



# Administrative Package Cover Page

**This file contains the following documents:**

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



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

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

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

City of Smithville (CN600643894) operates Willow Creek Wastewater Treatment Plant (RN102178209), a wastewater treatment facility which discharges treated domestic wastewater at a daily average flow not to exceed 300,000 gallons per day . The facility is located at 443 Hill Road, in Smithville, Bastrop County, Texas 78957. Renewal of TPDES Permit No. WQ0010286003 to discharge at an annual average flow of 300,000 gallons per day of treated domestic wastewater via Outfall 003.

Discharges from the facility are expected to contain Biochemical Oxygen Demand (5-day), Total Suspended Solids, Ammonia Nitrogen and E-Coli. Additional potential pollutants include CBOD (5-day), Nitrate Nitrogen, Total Kjeldahl Nitrogen, Sulfate, Chloride, Total Phosphorus and Total Dissolved Solids. The wastewater is treated by an activated sludge process including lift station, bar screen, aeration basin, clarifier and chlorine contact chamber. Sludge handled by aerobic digester and drying beds. Effluent is pumped by an on-site effluent lift station and force main to Segment 1434 of the Colorado River Basin.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010286003

**APPLICATION.** City of Smithville, P.O. Box 449, Smithville, Texas 78957, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010286003 (EPA I.D. No. TX0113786) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 300,000 gallons per day. The domestic wastewater treatment facility is located at 443 Hill Road, in the city of Smithville, in Bastrop County, Texas 78957. The discharge route is from the plant site via pipe directly to the Colorado River Above La Grange. TCEQ received this application on September 12, 2024. The permit application will be available for viewing and copying at Smithville City Hall, 317 Main Street, Smithville, in Bastrop 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=-97.125555,30.008611&level=18>

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

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

**OPPORTUNITY FOR A CONTESTED CASE HEARING.** After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a response to all relevant and material, or significant public comments. **Unless the application**

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

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

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

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

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

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

**INFORMATION AVAILABLE ONLINE.** For details about the status of the application, visit the Commissioners' Integrated Database at [www.tceq.texas.gov/goto/cid](http://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](http://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 Smithville at the address stated above or by calling Mr. Robert Tamble, City Manager, at 512-237-3282.

Issuance Date: September 27, 2024



**BEFCO ENGINEERING, INC.**  
*Consulting Engineering/Land Surveying*  
P.O. BOX 615 485 NORTH JEFFERSON  
LA GRANGE, TEXAS 78945-0615  
979 / 968-6474 FAX 979 / 968-3056  
www.befcoengineering.com E-mail: [office@befcoengineering.com](mailto:office@befcoengineering.com)  
Texas Registered Engineering Firm F-2011 Texas Licensed Surveying Firm #10001700

**July 24, 2024**

**Texas Commission on Environmental Quality  
Water Quality Division  
Applications Review & Processing Team (MC148)  
P. O. Box 13087  
Austin, Texas 78711-3087**

**RE: City of Smithville  
Willow WWTP Permit Renewal  
Permit No. WQ0010286003  
BEFCO Job No. 24-8971**

Attached you will find an original and two (2) copies of the City of Smithville Willow Creek Wastewater Treatment Plant Permit Renewal. An electronic copy of the permit renewal has been submitted via TCEQ's file transfer protocol (FTP) server to [WQDeCopy@tceq.texas.gov](mailto:WQDeCopy@tceq.texas.gov).

The current permit expires on January 24, 2025. The facility is permitted for a flow of 0.300 MGD, which is greater than 0.250 MGD but less than 0.500 MGD.

Please also find attached a copy of a \$1,215.00 check required for the Renewal.

If you or your team has any questions, please give us a call at (979) 968-6474 or e-mail at [bradley@befcoengineering.com](mailto:bradley@befcoengineering.com).

**Respectfully submitted,**

**BEFCO ENGINEERING, INC. (F-2011)**

**Bradley C. Loehr, P.E.**

Attachments: Permit and Attachments, Copy of Check

cc: City of Smithville w/ Permit and Attachments

*"Proficient, practical engineering and land surveying services with a sense of small-town values and care"*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
**DOMESTIC WASTEWATER PERMIT APPLICATION  
 CHECKLIST**

**Complete and submit this checklist with the application.**

APPLICANT NAME: City of Smithville

PERMIT NUMBER (If new, leave blank): WQ00 10286003

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

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

**For TCEQ Use Only**

Segment Number \_\_\_\_\_ County \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Region \_\_\_\_\_  
 Permit Number \_\_\_\_\_



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

### Section 1. Application Fees (Instructions Page 26)

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <input type="checkbox"/>	\$315.00 <input type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input type="checkbox"/>	\$815.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input type="checkbox"/>	\$1,215.00 <input checked="" type="checkbox"/>
≥0.50 but <1.0 MGD	\$1,650.00 <input type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00

**Payment Information:**

Mailed      Check/Money Order Number: 014089  
                   Check/Money Order Amount: \$1,215.00  
                   Name Printed on Check: City of Smithville

EPAY         Voucher Number: N/A

Copy of Payment Voucher enclosed?                    Yes

### Section 2. Type of Application (Instructions Page 26)

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

- Publicly-Owned Domestic Wastewater
- Privately-Owned Domestic Wastewater
- Conventional 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: N/A

f. For existing permits:

Permit Number: WQ00 10286003

EPA I.D. (TPDES only): TX 0113786

Expiration Date: January 24, 2025

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

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

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

City of Smithville

*(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: 600643894

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: Tamble, Robert

Title: City Manager

Credential: Click to enter text.

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

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

N/A

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

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

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

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

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

Last Name, First Name: [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 – Core Data Form](#)

## Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Mr.

Last Name, First Name: Balusek, Edward

Title: Public Works Director

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

Organization Name: City of Smithville

Mailing Address: PO Box 449

City, State, Zip Code: Smithville, TX 78957

Phone No.: 512-237-3282

E-mail Address: EBalusek@ci.smithville.tx.us

Check one or both:  Administrative Contact  Technical Contact

B. Prefix: Mr.

Last Name, First Name: Loehr, Bradley

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

Credential: P.E.

Organization Name: BEFCO Engineering, Inc.

Mailing Address: PO Box 615

City, State, Zip Code: La Grange, TX 78945

Phone No.: 979-968-6474

E-mail Address: bradley@befcoengineering.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: Balusek, Edward

Title: Public Works Director

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

Organization Name: City of Smithville

Mailing Address: PO Box 449

City, State, Zip Code: Smithville, TX 78957

Phone No.: 512-237-3282

E-mail Address: EBalusek@ci.smithville.tx.us



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

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600643894		RN 102178209

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		7/1/2024
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)				
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>				
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>	
City of Smithville				
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b>	<b>10. DUNS Number</b> (if applicable)
N/A	17460023223		(9 digits) 74-6002322	09-169-7813
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:
<b>12. Number of Employees</b>			<b>13. Independently Owned and Operated?</b>	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant				
<b>15. Mailing Address:</b>	PO Box 449			
	<b>City</b>	Smithville	<b>State</b>	TX
	<b>ZIP</b>	78957	<b>ZIP + 4</b>	
<b>16. Country Mailing Information</b> (if outside USA)			<b>17. E-Mail Address</b> (if applicable)	
N/A			CityManager@ci.smithville.tx.us	
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (if applicable)

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If "New Regulated Entity" is selected, a new permit application is also required.)							
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)							
Willow Creek Wastewater Treatment Plant							
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)	443 Hill Rd.						
	<b>City</b>	Smithville	<b>State</b>	TX	<b>ZIP</b>	78957	<b>ZIP + 4</b>
<b>24. County</b>	Bastrop						

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

<b>25. Description to Physical Location:</b>							
<b>26. Nearest City</b>						<b>State</b>	<b>Nearest ZIP Code</b>
Smithville						TX	78957
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>							
<b>27. Latitude (N) In Decimal:</b>			<b>28. Longitude (W) In Decimal:</b>				
Degrees	Minutes		Seconds		Degrees	Minutes	
30	00		31		97	07	
<b>29. Primary SIC Code</b>	<b>30. Secondary SIC Code</b>		<b>31. Primary NAICS Code</b>		<b>32. Secondary NAICS Code</b>		
(4 digits)	(4 digits)		(5 or 6 digits)		(5 or 6 digits)		
4952			22132				
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)							
Wastewater Treatment Facility							
<b>34. Mailing Address:</b>	PO Box 449						
	<b>City</b>	Smithville	<b>State</b>	TX	<b>ZIP</b>	78957	<b>ZIP + 4</b>
<b>35. E-Mail Address:</b>	CityManager@ci.smithville.tx.us						
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>			<b>38. Fax Number</b> (if applicable)			
( 512 ) 237-3282				( 512 ) 237-4549			

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

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input checked="" type="checkbox"/> PWS
				WQ0110003
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0010286003			

### **SECTION IV: Preparer Information**

<b>40. Name:</b>	Bradley C. Loehr	<b>41. Title:</b>	Project Engineer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 979 ) 968-6474		( 979 ) 968-3056	bradley@befcoengineering.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.

<b>Company:</b>	City of Smithville	<b>Job Title:</b>	City Manager
<b>Name (In Print):</b>	Robert Tamble	<b>Phone:</b>	( 512 ) 237- 3282
<b>Signature:</b>	<i>Robert Tamble</i>	<b>Date:</b>	<i>7/29/24</i>

B. Prefix: Mr. Last Name, First Name: Tamble, Robert  
Title: City Manager Credential: Click to enter text.  
Organization Name: City of Smithville  
Mailing Address: PO Box 449 City, State, Zip Code: Smithville, TX 78957  
Phone No.: 512-237-3282 E-mail Address: CityManager@ci.smithville.tx.us

## Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Ms. Last Name, First Name: Jennifer Lynch  
Title: City Secretary Credential: Click to enter text.  
Organization Name: City of Smithville  
Mailing Address: PO Box 449 City, State, Zip Code: Smithville, TX 78957  
Phone No.: 512-237-3282 E-mail Address: JDLynch@ci.smithville.tx.us

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

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

Prefix: Mr. Last Name, First Name: Balusek, Edward  
Title: Public Works Director Credential: Click to enter text.  
Organization Name: City of Smithville  
Mailing Address: PO Box 449 City, State, Zip Code: Smithville, TX 78957  
Phone No.: 512-237-3282 E-mail Address: EBalusek@ci.smithville.tx.us

## Section 8. Public Notice Information (Instructions Page 27)

### A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Jennifer Lynch  
Title: City Secretary Credential: Click to enter text.  
Organization Name: City of Smithville  
Mailing Address: PO Box 449 City, State, Zip Code: Smithville, TX 78957  
Phone No.: 512-237-3282 E-mail Address: JDLynch@ci.smithville.tx.us

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

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

- E-mail Address
- Fax
- Regular Mail

**C. Contact permit to be listed in the Notices**

Prefix: Mr. Last Name, First Name: Tamble, Robert

Title: City Manager Credential: Click to enter text.

Organization Name: City of Smithville

Mailing Address: PO Box 449 City, State, Zip Code: Smithville, TX 78957

Phone No.: 512-237-3282 E-mail Address: CityManager@ci.smithville.tx.us

**D. Public Viewing Information**

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

Public building name: Smithville City Hall

Location within the building: Click to enter text.

