment facilities*** complete Table 1.0(2). ***Water treatment facilities*** discharging filter backwash water, complete Table 1.0(3). Provide copies of the laboratory results sheets. **These tables are not applicable for a minor amendment without renewal.** See the instructions for guidance.

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
$CBOD_5$, mg/l	<2.00		1	G	7/7/25 @ 8:26 am
Total Suspended Solids, mg/l	<1.00		1	G	7/7/25 @ 8:26 am
Ammonia Nitrogen, mg/l	<0.100		1	G	7/7/25 @ 8:26 am
Nitrate Nitrogen, mg/l	14.3		1	G	9/2/25 @ 9:00 am
Total Kjeldahl Nitrogen, mg/l	0.045		1	G	9/2/25 @ 9:00 am
Sulfate, mg/l	65.5		1	G	9/2/25 @ 9:00 am
Chloride, mg/l	34.0		1	G	7/7/25 @ 8:26 am
Total Phosphorus, mg/l	0.529		1	G	7/7/25 @ 8:26 am
pH, standard units	7.10		1	G	7/7/25 @ 8:26 am
Dissolved Oxygen*, mg/l	8.8		1	G	7/7/25 @ 8:26 am
Chlorine Residual, mg/l	<0.0100		1	G	7/7/25 @ 8:26 am
E.coli (CFU/100ml) freshwater	<1.00		1	G	7/8/25 @ 6:43 am
Entercocci (CFU/100ml) saltwater	N/A				
Total Dissolved Solids, mg/l	364		1	G	7/7/25 @ 8:26 am
Electrical Conductivity, µmohs/cm, †	N/A				
Oil & Grease, mg/l	<2.00		1	G	7/7/25 @ 8:26 am
Alkalinity ($CaCO_3$)*, mg/l	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				
Total Dissolved Solids, mg/l	N/A				
pH, standard units	N/A				

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Fluoride, mg/l	N/A				
Aluminum, mg/l	N/A				
Alkalinity ($CaCO_3$), mg/l	N/A				

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: William K Griffis

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

Facility Operator's License Number: WW0064163

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☐ Aerobic Digestion
- ☒ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)

☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)

☐ Sludge Lagoon

☐ Temporary Storage (< 2 years)

☐ Long Term Storage (>= 2 years)

☐ Methane or Biogas Recovery

☐ Other Treatment Process: Click to enter text.

C. Biosolids Management

Provide information on the *intended* biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the permit will authorize all biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Bulk		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

D. Disposal site

Disposal site name: Paris Landfill

TCEQ permit or registration number: 1454A

County where disposal site is located: Lamar

E. Transportation method

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

Name of the hauler: Waste Management Paris

Hauler registration number: 406314

Sludge is transported as a:

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

Section 10. Permit Authorization for Sewage Sludge Disposal

(Instructions Page 53)

A. Beneficial use authorization

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

☐ Yes ☒ No

If yes, are you requesting to continue this authorization to land apply sewage sludge for beneficial use?

☐ Yes ☒ No

If yes, is the completed **Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)** attached to this permit application (see the instructions for details)?

☐ Yes ☒ No

B. Sludge processing authorization

Does the existing permit include authorization for any of the following sludge processing, storage or disposal options?

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

If yes, complete the remainder of this section. If no, proceed to Section 12.

A. Location information

The following maps are required to be submitted as part of the application. For each map, provide the Attachment Number.

- Original General Highway (County) Map:

  Attachment: Click to enter text.
- USDA Natural Resources Conservation Service Soil Map:

  Attachment: Click to enter text.
- Federal Emergency Management Map:

  Attachment: Click to enter text.

- Site map:

  Attachment: Click to enter text.

Discuss in a description if any of the following exist within the lagoon area. Check all that apply.

- ☐ Overlap a designated 100-year frequency flood plain
- ☐ Soils with flooding classification
- ☐ Overlap an unstable area
- ☐ Wetlands
- ☐ Located less than 60 meters from a fault
- ☐ None of the above

Attachment: Click to enter text.

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

Click to enter text.

B. Temporary storage information

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

Nitrate Nitrogen, mg/kg: Click to enter text.

Total Kjeldahl Nitrogen, mg/kg: Click to enter text.

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

Phosphorus, mg/kg: Click to enter text.

Potassium, mg/kg: Click to enter text.

pH, standard units: Click to enter text.

Ammonia Nitrogen mg/kg: Click to enter text.

Arsenic: Click to enter text.

Cadmium: Click to enter text.

Chromium: Click to enter text.

Copper: Click to enter text.

Lead: Click to enter text.

Mercury: Click to enter text.

Molybdenum: Click to enter text.

Nickel: Click to enter text.

Selenium: Click to enter text.

Zinc: Click to enter text.

Total PCBs: Click to enter text.

Provide the following information:

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

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

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

C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of $1x10^{-7}$ cm/sec?

☐ Yes ☐ No

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

Click to enter text.

D. Site development plan

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

Click to enter text.

Attach the following documents to the application.

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

  Attachment: Click to enter text.
- Copy of the closure plan

  Attachment: Click to enter text.
- Copy of deed recordation for the site

  Attachment: Click to enter text.
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

  Attachment: Click to enter text.
- Description of the method of controlling infiltration of groundwater and surface water from entering the site

  Attachment: Click to enter text.
- Procedures to prevent the occurrence of nuisance conditions

  Attachment: Click to enter text.

E. Groundwater monitoring

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

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

A. Additional authorizations

Does the permittee have additional authorizations for this facility, such as reuse authorization, sludge permit, etc?

☐ Yes ☒ No

If yes, provide the TCEQ authorization number and description of the authorization:

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

Is the permittee required to meet an implementation schedule for compliance or enforcement?

☐ Yes ☒ No

If yes to either question, provide a brief summary of the enforcement, the implementation schedule, and the current status:

Click to enter text.

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: Click to enter text.

Section 14. Laboratory Accreditation (Instructions Page 56)

All laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*, which includes the following general exemptions from National Environmental Laboratory Accreditation Program (NELAP) certification requirements:

- The laboratory is an in-house laboratory and is:
  - periodically inspected by the TCEQ; or
  - located in another state and is accredited or inspected by that state; or
  - performing work for another company with a unit located in the same site; or
  - performing pro bono work for a governmental agency or charitable organization.
- The laboratory is accredited under federal law.
- The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review 30 TAC Chapter 25 for specific requirements.

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

CERTIFICATION:

I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification.*

Printed Name: David Abernathy

Title: Mayor

Signature: David Abernathy

Date: 08/29/2025

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?

☐ Yes ☒ No

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

Owner of the drinking water supply: Click to enter text.

Distance and direction to the intake: Click to enter text.

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

Attachment: Click to enter text.

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

If **no**, proceed to Section 3. **If yes**, complete the remainder of this section. If no, proceed to Section 3.

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: Click to enter text.

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

Click to enter text.

C. Sea grasses

Are there any sea grasses within the vicinity of the point of discharge?

☐ Yes ☐ No

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

Click to enter text.

Section 3. Classified Segments (Instructions Page 64)

Is the discharge directly into (or within 300 feet of) a classified segment?

☐ Yes ☒ No

If yes, this Worksheet is complete.

If no, complete Sections 4 and 5 of this Worksheet.

Section 4. Description of Immediate Receiving Waters (Instructions Page 65)

Name of the immediate receiving waters: Sparks Branch Creek

A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

B. Flow characteristics

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

☐ Intermittent - dry for at least one week during most years

☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses

☒ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

none

D. Downstream characteristics

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

☒ Yes ☐ No

If yes, discuss how.

Sparks Branch flows into Dry Creek

E. Normal dry weather characteristics

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

Low flow, water clear with slight color

Date and time of observation: 6/24/25 9:00 am

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

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

B. Waterbody uses

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

- ☒ Livestock watering
- ☐ Irrigation withdrawal
- ☐ Fishing
- ☐ Domestic water supply
- ☐ Park activities
- ☐ Contact recreation
- ☐ Non-contact recreation
- ☐ Navigation
- ☐ Industrial water supply
- ☐ Other(s), specify: Click to enter text.

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Toxic Pollutants (Instructions Page 78)

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

Grab ☒ Composite ☐

Date and time sample(s) collected: 0/7/08/25 at 9:30 am

Table 4.0(1) – Toxics Analysis

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile	ND			50
Aldrin	ND			0.01
Aluminum	19.0			2.5
Anthracene	ND			10
Antimony	ND			5
Arsenic	ND			0.5
Barium	32.0			3
Benzene	ND			10
Benzidine	ND			50
Benzo(a)anthracene	ND			5
Benzo(a)pyrene	ND			5
Bis(2-chloroethyl)ether	ND			10
Bis(2-ethylhexyl)phthalate	ND			10
Bromodichloromethane	ND			10
Bromoform	ND			10
Cadmium	ND			1
Carbon Tetrachloride	ND			2
Carbaryl	ND			5
Chlordane*	ND			0.2
Chlorobenzene	ND			10
Chlorodibromomethane	ND			10