Physical Address of Building: 317 Main Street

City: Smithville County: Bastrop

Contact (Last Name, First Name): Tamble, Robert

Phone No.: 512-237-3282 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

Yes  No

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

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

Yes  No

3. Do the students at these schools attend a bilingual education program at another location?
- Yes       No
4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?
- Yes       No
5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program? [Click to enter text.](#)

**F. Plain Language Summary Template**

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

**Attachment:** 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 102178209

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):

Willow Creek Plant

- C.** Owner of treatment facility: City of Smithville

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 Smithville

Mailing Address: PO Box 449      City, State, Zip Code: Smithville, TX 78957

Phone No.: 512-237-3282      E-mail Address: CityManager@ci.smithville.tx.us

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

**Attachment:** N/A



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

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

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

City of Smithville (CN600643894) operates Willow Creek Wastewater Treatment Plant (RN102178209), a wastewater treatment facility which discharges treated domestic wastewater at a daily average flow not to exceed 300,000 gallons per day . The facility is located at 443 Hill Road, in Smithville, Bastrop County, Texas 78957. Renewal of TPDES Permit No. WQ0010286003 to discharge at an annual average flow of 300,000 gallons per day of treated domestic wastewater via Outfall 003.

Discharges from the facility are expected to contain Biochemical Oxygen Demand (5-day), Total Suspended Solids, Ammonia Nitrogen and E-Coli. Additional potential pollutants include CBOD (5-day), Nitrate Nitrogen, Total Kjeldahl Nitrogen, Sulfate, Chloride, Total Phosphorus and Total Dissolved Solids. The wastewater is treated by an activated sludge process including lift station, bar screen, aeration basin, clarifier and chlorine contact chamber. Sludge handled by aerobic digester and drying beds. Effluent is pumped by an on-site effluent lift station and force main to Segment 1434 of the Colorado River Basin.

E. Owner of effluent disposal site:

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

Last Name, First Name: N/A

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

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

Organization Name: [Click to enter text.](#)

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

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

Phone No.: [Click to enter text.](#)

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

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

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

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

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

Last Name, First Name: N/A

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

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

Organization Name: [Click to enter text.](#)

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

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

Phone No.: [Click to enter text.](#)

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

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

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

## Section 10. TPDES Discharge Information (Instructions Page 31)

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

Yes  No

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

[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): Smithville

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

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

Yes  No

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

- Authorization granted       Authorization pending

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

**Attachment:** N/A

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

## Section 11. TLAP Disposal Information (Instructions Page 32)

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

- Yes       No

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

N/A

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

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

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

N/A

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

## Section 12. Miscellaneous Information (Instructions Page 32)

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

- Yes       No

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

- Yes       No       Not Applicable

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

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:

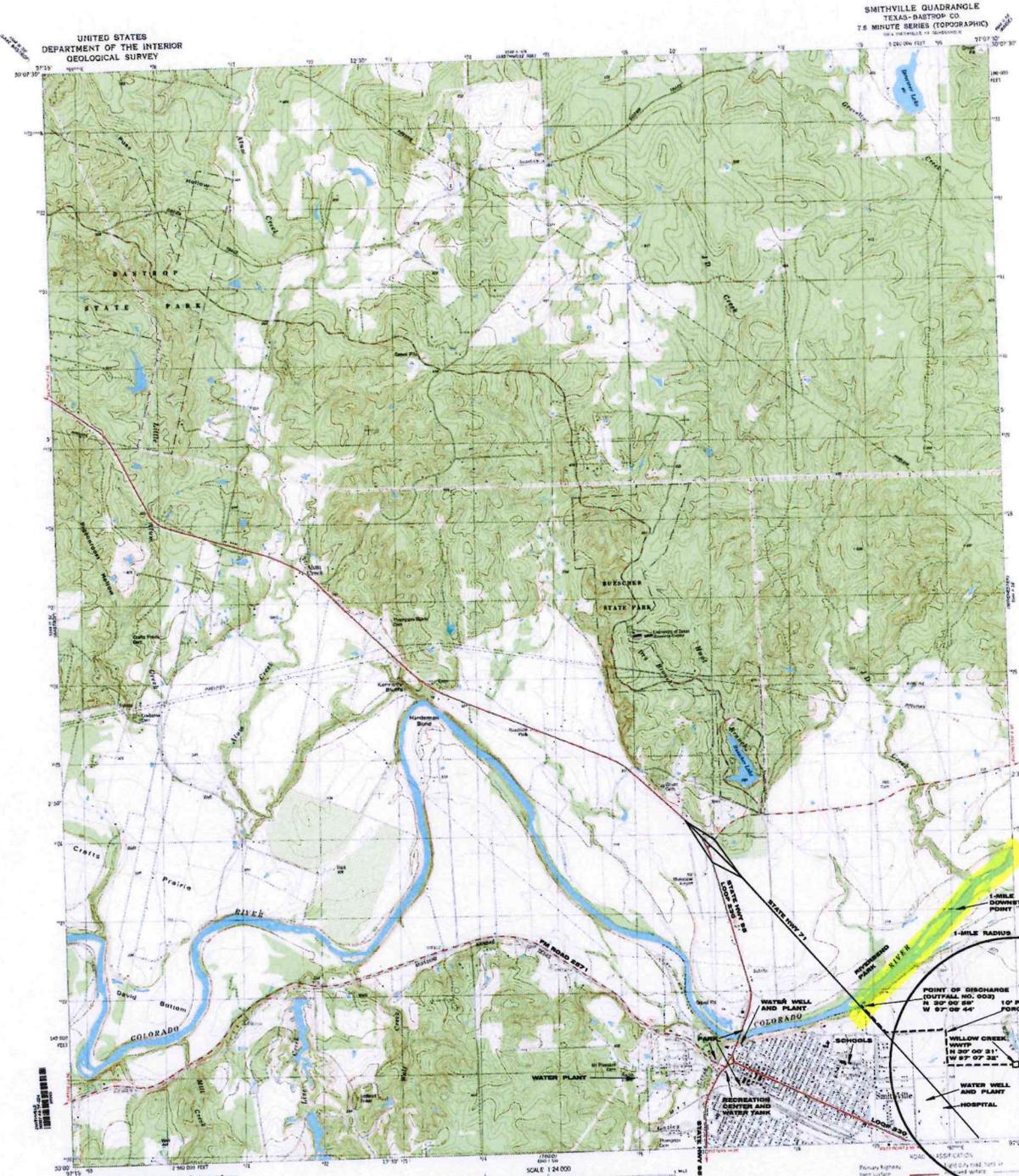
Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.

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

- Applicant's property boundary SEE ATTACHMENT 3
- 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.](#)



Mapped, edited, and published by the Geological Survey  
 Control by 1955 and 1958  
 Topography by photogrammetric methods from aerial photographs  
 taken 1954. Field checked 1976. Map sheet 1902  
 Projection and G.S. 500-foot grid. Tidal  
 datum: Mean Lower Low Water. Vertical datum:  
 1955 mean Coastal Tidal Station Mean Sea Level. U.S.  
 1927 North American Datum.  
 10 miles on the printed sheet. Scale: 1:24,000  
 along the projection lines. 19 meters north and  
 20 meters east on sheet to nearest corner mark.  
 Fine red dashed lines indicate selected fence lines.  
 There may be private inholdings within the boundaries of  
 the habitat or State reservation shown on this map.

SCALE 1:24,000  
 CONTOUR INTERVAL 30 FEET  
 1955 MEAN LOWER LOW WATER DATUM  
 NATIONAL GEODETIC VERTICAL DATUM OF 1929  
 3027-112  
 THIS MAP DERIVED FROM SOURCE: 500' AIRCRAFT PHOTOGRAPHY  
 FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80202, OR RESTON, VIRGINIA 20192  
 A POLYMER-DRIVEN TOPOGRAPHIC MAP AND SYMBOLS IS AVAILABLE ON REQUEST

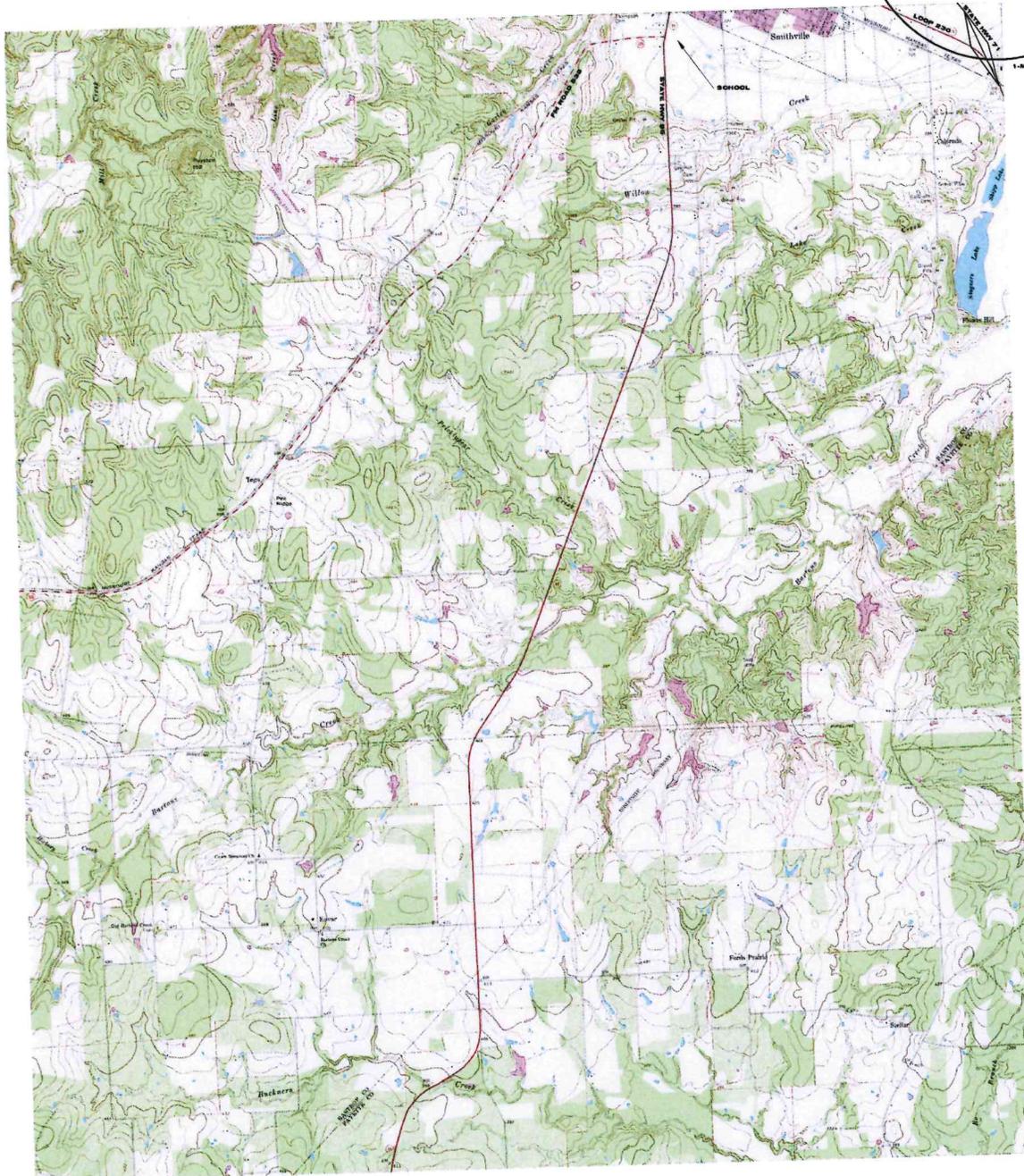
SMITHVILLE, TEX.  
 84° 00' 00" W  
 30° 00' 00" N  
 1-MILE RADIUS  
 1-MILE DOWNSTREAM POINT  
 POINT OF DISCHARGE  
 (CENTRAL NO. 0003)  
 10' PWD EFFLUENT  
 FORCE MAIN  
 WILLOW CREEK  
 WWTP  
 18 20' 00" 21"  
 W 87° 00' 28"  
 WATER WELL  
 AND PLANT  
 HOSPITAL  
 1:24,000  
 Primary highways  
 light yellow  
 Secondary highways  
 light yellow  
 Interstate route  
 U.S. Route  
 State Route  
 3027-112  
 1982  
 268 054 6 24 0000 1000