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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Endosulfan II (beta)	ND			0.02
Endosulfan Sulfate	ND			0.1
Endrin	ND			0.02
Ethylbenzene	ND			10
Fluoride	194			500
Guthion	ND			0.1
Heptachlor	ND			0.01
Heptachlor Epoxide	ND			0.01
Hexachlorobenzene	ND			5
Hexachlorobutadiene	ND			10
Hexachlorocyclohexane (alpha)				0.05
Hexachlorocyclohexane (beta)				0.05
gamma-Hexachlorocyclohexane (Lindane)				0.05
Hexachlorocyclopentadiene	ND			10
Hexachloroethane	ND			20
Hexachlorophene	ND			10
Lead	ND			0.5
Malathion	ND			0.1
Mercury	ND			0.005
Methoxychlor	ND			2
Methyl Ethyl Ketone	ND			50
Mirex	ND			0.02
Nickel	ND			2
Nitrate-Nitrogen	11700			100
Nitrobenzene	ND			10
N-Nitrosodiethylamine	ND			20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333
Parathion (ethyl)	ND			0.1
Pentachlorobenzene	ND			20
Pentachlorophenol	ND			5
Phenanthrene	ND			10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Polychlorinated Biphenyls (PCB's) (*3)	ND			0.2
Pyridine	ND			20
Selenium	ND			5
Silver	ND			0.5
1,2,4,5-Tetrachlorobenzene	ND			20
1,1,2,2-Tetrachloroethane	ND			10
Tetrachloroethylene	ND			10
Thallium	ND			0.5
Toluene	ND			10
Toxaphene	ND			0.3
2,4,5-TP (Silvex)	ND			0.3
Tributyltin (see instructions for explanation)	N/A			0.01
1,1,1-Trichloroethane	ND			10
1,1,2-Trichloroethane	ND			10
Trichloroethylene	ND			10
2,4,5-Trichlorophenol	ND			50
TTHM (Total Trihalomethanes)	ND			10
Vinyl Chloride	ND			10
Zinc	34.0			5

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

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

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

Section 2. Priority Pollutants

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

Grab ☒ Composite ☐

Date and time sample(s) collected: 07/08/25 at 9:30 am

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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Antimony	ND			5
Arsenic	ND			0.5
Beryllium	ND			0.5
Cadmium	ND			1
Chromium (Total)	ND			3
Chromium (Hex)	ND			3
Chromium (Tri) **(*1)**	ND			N/A
Copper	ND			2
Lead	ND			0.5
Mercury	ND			0.005
Nickel	ND			2
Selenium	ND			5
Silver	ND			0.5
Thallium	ND			0.5
Zinc	34.0			5
Cyanide **(*2)**	ND			10
Phenols, Total	ND			10

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

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

Table 4.0(2)B – Volatile Compounds

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

Table 4.0(2)C – Acid Compounds

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

Table 4.0(2)D – Base/Neutral Compounds

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

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

Table 4.0(2)E – Pesticides

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

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

Section 3. Dioxin/Furan Compounds

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

☐ 2,4,5-trichlorophenoxy acetic acid

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

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

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

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

Common Name Erbon, CASRN 136-25-4

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

Common Name Ronnel, CASRN 299-84-3

☐ 2,4,5-trichlorophenol

Common Name TCP, CASRN 95-95-4

☐ hexachlorophene

Common Name HCP, CASRN 70-30-4

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

Click to enter text.

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

☐ Yes ☐ No

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

Click to enter text.

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

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

Grab ☒ Composite ☐

Date and time sample(s) collected: 07/08/25 at 9:30 am

Table 4.0(2)F – Dioxin/Furan Compounds

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Required Tests (Instructions Page 88)

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

7-day Chronic: 18

48-hour Acute: 18

Section 2. Toxicity Reduction Evaluations (TREs)

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

☐ Yes ☒ No

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

N/A

Section 3. Summary of WET Tests

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

Table 5.0(1) Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub–lethal

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following **is required** for **all publicly owned treatment works**.

Section 1. All POTWs (Instructions Page 89)

A. Industrial users (IUs)

Provide the number of each of the following types of industrial users (IUs) that discharge to your POTW and the daily flows from each user. See the Instructions for definitions of Categorical IUs, Significant IUs – non-categorical, and Other IUs.

If there are no users, enter 0 (zero).

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs – non-categorical:

Number of IUs: 1

Average Daily Flows, in MGD: 0.0017

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.

Click to enter text.

C. Treatment plant pass through

In the past three years, has your POTW experienced pass through (see instructions)?

☐ Yes ☒ No

If yes, identify the dates, duration, a description of the pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass through event. Include the names of the IUs that may have caused pass through.

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 90)

A. Substantial modifications

Have there been any **substantial modifications** to the approved pretreatment program that have not been submitted to the TCEQ for approval according to *40 CFR §403.18*?

☐ Yes ☒ No

If yes, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.

Click to enter text.

B. Non–substantial modifications

Have there been any **non–substantial modifications** to the approved pretreatment program that have not been submitted to TCEQ for review and acceptance?

☐ Yes ☐ No

If yes, identify all non-substantial modifications that have not been submitted to TCEQ, including the purpose of the modification.

Click to enter text.

C. Effluent parameters above the MAL

In Table 6.0(1), list all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

Has any SIU, CIU, or other IU caused or contributed to any problems (excluding interferences or pass throughs) at your POTW in the past three years?

☐ Yes ☒ No

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

Click to enter text.

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

A. General information

Company Name: Pilgrim's Pride Corporation

SIC Code: 0254

Contact name: Philip Gerig

Address: 110 S. Texas St.

City, State, and Zip Code: Pittsburg, TX 75686

Telephone number: 903-855-1000

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).

Wash chick boxes, wash chick trays, wash hatches. Wash water flows through strainers and drain buckets prior to discharge into the wastewater collection system.

C. Product and service information

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

Click to enter text.

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: 1,700

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 *i*nstructions?

☒ Yes ☐ No

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

☐ Yes ☒ No

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

Category: Subcategories: Click to enter text.

Click or tap here to enter text. Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

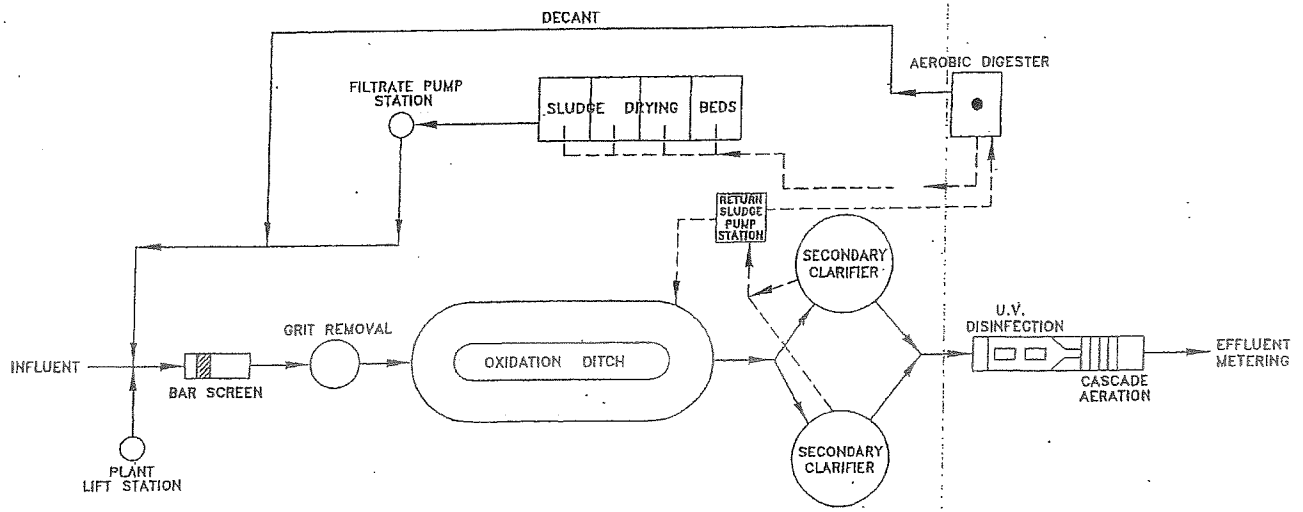
F. Industrial user interruptions

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

☐ Yes ☒ No

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

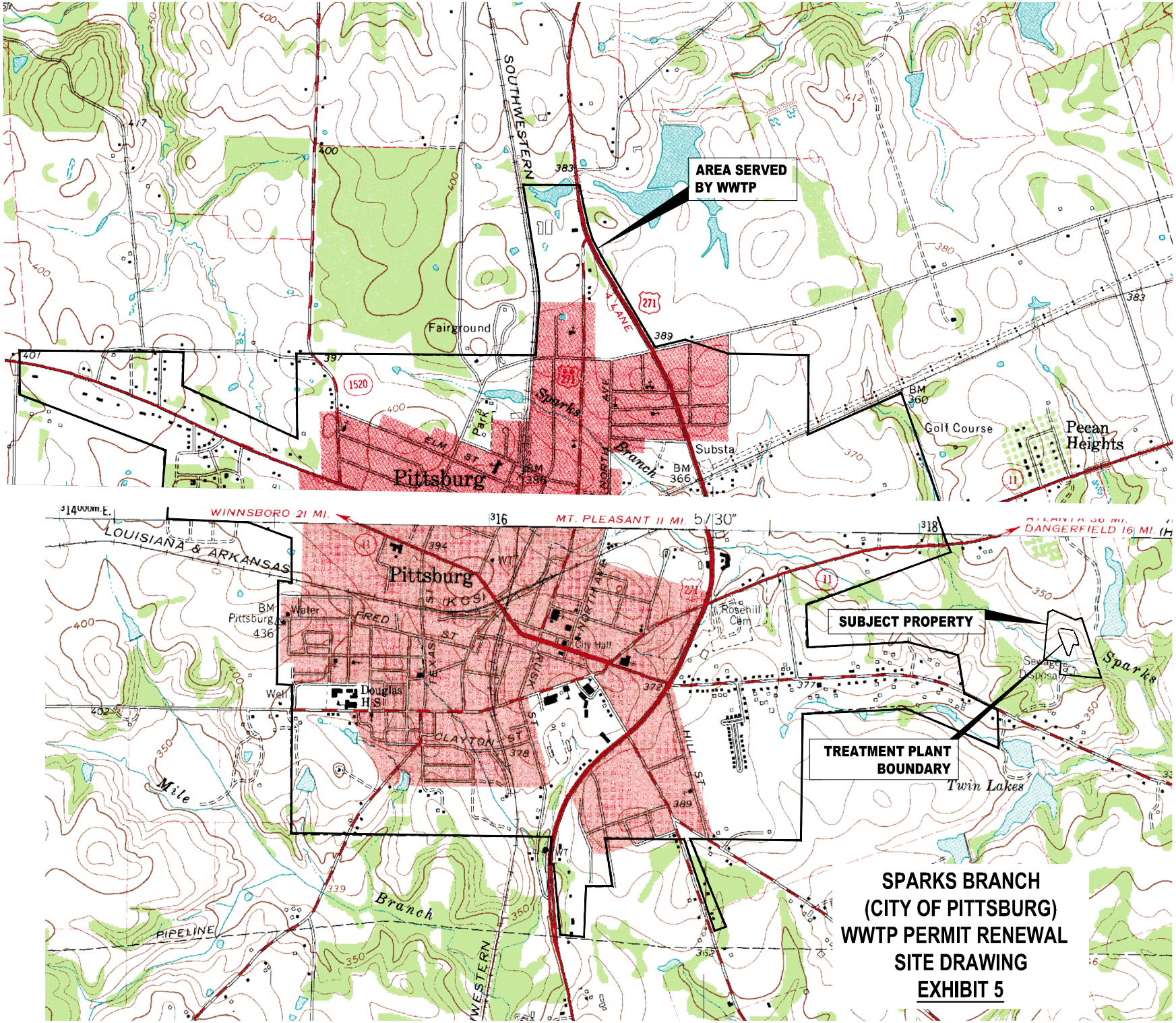
Click to enter text.