**WILLOW CREEK WWTP  
 PERMIT NO. WQ0010286003**

**ATTACHMENT NO. 3 ~ USGS QUADRANGLE MAP (PAGE 1 OF 4)**

**NOTE:** Willow Creek Wastewater Treatment Facility and Property Boundaries are the same.  
 No New or future construction is planned at this time

**BEFCO ENGINEERING, INC.**  
 Engineering Firm No. F-2011  
 Surveying Firm No. 10001700  
 P. O. Box 615  
 Logansport, Texas 78945  
 (979) 988-6474

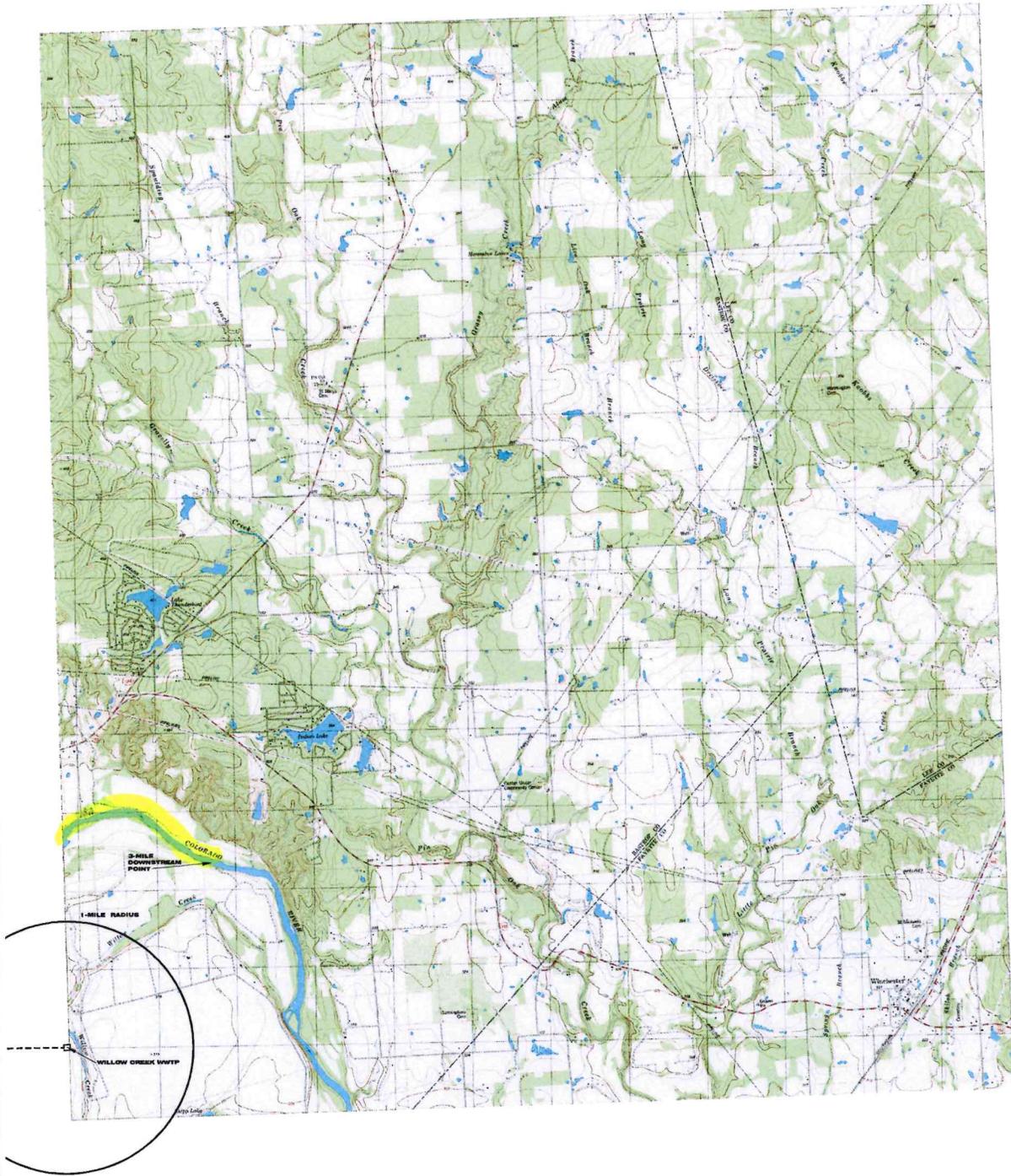


**WILLOW CREEK WWTW  
PERMIT NO. WQ0010286003**

**ATTACHMENT NO. 3 - USGS QUADRANGLE MAP (PAGE 2 OF 4)**



BEFCO ENGINEERING, INC.  
Engineering Firm No. F-2011  
Surveying Firm No. 10001703  
P. O. Box 515  
LaGrange, Texas 78945  
(979) 968-6474

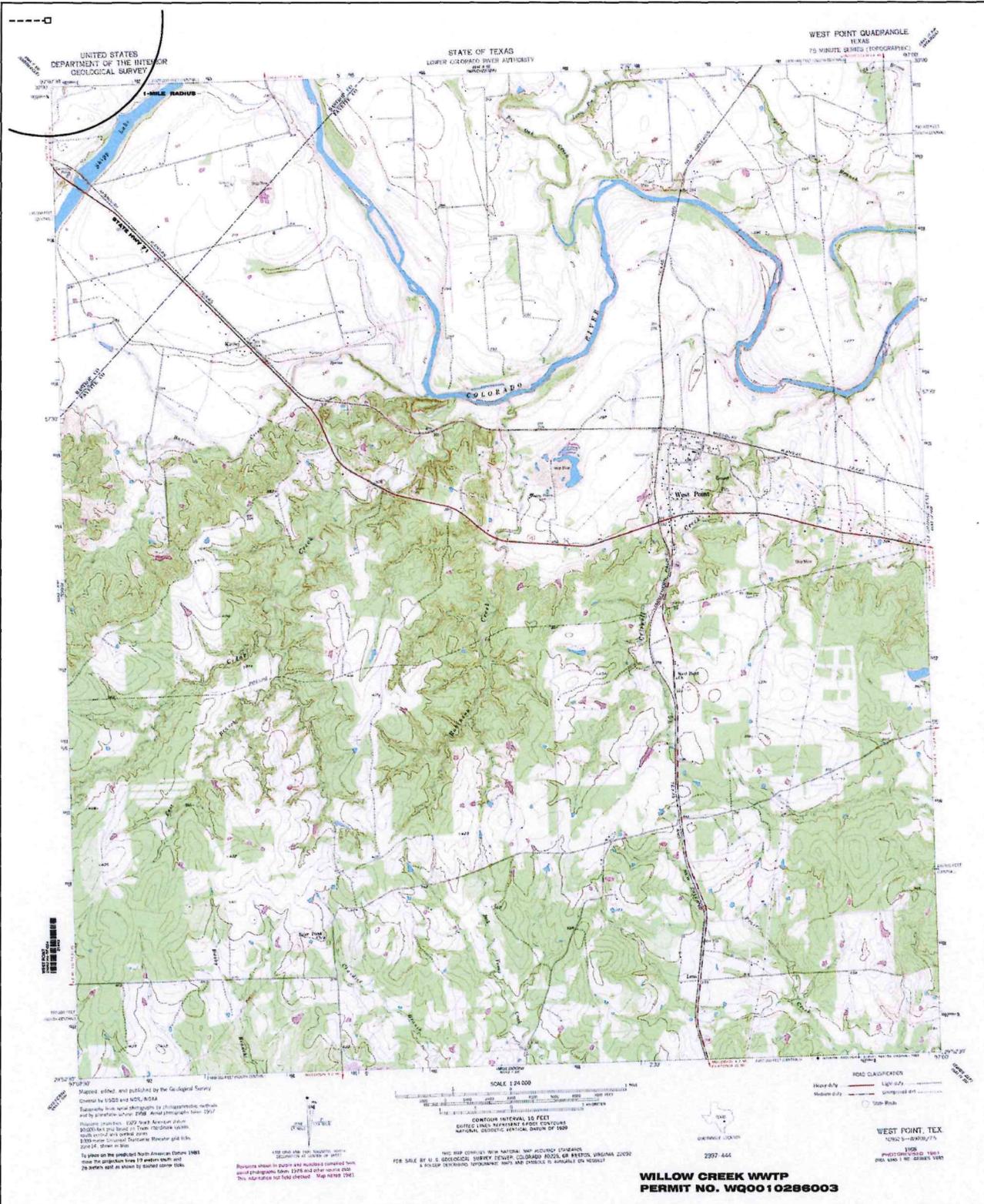


**WILLOW CREEK WWTW  
PERMIT NO. WQ0010286003**

**ATTACHMENT NO. 3 ~ USGS QUADRANGLE MAP (PAGE 3 OF 4)**



**BEFCO ENGINEERING, INC.**  
Engineering Firm No. F-2011  
Surveying Firm No. 13001703  
P. O. Box 515  
LaGrange, Texas 78945  
(979) 968-6474



**ATTACHMENT NO. 3 - USGS QUADRANGLE MAP (PAGE 4 OF 4)**



BEFCO ENGINEERING, INC.  
 Engineering Firm No. F-2011  
 Surveying Firm No. 10001700  
 P. O. Box 615  
 LGGrange, Texas 78945  
 (979) 968-6474

**Section 14. Signature Page (Instructions Page 34)**

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

Permit Number: WQ0010286003

Applicant: City of Smithville

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): Robert Tamble

Signatory title: City Manager

Signature: Robert Tamble Date: 7/29/24

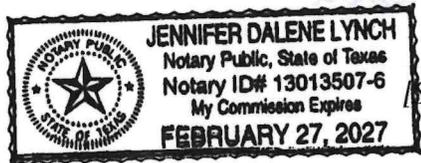
(Use blue ink)

Subscribed and Sworn to before me by the said Robert Tamble

on this 29<sup>th</sup> day of July, 2024.

My commission expires on the 27<sup>th</sup> day of February, 2024.

Jenny Lydr  
Notary Public



[SEAL]

Bastrop  
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: 4**

**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](mailto:WQ-ARPTeam@tceq.texas.gov) or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: City of Smithville

Permit No. WQ00 10286003

EPA ID No. TX 0113786

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

Willow Creek Wastewater Treatment Plant is located at 443 Hill Rd. in Smithville, Bastrop County, Texas. There are no projects planned, existing wastewater treatment plant only.

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

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

First and Last Name: Edward Balusek

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

Title: Public Works Director

Mailing Address: PO Box 449

City, State, Zip Code: Smithville, TX 78957

Phone No.: 512-237-3282 Ext.: Click here to enter text. Fax No.: 512-237-4549

E-mail Address: EBalusek@ci.smithville.tx.us

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

Public property owned by the City of Smithville

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

From the plant via pump station and force main to Segment 1434 of the Colorado River Basin above La Grange.

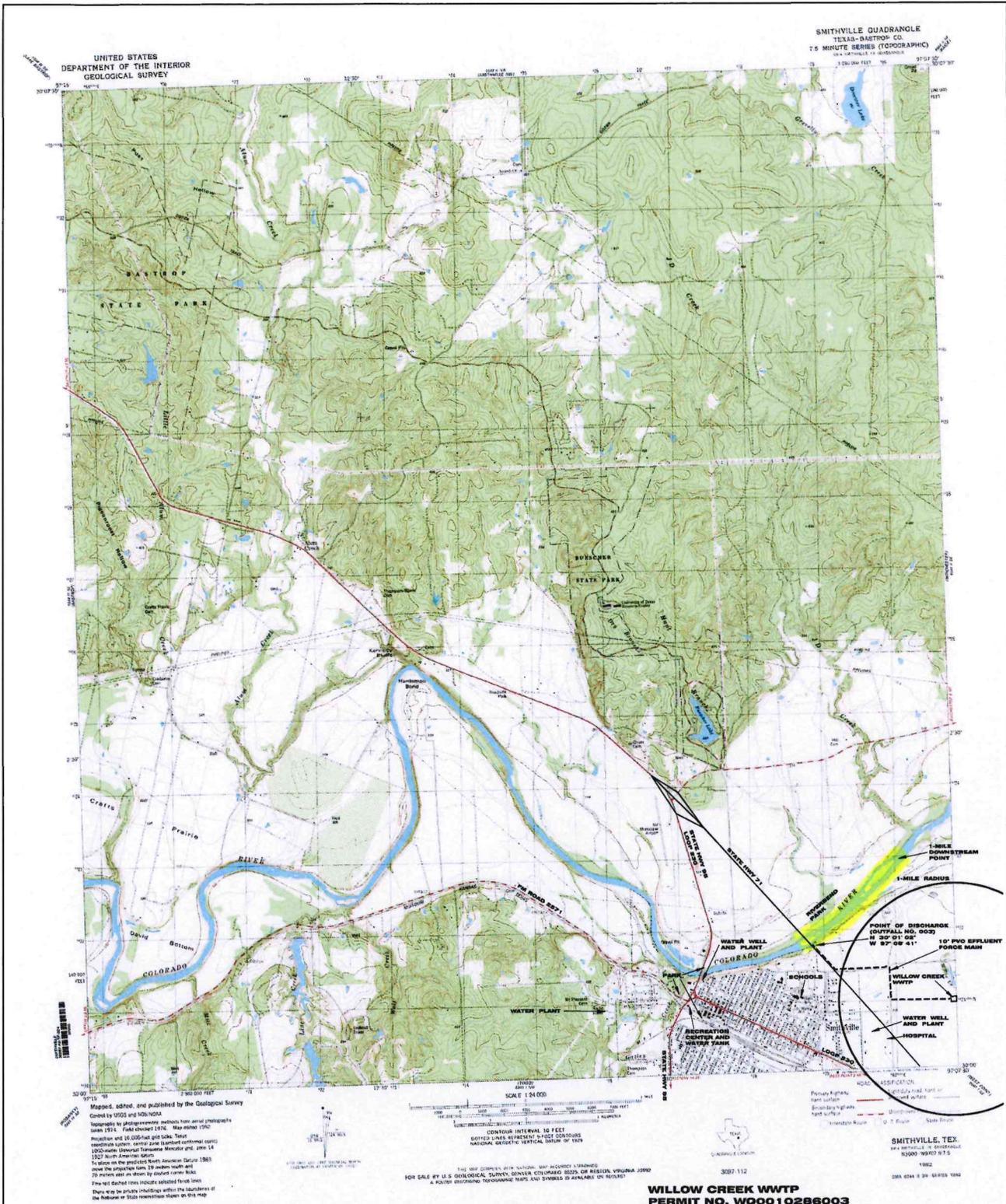
5. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in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

SEE ATTACHMENT 4

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

N/A 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



**ATTACHMENT NO. 4 ~ SPIF USGS QUADRANGLE MAP**

**BEFCO ENGINEERING, INC.**  
Engineering Firm No. F-2011  
Surveying Firm No. 10001700  
P. O. Box 515  
LaGrange, Texas 78945  
(979) 968-6474

Disturbance of vegetation or wetlands

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

No construction planned.

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

Existing land use is for wastewater treatment plant only.

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:

Wastewater treatment plant built in the late 1990s

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

Wastewater treatment plant built in the late 1990s. Site was previously used for livestock.



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
TECHNICAL REPORT 1.0**

---

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

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

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

### **A. Existing/Interim I Phase**

Design Flow (MGD): 0.300

2-Hr Peak Flow (MGD): 1.50

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

### **B. Interim II Phase**

Design Flow (MGD): N/A

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): N/A

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

### **D. Current Operating Phase**

Provide the startup date of the facility: 08-01-1999

## **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.**

Wastewater from the collection system is pumped into the treatment plant by an on-site lift station where it is treated by a bar screen, aeration basin, clarifier, and chlorine contact chamber. Sludge is handled by an aerobic digester and drying beds. Treated effluent is pumped by an on-site effluent lift station and force main to Segment 1434 of the Colorado River Basin.

**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 Basins		15,000 cu. ft.
Clarifier		1,257 sq. ft.
Chlorine Contact Chamber		4,300 cu. ft.
Aerobic Digester		9,100 cu. ft.
Drying Beds		7,350 sq. ft. total

**C. Process Flow Diagram**

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

**Attachment: 5**

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

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

- Latitude: 30-00-58
- Longitude: 97-08-44

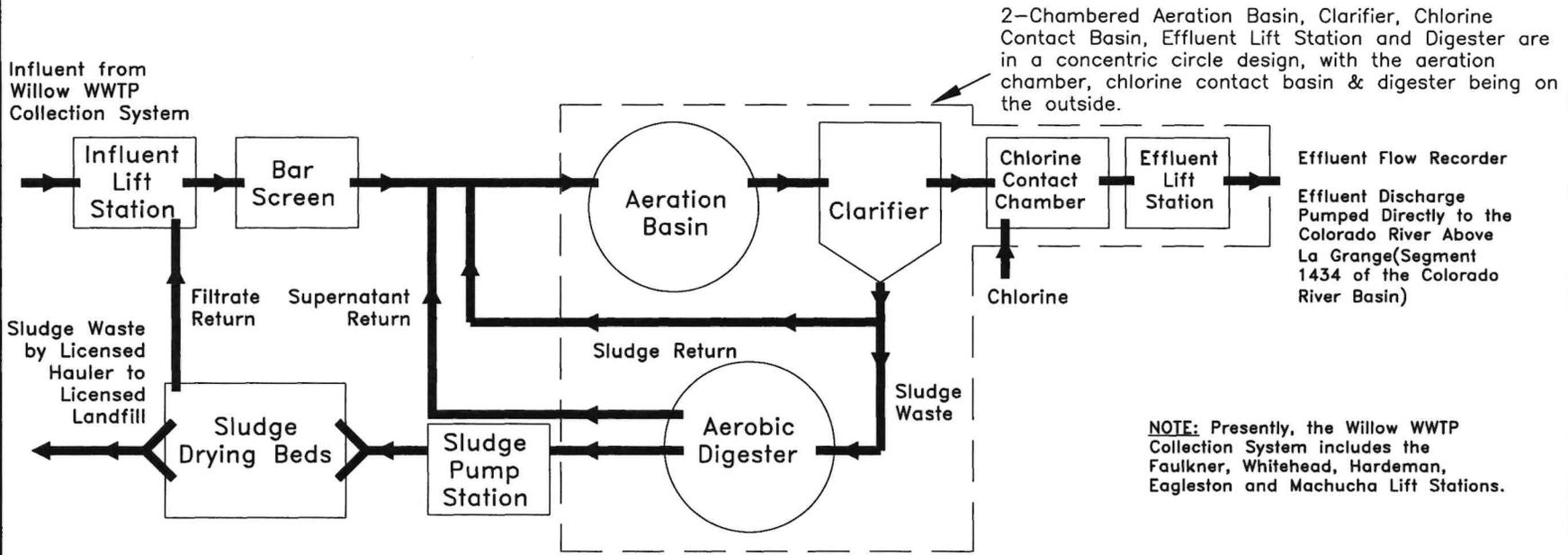
Provide the TLAP disposal site latitude and longitude. Enter N/A if not applicable.

- 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: 6**



NOTE: Presently, the Willow WWTP Collection System includes the Faulkner, Whitehead, Hardeman, Eagleston and Machucha Lift Stations.

FINAL PHASE	Sizes
Lift Station/Bar Screen	
Aeration Basin	15,000 cu. ft.
Clarifier	1,257 sq. ft.
Chlorine Contact Basin	4,300 cu. ft.
Digester	9,100 cu. ft.
Sludge Drying Beds	7,350 sq. ft. total

**Attachment 5**  
**City of Smithville Willow Creek Wastewater**  
**Treatment Plant Flow Schematic (0.300 MGD**  
**Permitted Flow)**



**BEFCO ENGINEERING, INC.**  
 Engineering Firm No. F-2011  
 Surveying Firm No. 10001700  
 P. O. Box 615  
 LaGrange, Texas 78945  
 (979) 968-6474

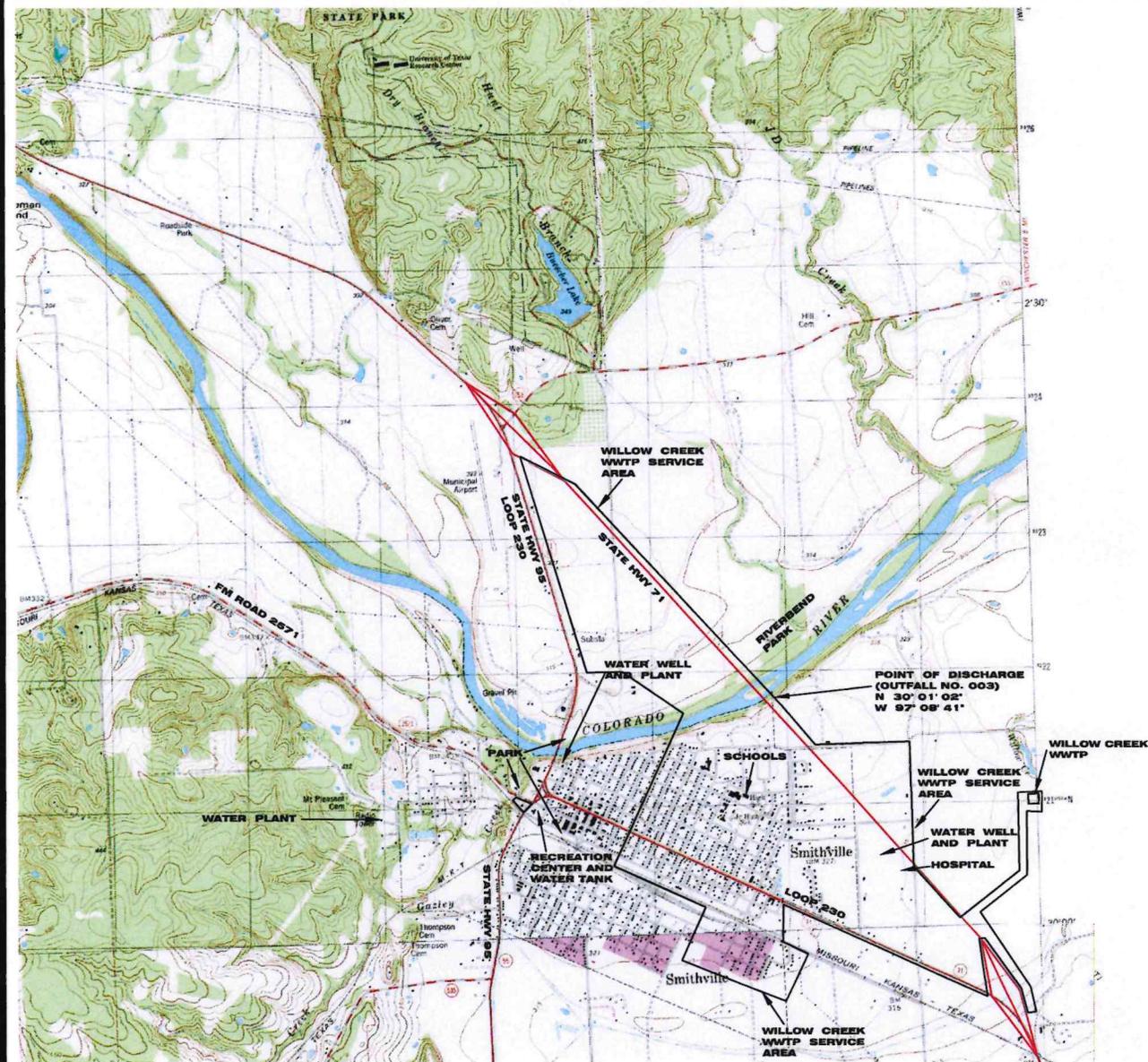
Revised 04/18/24  
 BEFCO Job No. 24-8971