PROCESS FLOW SCHEMATIC

EXHIBIT No. 4

CITY OF PITTSBURG
SPARKS BRANCH WWTP
DOMESTIC TECHNICAL REPORT 1.0
QUESTION 3.d.



SPARKS BRANCH
(CITY OF PITTSBURG)
WWTP PERMIT RENEWAL
SITE DRAWING
EXHIBIT 5

City of Pittsburg 200 Rusk St. Pittsburg Texas, 75686	Project: Monthly Report - Day 1 Project Number: [none] Project Manager: City of Pittsburg	**Reported:** 28-Aug-25 08:52

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled
Pitts - Effluent - 001 - Day 1	A507124-01	Water	07-Jul-25 08:26

Erin Crafton

Erin Crafton For Arlin Braun, Lab Manager

A507124-01 (Water) Pitts - Effluent - 001 - Day 1 7/7/25 8:26

Analyte	Result	Rpt Lmt	Units	Batch	Analyzed	Method	Notes
Phosphorus	**0.529**	0.0192	mg/L	2531025	7/30/25 18:11	EPA 200.7	
Chloride	**34.0**	5.00	mg/L	2535029	7/31/25 10:15	M 4500CL (	
Chlorine Residual	**ND**	0.0100	mg/L	2535022	7/7/25 8:45	M 4500CL (	CP
Field pH	**7.10**		pH Units	2535022	7/7/25 8:45	EPA 150.1	CP
Carbonaceous BOD	**ND**	2.00	mg/L	2528006	7/8/25 14:10	SM 5210B	
Total Suspended Solids	**ND**	1.00	mg/L	2528045	7/10/25 15:40	SM 2540 D	
Ammonia as N	**ND**	0.100	mg/L	2528048	7/12/25 13:45	4500NH3D	
Field Dissolved Oxygen	**8.8**		mg/L	2535022	7/7/25 8:45	SM4500O G	CP
Oil & Grease	**ND**	2.00	mg/L	2528028	7/20/25 6:10	EPA 1664A	
Total Dissolved Solids	**364**	10.0	mg/L	2528005	7/8/25 10:20	EPA 160.1	

Total Metals by EPA 200 Series Methods - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch 2531025 - EPA 200.7										
Blank (2531025-BLK1)				Prepared: 29-Jul-25 Analyzed: 30-Jul-25						
Phosphorus	ND	0.0192	mg/L							
Blank (2531025-BLK2)				Prepared: 29-Jul-25 Analyzed: 30-Jul-25						
Phosphorus	ND	0.0192	mg/L							

Wet Chemistry - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch 2528005 - No Prep - WetChem										
Blank (2528005-BLK1)				Prepared & Analyzed: 08-Jul-25						
Total Dissolved Solids	ND	10.0	mg/L							
LCS (2528005-BS1)				Prepared & Analyzed: 08-Jul-25						
Total Dissolved Solids	717	10.0	mg/L	722		99.3	85-115			
Duplicate (2528005-DUP1)		Source: A507085-01		Prepared & Analyzed: 08-Jul-25						
Total Dissolved Solids	411	10.0	mg/L		410			0.244	25	
Batch 2528006 - No Prep - WetChem										
Blank (2528006-BLK1)				Prepared & Analyzed: 08-Jul-25						
Carbonaceous BOD	ND	2.00	mg/L							
Blank (2528006-BLK2)				Prepared & Analyzed: 08-Jul-25						
Carbonaceous BOD	ND	2.00	mg/L							
LCS (2528006-BS1)				Prepared & Analyzed: 08-Jul-25						
Carbonaceous BOD	182	2.00	mg/L				1.5959-115			
Duplicate (2528006-DUP1)		Source: A507093-01		Prepared & Analyzed: 08-Jul-25						
Carbonaceous BOD	ND	2.00	mg/L		ND				25	
Duplicate (2528006-DUP2)		Source: A507095-01		Prepared & Analyzed: 08-Jul-25						
Carbonaceous BOD	ND	2.00	mg/L		ND				25	
Batch 2528028 - No Prep - WetChem										
Blank (2528028-BLK1)				Prepared & Analyzed: 20-Jul-25						
Oil & Grease	ND	2.00	mg/L							
LCS (2528028-BS1)				Prepared & Analyzed: 20-Jul-25						
Oil & Grease	39.5	2.00	mg/L	40.0		98.8	70-130			
Duplicate (2528028-DUP1)		Source: A507470-02		Prepared & Analyzed: 20-Jul-25						
Oil & Grease	2.70	2.00	mg/L		2.60			3.77	25	
Matrix Spike (2528028-MS1)		Source: A507478-01		Prepared & Analyzed: 20-Jul-25						
Oil & Grease	46.8	2.00	mg/L	40.0	6.60	100	70-130			

Wet Chemistry - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch 2528045 - No Prep - WetChem										
Blank (2528045-BLK1)				Prepared & Analyzed: 10-Jul-25						
Total Suspended Solids	ND	1.00	mg/L							
LCS (2528045-BS1)				Prepared & Analyzed: 10-Jul-25						
Total Suspended Solids	87.0	1.00	mg/L	86.9		100	80-120			
Duplicate (2528045-DUP1)		Source: A507132-01		Prepared & Analyzed: 10-Jul-25						
Total Suspended Solids	18.4	1.00	mg/L		17.2			6.74	200	
Duplicate (2528045-DUP2)		Source: A507094-03		Prepared & Analyzed: 10-Jul-25						
Total Suspended Solids	80.0	1.00	mg/L		88.0			9.52	200	
Batch 2528048 - No Prep - WetChem										
Blank (2528048-BLK1)				Prepared & Analyzed: 12-Jul-25						
Ammonia as N	ND	0.100	mg/L							
LCS (2528048-BS1)				Prepared & Analyzed: 12-Jul-25						
Ammonia as N	4.88	0.100	mg/L	5.00		97.6	85-115			
Duplicate (2528048-DUP1)		Source: A507120-01		Prepared & Analyzed: 12-Jul-25						
Ammonia as N	1.18	0.100	mg/L		1.27			7.35	25	
Duplicate (2528048-DUP2)		Source: A507182-01		Prepared & Analyzed: 12-Jul-25						
Ammonia as N	3.84	0.100	mg/L		3.84			0.00	25	
Matrix Spike (2528048-MS1)		Source: A507120-01		Prepared & Analyzed: 12-Jul-25						
Ammonia as N	6.36	0.100	mg/L	5.00	1.27	102	70-130			
Matrix Spike (2528048-MS2)		Source: A507182-01		Prepared & Analyzed: 12-Jul-25						
Ammonia as N	8.99	0.100	mg/L	5.00	3.84	103	70-130			
Batch 2535029 - No Prep - WetChem										
Blank (2535029-BLK1)				Prepared & Analyzed: 31-Jul-25						
Chloride	ND	5.00	mg/L							
LCS (2535029-BS1)				Prepared & Analyzed: 31-Jul-25						
Chloride	48.0	5.00	mg/L				0-200			
Duplicate (2535029-DUP1)		Source: A507124-01		Prepared & Analyzed: 31-Jul-25						

Wet Chemistry - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch 2535029 - No Prep - WetChem										
Duplicate (2535029-DUP1)	**Source: A507124-01**			Prepared & Analyzed: 31-Jul-25						
Chloride	32.0	5.00	mg/L		34.0			6.06	25	
Matrix Spike (2535029-MS1)	**Source: A507124-01**			Prepared & Analyzed: 31-Jul-25						
Chloride	88.0	5.00	mg/L		34.0		85-115			

Notes and Definitions

CP	Client Provided Data
DET	Analyte DETECTED
ND	Analyte NOT DETECTED at or above the reporting limit
NR	Not Reported
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference
SUB	Subcontracted

- Field Activities for pH, Dissolved Oxygen, Residual Chlorine, and Temperature are not accredited activites.

- AWWS is not accredited for analyzing drinkingwater samples.

- QAQC may not be included for samples that will not be reported to accrediting authorities. Analyses include MLSS/MLVS and analyses for influent samples.

- NELAP Accredited.

- This report must be copied in full, unless AWWS, Inc. gives permission to do so.