S: \\_PROJECTS\SMITHVILLE\24-8971 WWTP PERMIT RENEWALS\WILLOW CREEK\FLOW-SCHEM-WILLOW.DWG

# ATTACHMENT 6 Site Drawing



SCALE: 1" = 4,000'



**BEFCO ENGINEERING, INC.**  
 Engineering Firm No. F-2011  
 Surveying Firm No. 10001700  
 P. O. Box 615  
 LaGrange, Texas 78945  
 (979) 968-6474

S: \\_PROJECTS\SMITHVILLE\24-8971 WWP PERMIT RENEWALS\WILLOW CREEK\SITEDRAWING-WILLOW.DWG

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

East-Northeast-Southeast sections of the City of Smithville on both sides of the Union Pacific Railroad Tracks

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
Willow Creek WWTP Collection System	City of Smithville	Publicly Owned	Unknown, but 2020 census count is 3,922 for entire City
		Choose an item.	
		Choose an item.	
		Choose an item.	

**Section 4. Unbuilt Phases (Instructions Page 45)**

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

- Yes  No

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

- Yes  No

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

Click to enter text.

**Section 5. Closure Plans (Instructions Page 45)**

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

- Yes  No

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

Yes  No

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

Click to enter text.

**Section 6. Permit Specific Requirements (Instructions Page 45)**

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

**A. Summary transmittal**

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

Yes  No

If yes, provide the date(s) of approval for each phase: 1999

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.**

No actions required based on Other Requirements or Special Provisions.

**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.

No actions required based on Other Requirements or Special Provisions.

**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*.

Item 7 requires quarterly reports to identify and repair/construct treatment units to maintain operation of the WWTP & compliance with effluent limitations. These quarterly reports are prepared & submitted by BEFCO Engineering on behalf of the City typically about one month after the end of each quarter (4 times per year).

#### D. Grit and grease treatment

##### 1. *Acceptance of grit and grease waste*

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

Yes  No

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

##### 2. *Grit and grease processing*

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

Click to enter text.

##### 3. *Grit disposal*

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

Yes  No

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

Describe the method of grit disposal.

Click to enter text.

#### 4. Grease and decanted liquid disposal

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

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

Click to enter text.

### E. Stormwater management

#### 1. Applicability

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

Yes  No

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

Yes  No

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

#### 2. MSGP coverage

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

Yes  No

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

TXR05 [Click to enter text.](#) or TXRNE [Click to enter text.](#)

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

Yes  No

#### 3. Conditional exclusion

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

Yes  No

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

Click to enter text.

**4. Existing coverage in individual permit**

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

- Yes  No

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

Click to enter text.

**5. Zero stormwater discharge**

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

- Yes  No

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

Click to enter text.

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

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

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

- Yes  No

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

Click to enter text.

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

**F. Discharges to the Lake Houston Watershed**

Does the facility discharge in the Lake Houston watershed?

Yes  No

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

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

**1. Acceptance of sludge from other WWTPs**

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

Yes  No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> 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<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

The Willow Plant has a location where Septic Waste Haulers can discharge. It is unknown how long City has been accepting septic waste of unknown BOD<sub>5</sub> concentration. Currently, the City has NOT been accepting any septic wastes. This acceptance of septic waste has not changed since the last permit action.

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.

Per City staff, the City no longer accepts any wastes from outside of their collection system.

**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. SEE ATTACHMENT 7

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	<u>1.5</u>	<u>2</u>	<u>1</u>	Grab	04/24/2024 8:16 AM
				Grab	08/05/2024 3:30 PM
Total Suspended Solids, mg/l	<u>3.06</u>	<u>4.52</u>	<u>1</u>	Grab	04/24/2024 8:16 AM
				Grab	08/05/2024 3:30 PM

Ammonia Nitrogen, mg/l	<u>2.029</u>	<u>3.99</u>	<u>1</u>	<u>Grab</u>	04/23/2024 9:02 AM 08/05/2024 3:30 PM
Nitrate Nitrogen, mg/l	0.546	0.546	1	Grab	4/23/2024 9:02 AM
Total Kjeldahl Nitrogen, mg/l	3.46	3.46	1	Grab	4/23/2024 9:02 AM
Sulfate, mg/l	33.5	33.5	1	Grab	4/23/2024 9:02 AM
Chloride, mg/l	47.5	47.5	1	Grab	4/23/2024 9:02 AM
Total Phosphorus, mg/l	1.74	1.74	1	Grab	4/23/2024 9:02 AM
pH, standard units	7.67	7.67	1	Grab	4/23/2024 9:02 AM
Dissolved Oxygen*, mg/l	8.04	8.04	1	Grab	By City on 4/23/24, Time Unknown
Chlorine Residual, mg/l	1.09	1.09	1	Grab	By City on 4/23/24, Time Unknown
<i>E.coli</i> (CFU/100ml) freshwater	<1.00	<1.00	1	Grab	4/23/2024 9:02 AM
Enterococci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	303	303	1	Grab	08/05/2024 3:30 PM
Electrical Conductivity, $\mu$ mohs/cm, †	N/A	N/A	N/A	N/A	N/A
Oil & Grease, mg/l	N/A	N/A	N/A	N/A	N/A
Alkalinity (CaCO <sub>3</sub> )*, mg/l	N/A	N/A	N/A	N/A	N/A

\*TPDES permits only

†TLAP permits only

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

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

## Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Odis Pfeiffer

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

Facility Operator's License Number: WW0027258

## Section 9. Sludge and Biosolids Management and Disposal



LCRA Environmental Laboratory Services  
3505 Montopolis Drive  
Austin, TX 78744  
Phone (512)730-6022  
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May 20, 2024

PAUL ESPINOZA  
City of Smithville  
PO BOX 449  
Smithville, TX 78957  
pespinoza@ci.smithville.tx.us

RE: Final Analytical Report            Q2418343  
Attn: PAUL ESPINOZA

Enclosed are the analytical results for sample(s) received by LCRA Environmental Laboratory Services. Results reported herein conform to the most current NELAP standards, where applicable, unless otherwise narrated in the body of the report. This final report provides results related only to the sample(s) as received for the above referenced work order.

Thank you for selecting ELS for your analytical needs. If you have any questions regarding this report, please contact us at (512) 730-6022 or environmental.lab@lcra.org. We look forward to assisting you again.

Authorized for release by:

Ariana Dean  
Account Manager  
ariana.dean@lcra.org



Enclosures:  
CC:Tiffany Scallorn



LCRA Environmental Laboratory Services  
 3505 Montopolis Drive  
 Austin, TX 78744  
 Phone (512)730-6022  
 Fax (512)730-6021

**Workorder:** Q2418343  
**Workorder Description:** COSMITHVILLEWILLOWEFF\_04232024  
**Client:** CITY OF SMITHVILLE  
**Profile:** GAZLEY/WILLOW WWTP  
**Sampled By:** ODDIS

**Report To:** PAUL ESPINOZA  
 City of Smithville  
 PO BOX 449  
 Smithville, TX 78957

### Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported
Q2418343001	WILLOW WWTP EFF	AQ	E300.0, Anions	04/23/2024 09:02	04/23/2024 12:12	3
Q2418343001	WILLOW WWTP EFF	AQ	E350.1 NH3-N by SemiAuto Col	04/23/2024 09:02	04/23/2024 12:12	1
Q2418343001	WILLOW WWTP EFF	AQ	E351.2 TKN by SemiAuto Col	04/23/2024 09:02	04/23/2024 12:12	1
Q2418343001	WILLOW WWTP EFF	AQ	E365.4 Phosphorus, Total	04/23/2024 09:02	04/23/2024 12:12	1
Q2418343001	WILLOW WWTP EFF	AQ	SM4500-H+B, pH @ 25°C	04/23/2024 09:02	04/23/2024 12:12	2
Q2418343001	WILLOW WWTP EFF	AQ	SM9223B, IDEXX	04/23/2024 09:02	04/23/2024 12:12	2
Q2418343002	WILLOW WWTP	AQ	SM2540D, TSS	04/24/2024 08:16	04/24/2024 10:18	1

### Report Definitions

- MRL - Minimum Reporting Limit
- LOD - Limit of Detection
- ML - Maximum Limit - Client Specified
- MCL - Maximum Contaminant Level
- LOQ - Limit of Quantitation - Client Specified
- DF - Dilution Factor
- (S) - Surrogate Spike
- MDL - Method Detection Limit
- RPD - Relative Percent Difference

### Qualifier Definitions

- J - Analyte detected below quantitation limit
- R - RPD outside duplicate precision limit
- S - Spike recovery outside limit
- B - Analyte detected in method blank
- N - Not Accredited
- M - Analyte Detected Above Maximum Contaminant Level
- SL - Spike Recovery Low
- SH - Spike Recovery High
- H - Analyzed Past Hold Time
- CR - Confirmed Result
- CH - Result confirmed by historical data



LCRA Environmental Laboratory Services  
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Fax (512)730-6021

## Workorder Summary

---

### Batch Comments

---

*MIC/7772 - E-Coli by IDEXX SM9223B*

The Log Difference of Duplicates met the precision criterion of 0.5.