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

City of Pittsburg 200 Rusk St. Pittsburg Texas, 75686	Project: Monthly Report - Day 2 Project Number: [none] Project Manager: City of Pittsburg	**Reported:** 09-Sep-25 16:13

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled
Pitts - Effluent - 001 - Day 2	A507141-01	Water	08-Jul-25 06:43

Erin Crafton

Erin Crafton For Arlin Braun, Lab Manager

A507141-01 (Water) Pitts - Effluent - 001 - Day 2 7/8/25 6:43

Analyte	Result	Rpt Lmt	Units	Batch	Analyzed	Method	Notes
E. Coli	ND	1.00	MPN/100 ml	2537027	7/8/25 11:45	19223BColil	

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes

Notes and Definitions

DET	Analyte DETECTED
ND	Analyte NOT DETECTED at or above the reporting limit
NR	Not Reported
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference
SUB	Subcontracted

- Field Activities for pH, Dissolved Oxygen, Residual Chlorine, and Temperature are not accredited activites.

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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

Project
1160407

AWWS-A

AWWS Analytical Water & Wastewater Services Inc.
Arlin Braun
695 Shady Lane
Hallsville, TX 75650-

Printed 09/05/2025
13:48

TABLE OF CONTENTS

This report consists of this Table of Contents and the following pages:

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

SAMPLE CROSS REFERENCE

Project
1160407

Printed 9/5/2025 Page 1 of 1

AWWS Analytical Water & Wastewater Services Inc.
Arlin Braun
695 Shady Lane
Hallsville, TX 75650-

Sample	Sample ID	Taken	Time	Received
2442500	*PITTSBURG*	09/02/2025	09:00:00	09/03/2025

Bottle 01 Polyethylene 250 mL unpres, Q
Bottle 02 8 oz Plastic H2SO4 pH < 2, Q
Bottle 03 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1193735) Volume: 20.00000 mL <== Derived from 02 (20 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	01	1193861	09/03/2025	1193861	09/03/2025
EPA 351.2 2	03	1193735	09/04/2025	1194030	09/04/2025

Email: Kilgore.ProjectManagement@spllabs.com

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

SPL
The Science of Sure

1
2

AWWS-A

Project
1160407

AWWS Analytical Water & Wastewater Services Inc.
Arlin Braun
695 Shady Lane
Hallsville, TX 75650-

Printed: 09/05/2025

RESULTS

Sample Results

2442500 PITTSBURG

Non-Potable Water | *Collected by:* Client | AWWS Analytical Wate | *Taken:* 09/02/2025 09:00:00 | *PO:* | *Received:* 09/03/2025

EPA 300.0 2.1 — *Prepared:* 1193861 09/03/2025 20:22:00 — *Analyzed* 1193861 09/03/2025 20:22:00 KRA

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Nitrate-Nitrogen Total**	**14.3**	**mg/L**	0.226		**14797-55-8**	01
NELAC	**Sulfate**	**65.5**	**mg/L**	3.00			01

EPA 351.2 2 — *Prepared:* 1193735 09/04/2025 08:19:56 — *Analyzed* 1194030 09/04/2025 11:50:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Kjeldahl Nitrogen**	**0.045**	**mg/L**	0.050	J	**7727-37-9**	03

Sample Preparation

2442500 PITTSBURG

Received: 09/03/2025

09/02/2025

Prepared: 09/03/2025 13:31:24 — *Calculated* 09/03/2025 13:31:24 CAL

z	**Enviro Fee (per Sampling Group)**	**Verified**	

EPA 351.2, Rev 2.0 — *Prepared:* 1193735 09/04/2025 08:19:56 — *Analyzed* 1193735 09/04/2025 08:19:56 MEG

NELAC	**TKN Block Digestion**	**20/20**	**ml**	02

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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1
2

AWWS-A

Project
1160407

AWWS Analytical Water & Wastewater Services Inc.
Arlin Braun
695 Shady Lane
Hallsville, TX 75650-

Printed: 09/05/2025

Qualifiers:

J - Analyte detected below quantitation limit

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

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

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

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

Bill Peery

Bill Peery, MS, VP Technical Services

QUALITY CONTROL

SPL
The Science of Sure

AWWS-A

AWWS Analytical Water & Wastewater Services Inc.
Arlin Braun
695 Shady Lane
Hallsville, TX 75650-

Project
1160407

Printed 09/05/2025

Analytical Set 1194030

EPA 351.2 2

AWRL/LOQ C

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	0.054	0.050	mg/L	108	75.0 - 125	128033563

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1193735	ND	0.00712	0.050	mg/L	128033575

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Kjeldahl Nitrogen	1193735	ND	0.00712	0.050	mg/L	128033582
Total Kjeldahl Nitrogen	1193735	ND	0.00712	0.050	mg/L	128033591

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.17	5.00	mg/L	103	90.0 - 110	128033538
Total Kjeldahl Nitrogen	5.16	5.00	mg/L	103	90.0 - 110	128033548
Total Kjeldahl Nitrogen	5.17	5.00	mg/L	103	90.0 - 110	128033558
Total Kjeldahl Nitrogen	5.18	5.00	mg/L	104	90.0 - 110	128033568
Total Kjeldahl Nitrogen	5.16	5.00	mg/L	103	90.0 - 110	128033576
Total Kjeldahl Nitrogen	5.18	5.00	mg/L	104	90.0 - 110	128033587
Total Kjeldahl Nitrogen	5.19	5.00	mg/L	104	90.0 - 110	128033594
Total Kjeldahl Nitrogen	5.19	5.00	mg/L	104	90.0 - 110	128033599
Total Kjeldahl Nitrogen	5.22	5.00	mg/L	104	90.0 - 110	128033606

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Kjeldahl Nitrogen	2440943	0.253	0.229	mg/L	9.96	20.0
Total Kjeldahl Nitrogen	2442489	0.311	0.335	mg/L	7.43	20.0

ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.24	5.00	mg/L	105	90.0 - 110	128033537

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Total Kjeldahl Nitrogen	1193735	4.77	4.79	5.00	90.0 - 110	95.4	95.8	mg/L	0.418	20.0

Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File	
Total Kjeldahl Nitrogen	2440943	4.61	0.229	5.00	mg/L	87.6	80.0 - 120	128033581	
Total Kjeldahl Nitrogen	2442489	4.21	0.335	5.00	mg/L	77.5	80.0 - 120	128033585	*

Analytical Set 1193861

EPA 300.0 2.1

AWRL/LOQ C

Parameter	Reading	Known	Units	Recover%	Limits%	File
Nitrate-Nitrogen Total	0.0254	0.0226	mg/L	112	70.0 - 130	128029910

Email: Kilgore.ProjectManagement@spllabs.com

QUALITY CONTROL

AWWS-A

AWWS Analytical Water & Wastewater Services Inc.
Arlin Braun
695 Shady Lane
Hallsville, TX 75650-

Project
1160407

Printed 09/05/2025

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Nitrate-Nitrogen Total	1193861	ND	0.00655	0.0226	mg/L	128029911
Sulfate	1193861	ND	0.283	0.300	mg/L	128029911

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Nitrate-Nitrogen Total	1193861	0.00609	0.00655	0.0226	mg/L	128029907
Nitrate-Nitrogen Total	1193861	0.00745	0.00655	0.0226	mg/L	128029925
Nitrate-Nitrogen Total	1193861	0	0.00655	0.0226	mg/L	128029939
Sulfate	1193861	0	0.283	0.300	mg/L	128029907
Sulfate	1193861	0	0.283	0.300	mg/L	128029925
Sulfate	1193861	0	0.283	0.300	mg/L	128029939

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Nitrate-Nitrogen Total	2.26	2.26	mg/L	100	90.0 - 110	128029906
Nitrate-Nitrogen Total	2.25	2.26	mg/L	99.6	90.0 - 110	128029924
Nitrate-Nitrogen Total	2.28	2.26	mg/L	101	90.0 - 110	128029938
Sulfate	9.24	10.0	mg/L	92.4	90.0 - 110	128029906
Sulfate	9.22	10.0	mg/L	92.2	90.0 - 110	128029924
Sulfate	9.38	10.0	mg/L	93.8	90.0 - 110	128029938

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Nitrate-Nitrogen Total	1193861	1.10	1.11	1.13	86.3 - 117	97.3	98.2	mg/L	0.905	20.0
Sulfate	1193861	4.35	4.35	5.00	85.4 - 124	87.0	87.0	mg/L	0	20.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Nitrate-Nitrogen Total	2440684	14.6	14.6	10.6	4.52	80.0 - 120	88.5	88.5	mg/L	0	20.0
Sulfate	2440684	87.5	86.4	69.0	20.0	80.0 - 120	92.5	87.0	mg/L	6.13	20.0
Nitrate-Nitrogen Total	2440928	28.3	28.0	6.40	22.6	80.0 - 120	96.9	95.6	mg/L	1.38	20.0
Sulfate	2440928	193	190	92.5	100	80.0 - 120	100	97.5	mg/L	3.03	20.0

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

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

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); CCB - Continuing Calibration Blank; CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); 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.); LCS Dup - Laboratory Control Sample Duplicate (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.); AWRL/LOQ C - Ambient Water Reporting Limit/LOQ Check Std; ICV - Initial Calibration Verification

1160407 CoC Print Group 001 of 001

PITTSBURG

Samples Submitted By:

Name: Erin Crafton
Company: AWWS, Inc
Address: 695 Shady Ln
City, St Zip: Hallsville, TX 75650
awwsinc@gmail.com
Phone: 903-668-4133 Fax: 903-668-1095

Laboratory Chain-of-Custody
AWWS, INC.
Analytical Water and Wastewater Services, Inc.
695 Shady Ln Hallsville, Tx 75650 phone: (903) 668-4133 fax (903) 668-1095
AWWSinc@gmail.com

Project Number | Project Description | AWWS Project Manager

Analyses Requested

Sample Identification/Location	Date	Time	Matrix	Grab/ Comp	Iced Y/N	Preservative	No. Containers	P/G	Nitrate Nitrogen	Sulfate	TKN	Comments
Pitts 2412500	9/2/2025	900	npw	g	y	cool	1	P	x			
						H2SO4	1	P			x	

9/3 0857
Date Time Tech
Temp: 3.8/3.2 C
Therm#: 6443 Corr Fact: 0.4 C

Samples Collected By (Signature):
[✓] Client City of Pittsburg
[ ] AWWS

Method of Shipment:

Comments:

Relinquished By:	Date/Time:	Received By:
x City of Pittsburg	9/2/25 905	9/2/25 @ 1130
	9/3/25 0857	
	Date/Time:	Logged in at AWWS Laboratory By:

Sample Received on Ice? [✓] Yes [ ] No Temp____
Cooler/Sample Secure? [✓] Yes [ ] No Therm ID #5 Nubee

AWWS COC Rev 3 Effective 10/1/24

pg 1 of 1
Issued by AWWS, Inc

CITY OF OVERTON WWTP

MONTHLY OPERATING REPORT

Permit No. WQ0010242001

August 2025

Date	FLOW Totalizer (MGD)	FLOW 24 HOUR (MGD)	FLOW Inst.	Flow Staff Gauge (MGD)	CONTACT CHAMBER PROCESS CONTROL 2/month pH SU	1/week D.O. mg/l	Daily Chlorine Residual	DISINFECTANT READINGS CYL 1 WEIGHT	CYL 2 WEIGHT	LBS Used	COMMENTS LAB SAMPLES TAKEN, EFFLUENT QUALITY, PROCESS ISSUES ETC.	Time	Initials
PREVIOUS DAY	929999	#VALUE!					5		126				
1	930194	195000	0.139				1.4		122	28			
2	930339	145000	0.126				2		116	34			
3	930474	135000	0.211				1.8		116	0			
4	930589	115000	0.193				2.2		114	36			
5	930727	138000	0.241				1.3		110	40			
6	930850	123000	0.165				2		104	46			
7	930965	115000	0.134				2.1		97	53			
8	931092	127000	0.181				2.9		93	57			
9	931195	103000	0.098				2		88	62			
10	931314	119000	0.102				2.1		83	67			
11	931445	131000	0.349				1.5		78	72			
12	931572	127000	0.128				1.8		72	78			
13	931698	126000	0.209				2.3		66	84			
14	931833	135000	0.123				2		58	92			
15	932037	204000	0.158				1.5		46	104			
16	932317	280000	0.097				2		44	106			
17	932538	221000	0.098				1.2		40	110			
18	932762	224000	0.348				2.6		34	116			
19	933001	239000	0.382				1.9		150	116			
20	933236	235000	0.175				2.1		147	3			
21	933464	228000	0.122				1.5		146	4			
22	933787	323000	0.149				1.9		145	5			
23	934007	220000	0.149				1.8		144	6			
24	934250	243000	0.213				1.6		143	7			
25	934483	233000	0.288				1		142	8			
26	934723	240000	0.177				1.6		140	10			
27	934961	238000	0.175				1.3		139	11			
28	935202	241000	0.385				1.9		138	12			
29	935446	244000	0.403				2.1		138	0			
30	935715	269000	0.164				1.8		127	23			
31	936002	287000	0.339				1.3		122	28			
Average													
Max													
Min													

remove excess #sludge from contact chamber via sanchez septic dispose into the drying beds

Erwin Madrid

From: Erwin Madrid
Sent: Monday, October 13, 2025 2:08 PM
To: 'AWWS, Inc.'
Cc: Candice Calhoun; 'city.secretary@pittsburgtx.gov'
Subject: Application for Permit No. WQ0010250001 – Notice of Deficiency 30-Day Will Return Letter
Attachments: WQ0010250001_Will Return Ltr.pdf

Importance: High

Dear applicant,

The attached Notice of Deficiency 30-Day Will Return Letter was mailed on **October 13, 2025,** requesting additional information needed to declare the application administratively complete. Please mail an original and two copies (with a cover letter) of the complete response by **November 12, 2025.**

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality

Candice Calhoun

From: AWWS, Inc. <awwsinc@gmail.com>
Sent: Monday, October 13, 2025 6:13 PM
To: Candice Calhoun
Subject: Re: Application to Renew Permit No. WQ0010250001 (City of Pittsburg) - Notice of Deficiency
Attachments: WQ0010250001 City of Pittsburg Sparks BranchAdmin Report - 10053 - revised.pdf; WQ0010250001 City of Pittsburg Sparks Branch Technical Report - 10054 - revised.pdf; WQ0010250001 Payment Submittal Form.pdf; WQ0010250001 City of Pittsburg Sparks Branch Deficiency Response.pdf

On Mon, Sep 22, 2025 at 11:25 AM Candice Calhoun <Candice.Calhoun@tceq.texas.gov> wrote:

> Good morning, Mr. Crafton,
>
> The attached Notice of Deficiency (NOD) letter dated September 22, 2025, requests additional information needed to declare the application administratively complete. Please send complete response no later than October 6, 2025.
>
> If you have any questions, please let me know.
>
> Regards,
>
> Candice Courville
>
> License & Permit Specialist
>
> ARP Team | Water Quality Division
>
> Texas Commission on Environmental Quality

512-239-4312
candice.calhoun@tceq.texas.gov

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

October 13, 2025

Ms. Candice Calhoun
TCEQ – MC 148
P.O. Box 13087
Austin, Texas 78711-3087
Re: Response to TCEQ Comments on Proposed TPDES Permit Application

Permittee: City of Pittsburg
Permit Number: WQ0010250001

VIA EMAIL

Dear Ms. Calhoun,

The purpose of this letter is to provide responses to comments you sent to AWWS, Inc. from a letter dated September 22, 2025 regarding the deficiencies in the subject permit application.

1. The Application has been filled out on the most current version of the form and is attached.
2. The original application was previously mailed on the outdated form, prior to receiving this response. Does a new copy on the current version need to be mailed as well?
3. The fee has been submitted. A copy of the payment submittal form is attached to this email.
4. A highlighted USGS map is included in the application attached to this email.
5. Section 8 was previously submitted incorrectly. This new version is corrected.
6. No errors or omissions were found in the portion of the notice sent in your letter.

If you have any questions regarding this response letter, please contact me via email awwsinc@gmail.com or at (903) 399-9280.

Sincerely,

Erin Crafton

Erin Crafton

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): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): 2.0

2-Hr Peak Flow (MGD): 6.0

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: 2004

D. Current Operating Phase

Provide the startup date of the facility: 2004

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**.

Conventional activated sludge (oxidation ditch) plant with mechanical bar screen, grit chamber, oxidation ditch aeration basin with mechanical surface aerators, two final clarifiers, UV disinfection basin. Parshall flume effluent meter, effluent cascade aeration, return sludge pump station, plant lift station, aerobic digester, sludge drying beds and drying bed filtrate lift station.

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Aeration basin	1	140,000 cu ft
Clarifiers	2	8 ft diameter
Aerobic Digester	1	13,000 cu ft
Sludge Drying Beds	4	8,350 sq ft
Return Sludge Pumps		1,600 gpm

C. Process Flow Diagram

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

Attachment: Exhibit 4

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

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

- Latitude: 32.9957 degrees
- Longitude: -94.9410 degrees

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

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

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

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

Attachment: Exhibit 5
Provide the name **and** a description of the area served by the treatment facility.

City of Pittsburg

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
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 44)

Is the application for a renewal of a permit that contains an unbuilt phase or phases?

☐ Yes ☒ No

If yes, does the existing permit contain a phase that has not been constructed **within five years** of being authorized by the TCEQ?

☐ Yes ☒ No

If yes, provide a detailed discussion regarding the continued need for the unbuilt phase. **Failure to provide sufficient justification may result in the Executive Director recommending denial of the unbuilt phase or phases.**

N/A

Section 5. Closure Plans (Instructions Page 44)

Have any treatment units been taken out of service permanently, or will any units be taken out of service in the next five years?

☐ Yes ☒ No

If yes, was a closure plan submitted to the TCEQ?

☐ Yes ☐ No

If yes, provide a brief description of the closure and the date of plan approval.

N/A

Section 6. Permit Specific Requirements (Instructions Page 44)

For applicants with an existing permit, check the Other Requirements or Special Provisions of the permit.

A. Summary transmittal

Have plans and specifications been approved for the existing facilities and each proposed phase?

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: unknown

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

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.

Click to enter text.

3. Grit disposal

Does the facility have a Municipal Solid Waste (MSW) registration or permit for grit disposal?

☐ Yes ☐ No

If No, contact the TCEQ Municipal Solid Waste team at 512-239-2335. Note: A registration or permit is required for grit disposal. Grit shall not be combined with treatment plant sludge. See the instruction booklet for additional information on grit disposal requirements and restrictions.

Describe the method of grit disposal.

Click to enter text.

4. *Grease and decanted liquid disposal*

Note: A registration or permit is required for grease disposal. Grease shall not be combined with treatment plant sludge. For more information, contact the TCEQ Municipal Solid Waste team at 512-239-2335.

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

Click to enter text.

E. Stormwater management

1. *Applicability*

Does the facility have a design flow of 1.0 MGD or greater in any phase?

☒ Yes ☐ No

Does the facility have an approved pretreatment program, under 40 CFR Part 403?

☐ Yes ☒ No

If no to both of the above, then skip to Subsection F, Other Wastes Received.

2. *MSGP coverage*

Is the stormwater runoff from the WWTP and dedicated lands for sewage disposal currently permitted under the TPDES Multi-Sector General Permit (MSGP), TXR050000?