## Analytical Results

<b>Client ID:</b> COSMITHVILLE	<b>Date Collected:</b> 04/23/2024 09:02	<b>Matrix:</b> Aqueous
<b>Lab ID:</b> Q2418343001	<b>Date Received:</b> 04/23/2024 12:12	<b>Sample Type:</b> SAMPLE
<b>Sample ID:</b> WILLOW WWTP EFF	<b>Location:</b>	
<b>Project ID:</b> GAZLEY/WILLOW WWTP	<b>Facility:</b>	
	<b>Sample Point:</b>	

### AMMONIA AS N (E350.1 NH3-N by SemiAuto Col)

Parameter	Results	Units	MRL	LOD	ML	DF	Prepared	By	Analyzed	By	Qualifier
Nitrogen, Ammonia (as N)	3.99	mg/L	0.0800	0.0320		4	05/03/2024 16:06	JLL	05/03/2024 16:06	JLL	

### E. COLI (SM9223B, IDEXX)

Parameter	Results	Units	MRL	LOD	ML	DF	Prepared	By	Analyzed	By	Qualifier
Ecoli	<1.00	MPN/100mL	1.00	1.00		1	04/23/2024 13:48	BJP	04/23/2024 13:48	BJP	
Ecoli Holding Time	4.8	HOURS	0.0	0.0			04/23/2024 13:48	BJP	04/23/2024 13:48	BJP	N

### INORGANICS (E300.0, Anions)

Parameter	Results	Units	MRL	LOD	ML	DF	Prepared	By	Analyzed	By	Qualifier
Chloride	47.5	mg/L	1.00	0.400		1	04/23/2024 20:07	JLL	04/23/2024 20:07	JLL	
Nitrate (as N)	0.546	mg/L	0.0100	0.00400		1	04/23/2024 20:07	JLL	04/23/2024 20:07	JLL	
Sulfate	33.5	mg/L	1.00	0.400		1	04/23/2024 20:07	JLL	04/23/2024 20:07	JLL	

### TOTAL KJELDAHL NITROGEN (E351.2 Water Prep/E351.2 TKN by SemiAuto Col)

Parameter	Results	Units	MRL	LOD	ML	DF	Prepared	By	Analyzed	By	Qualifier
Nitrogen, Kjeldahl, Total	3.46	mg/L	0.400	0.160		4	04/24/2024 09:33	ML	04/30/2024 00:00	MAB	

### TOTAL PHOSPHATE AS P (E365.4 Water Prep/E365.4 Phosphorus, Total)

Parameter	Results	Units	MRL	LOD	ML	DF	Prepared	By	Analyzed	By	Qualifier
Phosphorus, Total (As P)	1.74	mg/L	0.0200	0.00800		1	04/24/2024 09:23	ML	04/26/2024 00:00	MAB	

### pH (SM4500-H+B, pH @ 25°C)

Parameter	Results	Units	MRL	LOD	ML	DF	Prepared	By	Analyzed	By	Qualifier
pH	7.67	pH	0.00	0.00		1	05/02/2024 03:17	TLC	05/02/2024 03:17	TLC	
Temperature	18.8	C				1	05/02/2024 03:17	TLC	05/02/2024 03:17	TLC	N



LCRA Environmental Laboratory Services  
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 Austin, TX 78744  
 Phone (512)730-6022  
 Fax (512)730-6021

## Analytical Results

<b>Client ID:</b> COSMITHVILLE	<b>Date Collected:</b> 04/24/2024 08:16	<b>Matrix:</b> Aqueous
<b>Lab ID:</b> Q2418343002	<b>Date Received:</b> 04/24/2024 10:18	<b>Sample Type:</b> SAMPLE
<b>Sample ID:</b> WILLOW WWTP	<b>Location:</b>	
<b>Project ID:</b> GAZLEY/WILLOW WWTP	<b>Facility:</b>	
	<b>Sample Point:</b>	

### TOTAL SUSPENDED SOLIDS (SM2540D, TSS)

Parameter	Results	Units	MRL	LOD	ML	DF	Prepared	By	Analyzed	By	Qualifier
Total Suspended Solids	4.52	mg/L	1.33	1.33		1.33	04/29/2024 11:15	TVT	04/29/2024 11:15	TVT	



LCRA Environmental Laboratory Services  
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May 20, 2024

PAUL ESPINOZA  
City of Smithville  
PO BOX 449  
Smithville, TX 78957  
pespinoza@ci.smithville.tx.us

RE: Final Analytical Report                    Q2418344  
Attn: PAUL ESPINOZA

Enclosed are the analytical results for sample(s) received by LCRA Environmental Laboratory Services. Results reported herein conform to the most current NELAP standards, where applicable, unless otherwise narrated in the body of the report. This final report provides results related only to the sample(s) as received for the above referenced work order.

Thank you for selecting ELS for your analytical needs. If you have any questions regarding this report, please contact us at (512) 730-6022 or environmental.lab@lcra.org. We look forward to assisting you again.

Authorized for release by:

Ariana Dean  
Account Manager  
ariana.dean@lcra.org



Enclosures:  
CC:Tiffany Scallorn



LCRA Environmental Laboratory Services  
3505 Montopolis Drive  
Austin, TX 78744  
Phone (512)730-6022  
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**Workorder:** Q2418344  
**Workorder Description:** COSMITHVILLEWILLEFFSUB\_0423202  
**Client:** CITY OF SMITHVILLE  
**Profile:** GAZLEY-WILLOW SUB

**Report To:** PAUL ESPINOZA  
City of Smithville  
PO BOX 449  
Smithville, TX 78957

**Sampled By:** ODDIS

## Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported
Q2418344001	WILLOW WWTP	AQ	SM5210B CBOD	04/24/2024 08:16	04/24/2024 10:18	1

## Report Definitions

MRL - Minimum Reporting Limit  
LOD - Limit of Detection  
ML - Maximum Limit - Client Specified  
MCL - Maximum Contaminant Level  
LOQ - Limit of Quantitation - Client Specified  
DF - Dilution Factor  
(S) - Surrogate Spike  
MDL - Method Detection Limit  
RPD - Relative Percent Difference

## Qualifier Definitions

J - Analyte detected below quantitation limit  
R - RPD outside duplicate precision limit  
S - Spike recovery outside limit  
B - Analyte detected in method blank  
N - Not Accredited  
M - Analyte Detected Above Maximum Contaminant Level  
SL - Spike Recovery Low  
SH - Spike Recovery High  
H - Analyzed Past Hold Time  
CR - Confirmed Result  
CH - Result confirmed by historical data



LCRA Environmental Laboratory Services  
3505 Montopolis Drive  
Austin, TX 78744  
Phone (512)730-6022  
Fax (512)730-6021

## Workorder Summary

---

### Sample Comments

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**Q2418344001 (WILLOW WWTP) - Paying sample**

ANALYTICAL COMMENTS: Q2418344001 (SM5210B CBOD) subcontracted with customer's approval. Data provided in full with the ELS final report.



LCRA Environmental Laboratory Services  
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Austin, TX 78744  
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## Analytical Results

---

<b>Client ID:</b> COSMITHVILLE	<b>Date Collected:</b> 04/24/2024 08:16	<b>Matrix:</b> Aqueous
<b>Lab ID:</b> Q2418344001	<b>Date Received:</b> 04/24/2024 10:18	<b>Sample Type:</b> SAMPLE
<b>Sample ID:</b> WILLOW WWTP	<b>Location:</b>	
<b>Project ID:</b> GAZLEY-WILLOW SUB	<b>Facility:</b>	
	<b>Sample Point:</b>	

SM5210B CBOD has been subcontracted. See attached Subcontract Report.

Email information for report date:  
5/3/24 11:55  
H014025

**LCRA**

Attn: ELS  
envlab@lcra.org

3505 Montopolis  
Austin, TX 78744

Please contact us for your sampling needs or if you have any questions. Some convenient contacts are listed below. You can also access your results and reports through our ClientConnect™ portal on our website ([www.aqua-techlabs.com](http://www.aqua-techlabs.com)).

For sampling questions:

samplingbryan@aqua-techlabs.com (Bryan area)  
samplingaustin@aqua-techlabs.com (Austin area)

reporting@aqua-techlabs.com (report questions)

Aqua-Tech values you as a customer and encourages you to speak with our staff at 979-778-3707 or the above emails if you have questions.

Thank you for your business,  
June M. Brien  
Executive Technical Director

**BRYAN FACILITY**  
635 Phil Gramm Boulevard  
Bryan, TX 77807  
Phone: (979) 778-3707  
Fax: (979) 778-3193



**AUSTIN FACILITY**  
3512 Montopolis Dr, Suite A  
Austin, TX 78744  
Phone: (512) 301-9559  
Fax: (512) 301-9552

The analyses summarized in this report were performed by Aqua-Tech Laboratories, Inc. unless otherwise noted. Aqua-Tech Laboratories, Inc. holds accreditation from the State of Texas in accordance with TNI and/or through the TCEQ Drinking Water Commercial Laboratory Approval Program.

**The following abbreviations indicate certification status:**

- NEL TNI accredited parameter.
- ANR Accreditation not offered by the State of Texas.
- DWP Approval through the TCEQ Drinking Water Commercial Laboratory Approval Program.
- INF Aqua-Tech Laboratories, Inc. is not accredited for this parameter. It is reported on an informational basis only.

Certificate: T104704371-23-27



TCEQ Lab ID T104704371

Subcontracted data summarized in this report is indicated by "Sub" in the Lab column.

**General Definitions:**

- NR Not Reported.
- RPD Relative Percent Difference.
- % R Percent Recovery.
- dry Results with the "dry" unit designation are reported on a "dry weight" basis.
- SQL The Sample Quantitation Limit is the value below which the parameter cannot reliably be detected. The SQL includes all sample preparations, dilutions and / or concentrations.
- Adj MDL The Adjusted Method Detection Limit is the MDL value adjusted for any sample dilutions or concentrations.
- MDL The Method Detection Limit is the lowest theoretical value that is statistically different from zero for a specific method, taking into account all preparation steps and instrument settings.

All samples are reported on an "as received" basis unless the designation "dry" is added to the reported unit.

Copies of Aqua-Tech Laboratories, Inc. procedures and individual sampling plans are available upon request. Note that samples are collected by Aqua-Tech Laboratories, Inc. personnel unless otherwise noted in the "Sample Collected" field of this report as "Client" or "CLT".

Samples included in this report were received in acceptable condition according to Aqua-Tech Laboratories, Inc. procedures and 40 CFR, Chapter I, Subchapter D, Part 136.3, TABLE II. - Required containers, preservation techniques, and holding times, unless otherwise noted in this report.

**Record Retention:**

All reports, raw data, and associated quality control data are kept on file for 10 years before being destroyed. Any client that would like copies of records must contact Aqua-Tech Laboratories, Inc. no later than six months prior to the scheduled disposal. An administrative fee for retrieval and distribution will apply.

This report was approved by:

  
June M. Brien, Technical Director

The results in this report apply only to the samples analyzed. This analytical report must be reproduced in its entirety unless written permission is granted by Aqua-Tech Laboratories, Inc.

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**AUSTIN FACILITY**  
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Phone: (512) 301-9559  
Fax: (512) 301-9552

**Analytical Report**

**LCRA**  
Report Printed: **5/3/24 11:55**  
**H014025**

<b>LCRA Q2418344001</b>	Collected: 04/24/24 08:16 by CLIENT	Type	Matrix	C-O-C #						
Lab ID# H014025-01	Received: 04/24/24 13:39 by Suzanne Rudd	Grab	Non Potable	H014025						
<b>General Chemistry</b>										
Carbonaceous BOD (5 day)	2	mg/L	1	1	1	Austin	04/25/24 07:00 MSA	SM5210 B 2016	M176500	NEL

General Chemistry - Quality Control													
Result	Units	Notes	MDL	SQL	Analyzed	Spike Amount	Source Result	%R	%R Limits	RPD	RPD Limit	Batch	
Carbonaceous BOD (5 day) - SM5210 B 2016													Austin
Din Water Blk	0.20	mg/L	1	1	04/25/24 07:00 MSA		0.2		< or = 0.2 mg/L			2404325	
GGA	185	mg/L	1	1	04/25/24 07:00 MSA	198		93.4	84.6 - 115.4			2404325	
GGA	170	mg/L	1	1	04/25/24 07:00 MSA	198		85.9	84.6 - 115.4			2404325	
GGA	176	mg/L	1	1	04/25/24 07:00 MSA	198		88.9	84.6 - 115.4			2404325	
Seed Blank	<1	mg/L	1	1	04/25/24 07:00 MSA							2404325	
Seed Blank	<1	mg/L	1	1	04/25/24 07:00 MSA							2404325	
Seed Blank	<1	mg/L	1	1	04/25/24 07:00 MSA							2404325	
Duplicate	<1	mg/L	1	1	04/25/24 07:00 MSA		<1				47.7	M176500	

Sample Preparation Summary											
Sample	Method	Prepared	Lab	Bottle	Initial	Units	Final	Units	External Dilution Factor	Batch	
H014025-01											
Carbonaceous BOD (5 day)	SM5210 B 2016	4/25/24 7:00 MSA	Austin	A	300	mL	300	mL	1	M176500	

Form: C:\ELMNT\FORMAT\ATL 041724 FIN\_LS.RPT

# WILLOW WWTP

Month: April		Year: 2024		Concentration				Loading			Ecoli
Date	Flow	Cl2	D.O	P.h	CBOD	T.S.S	NH3-N	CBOD	T.S.S	NH3-N	
1	141	116									
2	146	124	793	788	1	7.9	0.634	1.21	3.53	0.771	
3	140	126									
4	140	114									
5	134	1.17									
6	158										
7	158										
8	143										
9	170				6	10.5	0.529	8.58	14.88	0.75	
10	159										
11	134										
12	139										
13	148										
14	161										
15	174	1.10									
16	150	1.22	791	776	7	3	4.38	8.75	3.75	5.47	22.8
17	155	1.31									
18	155	1.20									
19	152	1.14									
20	144										
21	208										
22	123	1.17									
23	142	1.09	801	781	2	2.5	3.83	2.38	2.96	4.53	
24	137	1.14									
25	157	1.19									
26	204	1.28									
27	086										
28	135										
29	101	1.22									
30	124	1.21	802	776	5	3	3.05	5.17	3.12	3.15	
<del>31</del>											
Total											
Average	1472				4.2	4.38	2.48	5.2	5.65	2.93	
Maximum	208										
Minimum											

be 5843C9-76 ac-4e74-950d-95fd249feb6e0





LCRA Environmental Laboratory Services  
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Phone (512)730-6022  
Fax (512)730-6021

August 20, 2024

PAUL ESPINOZA  
City of Smithville  
PO BOX 449  
Smithville, TX 78957  
pespinoza@ci.smithville.tx.us

RE: Final Analytical Report                    Q2433239  
Attn: PAUL ESPINOZA

Enclosed are the analytical results for sample(s) received by LCRA Environmental Laboratory Services. Results reported herein conform to the most current NELAP standards, where applicable, unless otherwise narrated in the body of the report. This final report provides results related only to the sample(s) as received for the above referenced work order.

Thank you for selecting ELS for your analytical needs. If you have any questions regarding this report, please contact us at (512) 730-6022 or environmental.lab@lcra.org. We look forward to assisting you again.

Authorized for release by:

Ariana Dean  
Account Manager  
ariana.dean@lcra.org



Enclosures:  
CC:Tiffany Scallorn



LCRA Environmental Laboratory Services  
 3505 Montopolis Drive  
 Austin, TX 78744  
 Phone (512)730-6022  
 Fax (512)730-6021

**Workorder:** Q2433239  
**Workorder Description:** COSMITHVILLEWILLOW\_  
**Client:** CITY OF SMITHVILLE  
**Profile:** GAZLEY/WILLOW WWTP  
**Sampled By:** O PFEIFFER

**Report To:** PAUL ESPINOZA  
 City of Smithville  
 PO BOX 449  
 Smithville, TX 78957

## Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported
Q2433239001	WILLOW WWTP	AQ	E350.1 NH3-N by SemiAuto Col	08/05/2024 15:30	08/06/2024 11:49	1
Q2433239001	WILLOW WWTP	AQ	SM2540D, TSS	08/05/2024 15:30	08/06/2024 11:49	1
Q2433239002	WILLOW EFF	AQ	SM2540C, TDS	08/05/2024 15:30	08/06/2024 11:49	1

## Report Definitions

MRL - Minimum Reporting Limit  
 LOD - Limit of Detection  
 ML - Maximum Limit - Client Specified  
 MCL - Maximum Contaminant Level  
 LOQ - Limit of Quantitation - Client Specified  
 DF - Dilution Factor  
 (S) - Surrogate Spike  
 MDL - Method Detection Limit  
 RPD - Relative Percent Difference

## Qualifier Definitions

J - Analyte detected below quantitation limit  
 R - RPD outside duplicate precision limit  
 S - Spike recovery outside limit  
 B - Analyte detected in method blank  
 N - Not Accredited  
 M - Analyte Detected Above Maximum Contaminant Level  
 SL - Spike Recovery Low  
 SH - Spike Recovery High  
 H - Analyzed Past Hold Time  
 CR - Confirmed Result  
 CH - Result confirmed by historical data



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## Workorder Summary

---



LCRA Environmental Laboratory Services  
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 Austin, TX 78744  
 Phone (512)730-6022  
 Fax (512)730-6021

## Analytical Results

<b>Client ID:</b> COSMITHVILLE	<b>Date Collected:</b> 08/05/2024 15:30	<b>Matrix:</b> Aqueous
<b>Lab ID:</b> Q2433239001	<b>Date Received:</b> 08/06/2024 11:49	<b>Sample Type:</b> SAMPLE
<b>Sample ID:</b> WILLOW WWTP	<b>Location:</b>	
<b>Project ID:</b> GAZLEY/WILLOW WWTP	<b>Facility:</b>	
	<b>Sample Point:</b>	

### AMMONIA AS N (E350.1 NH3-N by SemiAuto Col)

Parameter	Results	Units	MRL	LOD	ML	DF	Prepared	By	Analyzed	By	Qualifier
Nitrogen, Ammonia (as N)	0.0628	mg/L	0.0200	0.00800		1	08/14/2024 13:21	ML	08/14/2024 13:21	ML	

### TOTAL SUSPENDED SOLIDS (SM2540D, TSS)

Parameter	Results	Units	MRL	LOD	ML	DF	Prepared	By	Analyzed	By	Qualifier
Total Suspended Solids	1.60	mg/L	1.00	1.00		1	08/09/2024 11:25	TVT	08/09/2024 11:25	TVT	



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 Austin, TX 78744  
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 Fax (512)730-6021

## Analytical Results

<b>Client ID:</b> COSMITHVILLE	<b>Date Collected:</b> 08/05/2024 15:30	<b>Matrix:</b> Aqueous
<b>Lab ID:</b> Q2433239002	<b>Date Received:</b> 08/06/2024 11:49	<b>Sample Type:</b> SAMPLE
<b>Sample ID:</b> WILLOW EFF	<b>Location:</b>	
<b>Project ID:</b> GAZLEY/WILLOW WWTP	<b>Facility:</b>	
	<b>Sample Point:</b>	

### TOTAL DISSOLVED SOLIDS (SM2540C, TDS)

Parameter	Results	Units	MRL	LOD	ML	DF	Prepared	By	Analyzed	By	Qualifier
Total Dissolved Solids(TDS)	303	mg/L	25.0	25.0		10	08/07/2024 17:03	TLC	08/07/2024 17:03	TLC	



LCRA Environmental Laboratory Services  
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August 22, 2024

PAUL ESPINOZA  
City of Smithville  
PO BOX 449  
Smithville, TX 78957  
pespinoza@ci.smithville.tx.us

RE: Final Analytical Report                    Q2433243  
Attn: PAUL ESPINOZA

Enclosed are the analytical results for sample(s) received by LCRA Environmental Laboratory Services. Results reported herein conform to the most current NELAP standards, where applicable, unless otherwise narrated in the body of the report. This final report provides results related only to the sample(s) as received for the above referenced work order.

Thank you for selecting ELS for your analytical needs. If you have any questions regarding this report, please contact us at (512) 730-6022 or environmental.lab@lcra.org. We look forward to assisting you again.

Authorized for release by:

Ariana Dean  
Account Manager  
ariana.dean@lcra.org



Enclosures:  
CC:Tiffany Scallorn



LCRA Environmental Laboratory Services  
 3505 Montopolis Drive  
 Austin, TX 78744  
 Phone (512)730-6022  
 Fax (512)730-6021

**Workorder:** Q2433243  
**Workorder Description:** COSMITHVILLEWILLOWSUB  
**Client:** CITY OF SMITHVILLE  
**Profile:** GAZLEY-WILLOW SUB  
**Sampled By:** O PFEIFFER

**Report To:** PAUL ESPINOZA  
 City of Smithville  
 PO BOX 449  
 Smithville, TX 78957

## Sample Summary

Lab ID	Sample ID	Matrix	Method	Date Collected	Date Received	Analytes Reported
Q2433243001	WILLO WWTP	AQ	SM5210B CBOD	08/05/2024 15:30	08/06/2024 11:49	1

## Report Definitions

MRL - Minimum Reporting Limit  
 LOD - Limit of Detection  
 ML - Maximum Limit - Client Specified  
 MCL - Maximum Contaminant Level  
 LOQ - Limit of Quantitation - Client Specified  
 DF - Dilution Factor  
 (S) - Surrogate Spike  
 MDL - Method Detection Limit  
 RPD - Relative Percent Difference

## Qualifier Definitions

J - Analyte detected below quantitation limit  
 R - RPD outside duplicate precision limit  
 S - Spike recovery outside limit  
 B - Analyte detected in method blank  
 N - Not Accredited  
 M - Analyte Detected Above Maximum Contaminant Level  
 SL - Spike Recovery Low  
 SH - Spike Recovery High  
 H - Analyzed Past Hold Time  
 CR - Confirmed Result  
 CH - Result confirmed by historical data



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## Workorder Summary

---

### Sample Comments

---

**Q2433243001 (WILLO WWTP) - Paying sample**

ANALYTICAL COMMENTS: Q2433243001 (SM5210B CBOD) subcontracted with customer's approval. Data provided in full with the ELS final report.



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## Analytical Results

---

<b>Client ID:</b> COSMITHVILLE	<b>Date Collected:</b> 08/05/2024 15:30	<b>Matrix:</b> Aqueous
<b>Lab ID:</b> Q2433243001	<b>Date Received:</b> 08/06/2024 11:49	<b>Sample Type:</b> SAMPLE
<b>Sample ID:</b> WILLO WWTP	<b>Location:</b>	
<b>Project ID:</b> GAZLEY-WILLOW SUB	<b>Facility:</b>	
	<b>Sample Point:</b>	

SM5210B CBOD has been subcontracted. See attached Subcontract Report.

Email information for report date:  
8/22/24 10:23  
H026050

**LCRA**

Attn: ELS  
envlab@lcra.org  
  
3505 Montopolis  
Austin, TX 78744

Please contact us for your sampling needs or if you have any questions. Some convenient contacts are listed below. You can also access your results and reports through our ClientConnect™ portal on our website ([www.aqua-techlabs.com](http://www.aqua-techlabs.com)).

For sampling questions:

samplingbryan@aqua-techlabs.com (Bryan area)  
samplingaustin@aqua-techlabs.com (Austin area)

reporting@aqua-techlabs.com (report questions)

Aqua-Tech values you as a customer and encourages you to speak with our staff at 979-778-3707 or the above emails if you have questions.

Thank you for your business,  
June M. Brien  
Executive Technical Director

**BRYAN FACILITY**  
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The analyses summarized in this report were performed by Aqua-Tech Laboratories, Inc. unless otherwise noted. Aqua-Tech Laboratories, Inc. holds accreditation from the State of Texas in accordance with TNI and/or through the TCEQ Drinking Water Commercial Laboratory Approval Program.

**The following abbreviations indicate certification status:**

- NEL TNI accredited parameter.
- ANR Accreditation not offered by the State of Texas.
- DWP Approval through the TCEQ Drinking Water Commercial Laboratory Approval Program.
- INF Aqua-Tech Laboratories, Inc. is not accredited for this parameter. It is reported on an informational basis only.

Certificate: T104704371-23-27



TCEQ Lab ID T104704371

Subcontracted data summarized in this report is indicated by "Sub" in the Lab column.

**General Definitions:**

- NR Not Reported.
- RPD Relative Percent Difference.
- % R Percent Recovery.
- dry Results with the "dry" unit designation are reported on a "dry weight" basis.
- SQL The Sample Quantitation Limit is the value below which the parameter cannot reliably be detected. The SQL includes all sample preparations, dilutions and / or concentrations.
- Adj MDL The Adjusted Method Detection Limit is the MDL value adjusted for any sample dilutions or concentrations.
- MDL The Method Detection Limit is the lowest theoretical value that is statistically different from zero for a specific method, taking into account all preparation steps and instrument settings.