☒ Yes ☐ No

If yes, please provide MSGP Authorization Number and skip to Subsection F, Other Wastes Received:

TXR05 S202 or TXRNE Click to enter text.

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

☐ Yes ☒ No

3. *Conditional exclusion*

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

☐ Yes ☒ No

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

Click to enter text.

4. ***Existing coverage in individual permit***

Is your stormwater discharge currently permitted through this individual TPDES or TLAP permit?

☐ Yes ☒ No

If yes, provide a description of stormwater runoff management practices at the site that are authorized in the wastewater permit then skip to Subsection F, Other Wastes Received.

Click to enter text.

5. ***Zero stormwater discharge***

Do you intend to have no discharge of stormwater via use of evaporation or other means?

☐ Yes ☒ No

If yes, explain below then skip to Subsection F. Other Wastes Received.

Click to enter text.

Note: If there is a potential to discharge any stormwater to surface water in the state as the result of any storm event, then permit coverage is required under the MSGP or an individual discharge permit. This requirement applies to all areas of facilities with treatment plants or systems that treat, store, recycle, or reclaim domestic sewage, wastewater or sewage sludge (including dedicated lands for sewage sludge disposal located within the onsite property boundaries) that meet the applicability criteria of above. You have the option of obtaining coverage under the MSGP for direct discharges, (recommended), or obtaining coverage under this individual permit.

6. ***Request for coverage in individual permit***

Are you requesting coverage of stormwater discharges associated with your treatment plant under this individual permit?

☐ Yes ☒ No

If yes, provide a description of stormwater runoff management practices at the site for which you are requesting authorization in this individual wastewater permit and describe whether you intend to comingle this discharge with your treated effluent or discharge it via a separate dedicated stormwater outfall. Please also indicate if you

intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.

Click to enter text.

Note: Direct stormwater discharges to waters in the state authorized through this individual permit will require the development and implementation of a stormwater pollution prevention plan (SWPPP) and will be subject to additional monitoring and reporting requirements. Indirect discharges of stormwater via headworks recycling will require compliance with all individual permit requirements including 2-hour peak flow limitations. All stormwater discharge authorization requests will require additional information during the technical review of your application.

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

If yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions.
Click to enter text.

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

1. *Acceptance of sludge from other WWTPs*

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

2. *Acceptance of septic waste*

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 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	<2.00		1	G	07/07/25 @ 8:26 am
Total Suspended Solids, mg/l	<1.00		1	G	07/07/25 @ 8:26 am
Ammonia Nitrogen, mg/l	<0.100		1	G	07/07/25 @ 8:26 am
Nitrate Nitrogen, mg/l	14.3		1	G	09/03/25 @ 8:22 am
Total Kjeldahl Nitrogen, mg/l	0.045		1	G	09/03/25 @ 8:22 am
Sulfate, mg/l	65.5		1	G	09/03/25 @ 8:22 am
Chloride, mg/l	34.0		1	G	07/07/25 @ 8:26 am
Total Phosphorus, mg/l	0.529		1	G	07/07/25 @ 8:26 am
pH, standard units	7.10		1	G	07/07/25 @ 8:26 am
Dissolved Oxygen*, mg/l	8.8		1	G	07/07/25 @ 8:26 am
Chlorine Residual, mg/l	<0.01		1	G	07/07/25 @ 8:26 am
E.coli (CFU/100ml) freshwater	<1.00		1	G	07/08/25 @ 6 :43 am
Entercocci (CFU/100ml) saltwater	N/A				
Total Dissolved Solids, mg/l	364		1	G	07/07/25 @ 8:26 am
Electrical Conductivity, µmohs/cm, †	N/A				
Oil & Grease, mg/l	<2.00		1	G	07/07/25 @ 8:26 am
Alkalinity ($CaCO_3$)*, mg/l	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				
Total Dissolved Solids, mg/l	N/A				
pH, standard units	N/A				

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Fluoride, mg/l	N/A				
Aluminum, mg/l	N/A				
Alkalinity ($CaCO_3$), mg/l	N/A				

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Kendall Griffis

Facility Operator's License Classification and Level: Wastewater, Class A

Facility Operator's License Number: WW0064163

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

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

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☒ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)

☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)

☐ Sludge Lagoon

☐ Temporary Storage (< 2 years)

☐ Long Term Storage (>= 2 years)

☐ Methane or Biogas Recovery

☐ Other Treatment Process: Click to enter text.

C. Sewage Sludge or Biosolids Management

Provide information on the *intended* sewage sludge or biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the permit will authorize all sewage sludge or biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Bulk		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

D. Disposal site

Disposal site name: Paris Landfill

TCEQ permit or registration number: 1454A

County where disposal site is located: Lamar

E. Transportation method

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

Name of the hauler: Waste Management Paris

Hauler registration number: 406314

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: Click to enter text.
- USDA Natural Resources Conservation Service Soil Map:

  Attachment: Click to enter text.
- Federal Emergency Management Map:

  Attachment: Click to enter text.

- Site map:

  Attachment: Click to enter text.

Discuss in a description if any of the following exist within the lagoon area. Check all that apply.

- ☐ Overlap a designated 100-year frequency flood plain
- ☐ Soils with flooding classification
- ☐ Overlap an unstable area
- ☐ Wetlands
- ☐ Located less than 60 meters from a fault
- ☐ None of the above

Attachment: Click to enter text.

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

Click to enter text.

B. Temporary storage information

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

Nitrate Nitrogen, mg/kg: Click to enter text.

Total Kjeldahl Nitrogen, mg/kg: Click to enter text.

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

Phosphorus, mg/kg: Click to enter text.

Potassium, mg/kg: Click to enter text.

pH, standard units: Click to enter text.

Ammonia Nitrogen mg/kg: Click to enter text.

Arsenic: Click to enter text.

Cadmium: Click to enter text.

Chromium: Click to enter text.

Copper: Click to enter text.

Lead: Click to enter text.

Mercury: Click to enter text.

Molybdenum: Click to enter text.

Nickel: Click to enter text.

Selenium: Click to enter text.

Zinc: Click to enter text.

Total PCBs: Click to enter text.

Provide the following information:

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

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

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

C. Liner information

Does the active/proposed sludge lagoon(s) have a liner with a maximum hydraulic conductivity of $1x10^{-7}$ cm/sec?

☐ Yes ☐ No

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

Click to enter text.

D. Site development plan

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

Click to enter text.

Attach the following documents to the application.

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

  Attachment: Click to enter text.
- Copy of the closure plan

  Attachment: Click to enter text.
- Copy of deed recordation for the site

  Attachment: Click to enter text.
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

  Attachment: Click to enter text.
- Description of the method of controlling infiltration of groundwater and surface water from entering the site

  Attachment: Click to enter text.
- Procedures to prevent the occurrence of nuisance conditions

  Attachment: Click to enter text.

E. Groundwater monitoring

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

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

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

Is the permittee required to meet an implementation schedule for compliance or enforcement?

☐ Yes ☒ No

If yes to either question, provide a brief summary of the enforcement, the implementation schedule, and the current status:

Click to enter text.

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: Click to enter text.

Section 14. Laboratory Accreditation (Instructions Page 56)

All laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*, which includes the following general exemptions from National Environmental Laboratory Accreditation Program (NELAP) certification requirements:

- The laboratory is an in-house laboratory and is:
  - periodically inspected by the TCEQ; or
  - located in another state and is accredited or inspected by that state; or
  - performing work for another company with a unit located in the same site; or
  - performing pro bono work for a governmental agency or charitable organization.
- The laboratory is accredited under federal law.
- The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review 30 TAC Chapter 25 for specific requirements.

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

CERTIFICATION:

I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification.*

Printed Name: David Abernathy

Title: Mayor

Signature: David Abernathy

Date: 08/29/2025

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

Section 1. Domestic Drinking Water Supply (Instructions Page 63)

Is there a surface water intake for domestic drinking water supply located within 5 miles downstream from the point or proposed point of discharge?

☐ Yes ☒ No

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

Owner of the drinking water supply: 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).

Click to enter text.

C. Sea grasses

Are there any sea grasses within the vicinity of the point of discharge?

☐ Yes ☐ No

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

Click to enter text.

Section 3. Classified Segments (Instructions Page 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: One Eye Creek

A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

B. Flow characteristics

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

☐ Intermittent - dry for at least one week during most years

☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses

☒ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

None

D. Downstream characteristics

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

☒ Yes ☐ No

If yes, discuss how.

Sparks Branch flows into Dry Creek

E. Normal dry weather characteristics

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

Low flow, water clear with slight color

Date and time of observation: 06/24/25 @ 9:00 am

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

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

B. Waterbody uses

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

- ☒ Livestock watering
- ☐ Irrigation withdrawal
- ☐ Fishing
- ☐ Domestic water supply
- ☐ Park activities
- ☐ Contact recreation
- ☐ Non-contact recreation
- ☐ Navigation
- ☐ Industrial water supply
- ☐ Other(s), specify: Click to enter text.

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Toxic Pollutants (Instructions Page 76)

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

Grab ☒ Composite ☐

Date and time sample(s) collected: 07/08/25 at 9:30 am

Table 4.0(1) – Toxics Analysis

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile	ND			50
Aldrin	ND			0.01
Aluminum	19.0			2.5
Anthracene	ND			10
Antimony	ND			5
Arsenic	ND			0.5
Barium	32.0			3
Benzene	ND			10
Benzidine	ND			50
Benzo(a)anthracene	ND			5
Benzo(a)pyrene	ND			5
Bis(2-chloroethyl)ether	ND			10
Bis(2-ethylhexyl)phthalate	ND			10
Bromodichloromethane	ND			10
Bromoform	ND			10
Cadmium	ND			1
Carbon Tetrachloride	ND			2
Carbaryl	ND			5
Chlordane*	ND			0.2
Chlorobenzene	ND			10
Chlorodibromomethane	ND			10

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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Endosulfan II (beta)	ND			0.02
Endosulfan Sulfate	ND			0.1
Endrin	ND			0.02
Epichlorohydrin				---
Ethylbenzene	ND			10
Ethylene Glycol				---
Fluoride	194			500
Guthion	ND			0.1
Heptachlor	ND			0.01
Heptachlor Epoxide	ND			0.01
Hexachlorobenzene	ND			5
Hexachlorobutadiene	ND			10
Hexachlorocyclohexane (alpha)				0.05
Hexachlorocyclohexane (beta)				0.05
gamma-Hexachlorocyclohexane (Lindane)				0.05
Hexachlorocyclopentadiene	ND			10
Hexachloroethane	ND			20
Hexachlorophene	ND			10
4,4'-Isopropylidenediphenol				1
Lead	ND			0.5
Malathion	ND			0.1
Mercury	ND			0.005
Methoxychlor	ND			2
Methyl Ethyl Ketone	ND			50
Methyl tert-butyl ether				---
Mirex	ND			0.02
Nickel	ND			2
Nitrate-Nitrogen	11700			100
Nitrobenzene	ND			10
N-Nitrosodiethylamine	ND			20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Parathion (ethyl)	ND			0.1
Pentachlorobenzene	ND			20
Pentachlorophenol	ND			5
Phenanthrene	ND			10
Polychlorinated Biphenyls (PCB's) (*3)	ND			0.2
Pyridine	ND			20
Selenium	ND			5
Silver	ND			0.5
1,2,4,5-Tetrachlorobenzene	ND			20
1,1,2,2-Tetrachloroethane	ND			10
Tetrachloroethylene	ND			10
Thallium	ND			0.5
Toluene	ND			10
Toxaphene	ND			0.3
2,4,5-TP (Silvex)	ND			0.3
Tributyltin (see instructions for explanation)	N/A			0.01
1,1,1-Trichloroethane	ND			10
1,1,2-Trichloroethane	ND			10
Trichloroethylene	ND			10
2,4,5-Trichlorophenol	ND			50
TTHM (Total Trihalomethanes)	ND			10
Vinyl Chloride	ND			10
Zinc	34.0			5

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

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

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

Section 2. Priority Pollutants

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

Grab ☒ Composite ☐

Date and time sample(s) collected: 07/08/25 @ 9:30 AM

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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Antimony	ND			5
Arsenic	ND			0.5
Beryllium	ND			0.5
Cadmium	ND			1
Chromium (Total)	ND			3
Chromium (Hex)	ND			3
Chromium (Tri) **(*1)**	ND			N/A
Copper	ND			2
Lead	ND			0.5
Mercury	ND			0.005
Nickel	ND			2
Selenium	ND			5
Silver	ND			0.5
Thallium	ND			0.5
Zinc	34.0			5
Cyanide **(*2)**	ND			10
Phenols, Total	ND			10

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

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

Table 4.0(2)B – Volatile Compounds

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

Table 4.0(2)C – Acid Compounds

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

Table 4.0(2)D – Base/Neutral Compounds

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

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

Table 4.0(2)E – Pesticides

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

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

Section 3. Dioxin/Furan Compounds

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

☐ 2,4,5-trichlorophenoxy acetic acid

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

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

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

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

Common Name Erbon, CASRN 136-25-4

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

Common Name Ronnel, CASRN 299-84-3

☐ 2,4,5-trichlorophenol

Common Name TCP, CASRN 95-95-4

☐ hexachlorophene

Common Name HCP, CASRN 70-30-4

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

Click to enter text.

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

☐ Yes ☐ No

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

Click to enter text.

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

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

Grab ☐ Composite ☐

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

Table 4.0(2)F – Dioxin/Furan Compounds

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Required Tests

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

7-day Chronic: 18

48-hour Acute: 18

Section 2. Toxicity Reduction Evaluations (TREs)

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

☐ Yes ☒ No

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

N/A

Section 3. Summary of WET Tests

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

Table 5.0(1) Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub–lethal

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: 1

Average Daily Flows, in MGD: 0.0017

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.

Click to enter text.

C. Treatment plant pass through

In the past three years, has your POTW experienced pass through (see instructions)?

☐ Yes ☒ No

If yes, identify the dates, duration, a description of the pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass through event. Include the names of the IUs that may have caused pass through.

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

Click to enter text.

B. Non–substantial modifications

Have there been any **non–substantial modifications** to the approved pretreatment program that have not been submitted to TCEQ for review and acceptance?

☐ Yes ☐ No

If yes, identify all non-substantial modifications that have not been submitted to TCEQ, including the purpose of the modification.

Click to enter text.

C. Effluent parameters above the MAL

In Table 6.0(1), list all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

Has any SIU, CIU, or other IU caused or contributed to any problems (excluding interferences or pass throughs) at your POTW in the past three years?

☐ Yes ☒ No

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

Click to enter text.

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

A. General information

Company Name: Pilgrim's Pride Corporation

SIC Code: 0254

Contact name: Philip Gerig

Address: 110 S. Texas St.

City, State, and Zip Code: Pittsburg, TX 75686

Telephone number: 903-855-1000

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).

Wash chick boxes, wash chick trays, wash hatches. Wash water flows through strainers and drain buckets prior to discharge into the wastewater collection system.

C. Product and service information

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

Click to enter text.

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: 1,700

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 *i*nstructions?

☒ Yes ☐ No

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

☐ Yes ☒ No

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

Category: Subcategories: Click to enter text.

Click or tap here to enter text. Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

F. Industrial user interruptions

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

☐ Yes ☒ No

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

Click to enter text.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Pittsburg

PERMIT NUMBER (If new, leave blank): WQ0010250001

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region_____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

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

Check/Money Order Amount: Click to enter text.

Name Printed on Check: Click to enter text.

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 10250001

EPA I.D. (TPDES only): TX 0025437

Expiration Date: 03/30/26

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 Pittsburg

(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: 600687958

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

Prefix: Mr. Last Name, First Name: Abernathy, David

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?

Click to enter text.

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

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

CN: Click to enter text.

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

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

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: Mrs. Last Name, First Name: Crafton, Erin

Title: Vice President Credential: Click to enter text.

Organization Name: AWWS, Inc.

Mailing Address: 695 Shady Ln. City, State, Zip Code: Hallsville, TX 75650

Phone No.: 903-668-4133 E-mail Address: awwsinc@gmail.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Mr. Last Name, First Name: Crafton, Travis

Title: Preparer Credential: Click to enter text.

Organization Name: AWWS, Inc

Mailing Address: 476 Shady Ln. City, State, Zip Code: Hallsville, TX 75650

Phone No.: 903-668-4133 E-mail Address: travis.crafton@yahoo.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Pearson, Chad

Title: Utilities Director Credential: Click to enter text.

Organization Name: City of Pittsburg

Mailing Address: 200 Rusk St. City, State, Zip Code: Pittsburg, TX 75686

Phone No.: 903-856-3621 E-mail Address: cpearson@pittsburgtx.gov

B. Prefix: Mr. Last Name, First Name: Reynolds, Tim

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

Organization Name: City of Pittsburg

Mailing Address: 200 Rusk St. City, State, Zip Code: Pittsburg, TX 75686

Phone No.: 903-856-3621 E-mail Address: treynolds@pittsburgtx.gov

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Hardeman, Clint

Title: City Manager Credential: Click to enter text.

Organization Name: City of Pittsburg

Mailing Address: 200 Rusk St. City, State, Zip Code: Pittsburg, TX 75686

Phone No.: 903-856-3621 E-mail Address: chardeman@pittsburgtx.gov

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

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

Prefix: Mr. Last Name, First Name: Pearson, Chad

Title: Utilities Director Credential: Click to enter text.

Organization Name: City of Pittsburg

Mailing Address: 200 Rusk St. City, State, Zip Code: Pittsburg, TX 75686

Phone No.: 903-856-3621 E-mail Address: cpearson@pittsburgtx.gov

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Fuentes, Maricela

Title: City Secretary Credential: Click to enter text.

Organization Name: City of Pittsburg

Mailing Address: 200 Rusk St. City, State, Zip Code: Pittsburg, TX 75686

Phone No.: 903-856-3621 E-mail Address: city.secretary@pittsburgtx.gov

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: Ms. Last Name, First Name: Fuentes, Maricela

Title: City Secretary Credential: Click to enter text.

Organization Name: City of Pittsburg

Mailing Address: 200 Rusk St. City, State, Zip Code: Pittsburg, TX 75686

Phone No.: 903-856-3621 E-mail Address: city.secretary@pittsburgtx.gov

D. Public Viewing Information

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

Public building name: Pittsburg City Hall

Location within the building: Front of Building near entry

Physical Address of Building: 200 Rusk St.

City: Pittsburg County: Camp

Contact (Last Name, First Name): Fuentes, Maricela

Phone No.: 903-856-3621 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

   ☐ Yes ☒ No

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

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No

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

F. 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: 2

G. Public Involvement Plan Form

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

Attachment: 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** 101613065

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):

Sparks Branch Wastewater Treatment Facility

C. Owner of treatment facility: City of Pittsburg

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

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

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

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

Organization Name: City of Pittsburg

Mailing Address: 200 Rusk St. City, State, Zip Code: Pittsburg, TX 75686

Phone No.: 903-856-3621 E-mail Address: city.secretary@pittsburgtx.gov

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

Prefix: N/A Last Name, First Name: Click to enter text.

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

Organization Name: Click to enter text.

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

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

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

Attachment: Click to enter text.

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

Prefix: N/A Last Name, First Name: Click to enter text.

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

Organization Name: Click to enter text.

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

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

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

Attachment: Click to enter text.

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): Pittsburg

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

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:

Click to enter text.

B. City nearest the disposal site: Click to enter text.

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

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

Click to enter text.

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

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: WQ0010250001

Applicant: City of Pittsburg

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): David Abernathy

Signatory title: Mayor

Signature: David Abernathy (Use blue ink) Date: 08/29/2025

Subscribed and Sworn to before me by the said David Abernathy

on this 29 day of August, 2025.

My commission expires on the 3 day of May, 2029.

M Fuentes

Notary Public

MARICELA FUENTES
NOTARY PUBLIC
STATE OF TEXAS
ID #129058133
MY COMM. EXP. MAY 3, 2029

[SEAL]

Camp

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: 3

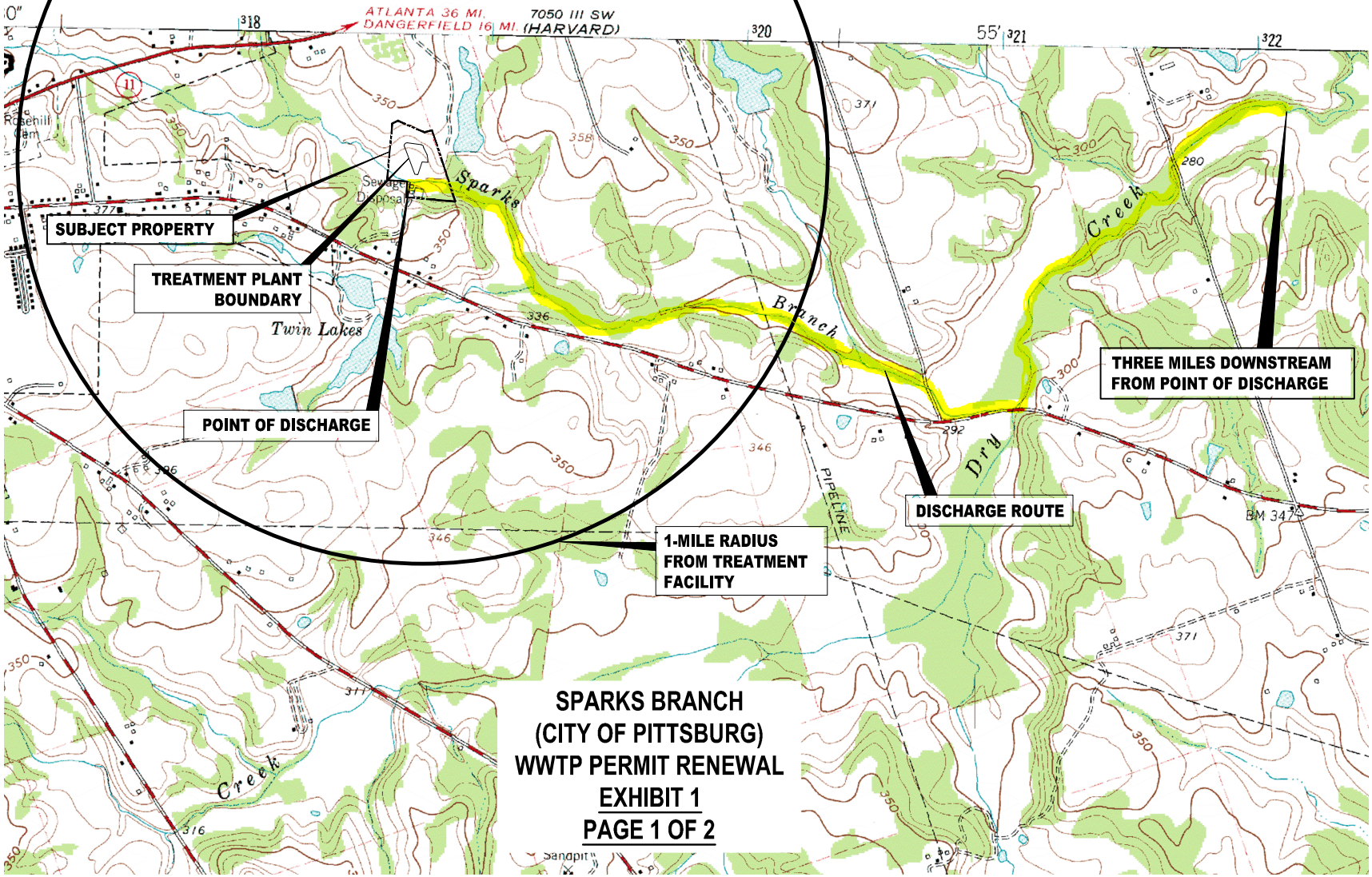
Candice Calhoun

From: AWWS, Inc. <awwsinc@gmail.com>
Sent: Thursday, October 16, 2025 12:40 PM
To: Candice Calhoun
Subject: Re: Application to Renew Permit No. WQ0010250001 (City of Pittsburg) - Notice of Deficiency
Attachments: 04_EXHIBIT 1 - Page 2 of 2 - USGS Map.pdf; 04_EXHIBIT 1 - Page 1 of 2 - USGS Map.pdf

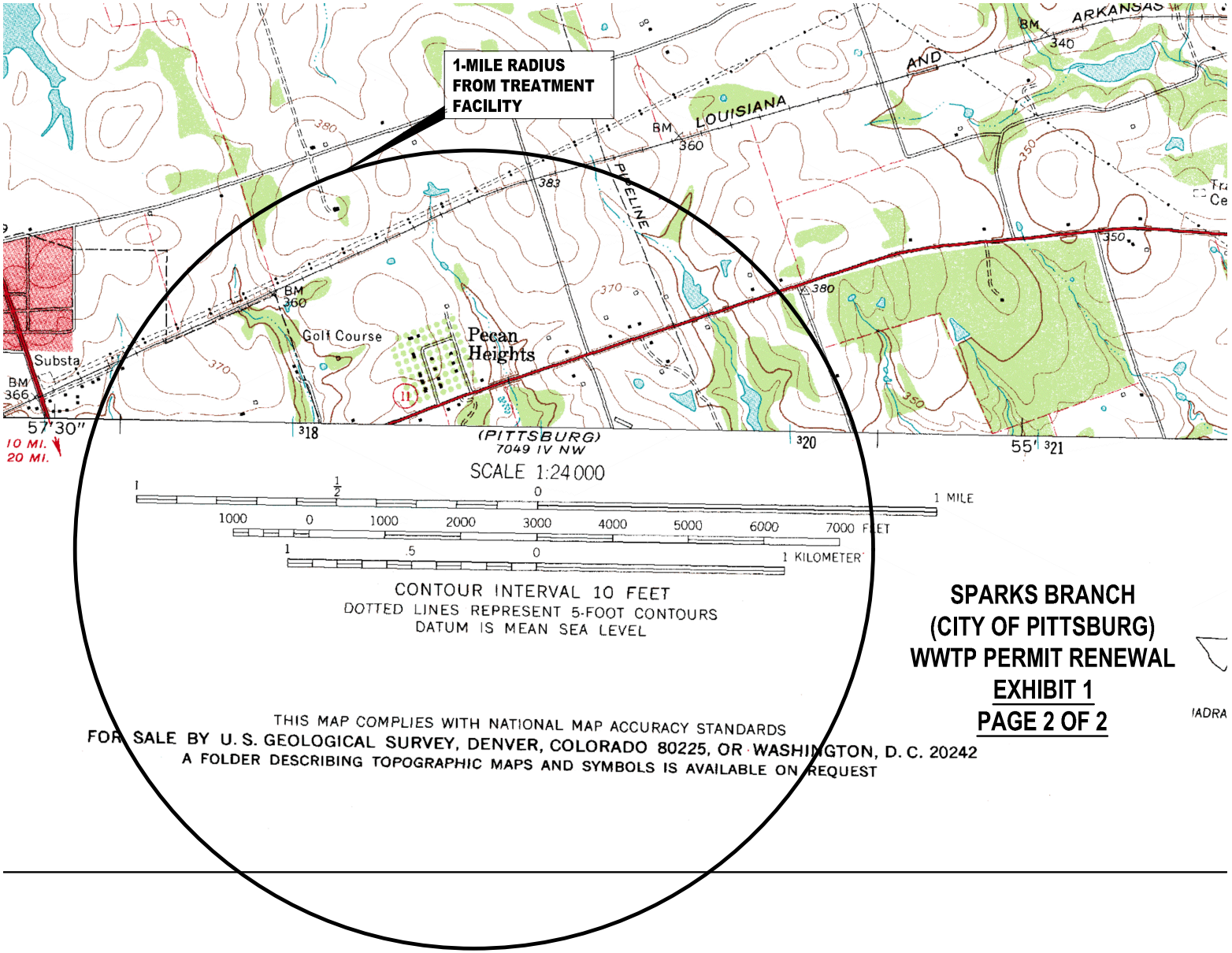
Candice,
I apologize for leaving that off. Here is a better copy.
Thank you,
Erin

On Wed, Oct 15, 2025 at 7:31 AM Candice Calhoun <Candice.Calhoun@tceq.texas.gov> wrote:

> Good morning,
>
> Thank you for your response. The response to items 1, 2, 3, 5 and 6 is sufficient. However, I did not see the USGS map for item 4.
>
> As for the updated version of the application, no, an updated version does not need to be mailed, the ecopy is sufficient.
>
> Regards,
>
> Candice Courville
>
> License & Permit Specialist
>
> ARP Team | Water Quality Division



SPARKS BRANCH
(CITY OF PITTSBURG)
WWTP PERMIT RENEWAL
EXHIBIT 1
PAGE 1 OF 2



SPARKS BRANCH
(CITY OF PITTSBURG)
WWTP PERMIT RENEWAL
EXHIBIT 1
PAGE 2 OF 2