All samples are reported on an "as received" basis unless the designation "dry" is added to the reported unit.

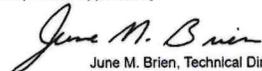
Copies of Aqua-Tech Laboratories, Inc. procedures and individual sampling plans are available upon request. Note that samples are collected by Aqua-Tech Laboratories, Inc. personnel unless otherwise noted in the "Sample Collected" field of this report as "Client" or "CLT".

Samples included in this report were received in acceptable condition according to Aqua-Tech Laboratories, Inc. procedures and 40 CFR, Chapter I, Subchapter D, Part 136.3, TABLE II. - Required containers, preservation techniques, and holding times, unless otherwise noted in this report.

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This report was approved by:

  
June M. Brien, Technical Director

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Page 1 of 4 H026050\_1 ATL 050724 FIN\_Is 08 22 24 1023

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**Analytical Report**

**LCRA**  
Report Printed: 8/22/24 10:23  
H026050

Lab ID#	Result	Units	Notes	MDL	Adj MDL	SQL	Lab	Analyzed	Matrix Non Potable	Method	C-O-C #	Batch
<b>LCRA Q2433243001</b>			Collected: 08/05/24 15:30 by CLIENT Received: 08/07/24 08:07 by Denise Boler								H026050	
<b>H026050-01</b>												
<b>General Chemistry</b>												
Carbonaceous BOD (5 day)	1	mg/L	Hold-01	1	1	1	Austin	08/08/24 06:45 BGB		SM5210 B 2016		M181094

**Explanation of Notes**

Hold-01 This result was analyzed outside of the EPA recommended holding time.

**General Chemistry - Quality Control**

Result	Units	Notes	MDL	SQL	Analyzed	Spike Amount	Source Result	%R	%R Limits	RPD	RPD Limit	Batch
<b>Carbonaceous BOD (5 day) - SM5210 B 2016</b>												
Din Water Blk	0.20	mg/L	1	1	08/08/24 06:45 BGB		0.2		< or = 0.2 mg/L			2408091
GGA	209	mg/L	1	1	08/08/24 06:45 BGB	198		106	84.6 - 115.4			2408091
GGA	200	mg/L	1	1	08/08/24 06:45 BGB	198		101	84.6 - 115.4			2408091
GGA	191	mg/L	1	1	08/08/24 06:45 BGB	199		96.0	84.6 - 115.4			2408091
Seed Blank	<1	mg/L	1	1	08/08/24 06:45 BGB							2408091
Seed Blank	<1	mg/L	1	1	08/08/24 06:45 BGB							2408091
Seed Blank	<1	mg/L	1	1	08/08/24 06:45 BGB							2408091
Duplicate	201	mg/L		38	08/08/24 06:45 BGB		210			4.38	47.7	M181094

**Sample Preparation Summary**

Sample	Method	Prepared	Lab	Bottle	Initial	Units	Final	Units	External Dilution Factor	Batch
<b>H026050-01</b>										
Carbonaceous BOD (5 day)	SM5210 B 2016	8/8/24 6:45 BGB	Austin	A	300	mL	300	mL	1	M181094

## (Instructions Page 51)

### A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

### B. WWTP's 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 ( $\geq$  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	Unknown	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: Williamson County Landfill

TCEQ permit or registration number: MSW-1405B

County where disposal site is located: Williamson

**E. Transportation method**

Method of transportation (truck, train, pipe, other): by truck in 20-yard dumpsters

Name of the hauler: Waste Management

Hauler registration number: 25576

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

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

- |  |                          |     |                                     |    |
|--|--------------------------|-----|-------------------------------------|----|
| Sludge Composting                          | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Marketing and Distribution of sludge       | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Sludge Surface Disposal or Sludge Monofill | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Temporary storage in sludge lagoons        | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | 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  $1 \times 10^{-7}$  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)

**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: Robert Tamble

Title: City Manager

Signature: Robert Tamble

Date: 7/31/24

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

Owner of the drinking water supply: [Click to enter text.](#)

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

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

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

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

Does the facility discharge into tidally affected waters?

Yes  No

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

### A. Receiving water outfall

Width of the receiving water at the outfall, in feet: [Click to enter text.](#)

### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes  No

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

[Click to enter text.](#)

### C. Sea grasses

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

Yes  No

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

[Click to enter text.](#)

### Section 3. Classified Segments (Instructions Page 64)

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

- Yes  No

If **yes**, this Worksheet is complete.

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

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

Name of the immediate receiving waters: [Click to enter text.](#)

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

- Stream  
 Freshwater Swamp or Marsh  
 Lake or Pond

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

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

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

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

#### B. Flow characteristics

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

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

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

- USGS flow records  
 Historical observation by adjacent landowners  
 Personal observation  
 Other, specify: [Click to enter text.](#)

**C. Downstream perennial confluences**

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

Click to enter text.

**D. Downstream characteristics**

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

- Yes  No

If yes, discuss how.

Click to enter text.

**E. Normal dry weather characteristics**

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

Click to enter text.

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

Was the water body influenced by stormwater runoff during observations?

- Yes  No

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

**A. Upstream influences**

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

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

## B. Waterbody uses

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

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

## C. Waterbody aesthetics

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

## Section 1. All POTWs (Instructions Page 89)

### A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

### B. Treatment plant interference

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

Yes  No

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

Click to enter text.

### C. Treatment plant pass through

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

Yes  No

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

Click to enter text.

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

Yes  No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

Yes  No

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

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

### E. Service Area Map

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

**Attachment: 8**

## 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

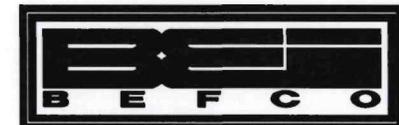
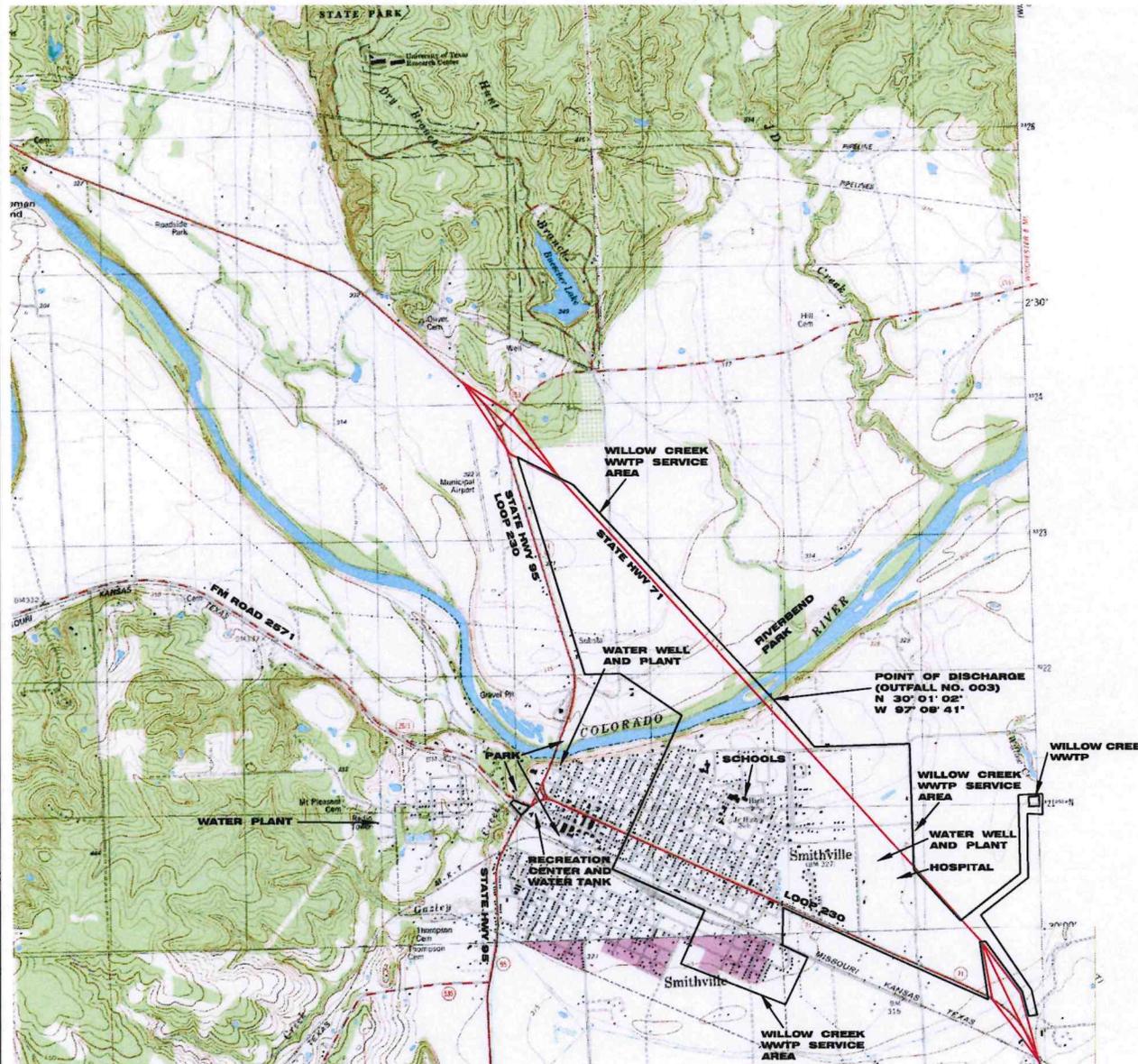
If yes, identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.

# ATTACHMENT 8 Service Area Map



SCALE: 1" = 4,000'

**No Known  
Industrial Users**



**BEFCO ENGINEERING, INC.**  
Engineering Firm No. F-2011  
Surveying Firm No. 10001700  
P. O. Box 615  
LaGrange, Texas 78945  
(979) 968-6474

S: \\_PROJECTS\SMITHVILLE\24-8971 WWTP PERMIT RENEWALS\WILLOW CREEK\SITDRAWING-WILLOW.DWG

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: None

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

#### B. Process information

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

N/A

#### C. Product and service information

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

N/A

#### D. Flow rate information

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

Process Wastewater:

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

Discharge Type:  Continuous  Batch  Intermittent

Non-Process Wastewater:

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

Discharge Type:  Continuous  Batch  Intermittent

#### E. Pretreatment standards

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

Yes  No

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

Yes  No

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

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

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

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

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

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

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

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

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

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

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

#### F. Industrial user interruptions

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

Yes  No

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

[Click to enter text.](#)

## Candice Calhoun

---

**From:** Bradley Loehr <bradley@befcoengineering.com>  
**Sent:** Tuesday, September 24, 2024 7:31 AM  
**To:** Candice Calhoun; ebalusek@ci.smithville.tx.us  
**Cc:** Paul Espinoza; Odis Pfeiffer; Donna Cozzaglio  
**Subject:** City of Smithville: Application to Renew TCEQ Discharge Permit No. WQ0010286003 - Willow WWTP - Notice of Deficiency  
**Attachments:** Attachment 4\_SPIIF with Highlights.pdf; Attachment 3\_USGS 1 - 4 with Highlights.pdf; Core Data Form-Updated Sept 24 2024.pdf  
**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Ms. Calhoun: Good Morning, hope you are well, the following is the City's response to TCEQ Notice of Deficiency Letter dated September 19, 2024.

- *Item 1 – Core Data Form (CDF) has been updated and is attached, with changes in yellow highlight box. There was a typo error on Page 3 for Section III, Item 39. There is not a water-quality permit associated with the City's Public Water System, only their Wastewater Treatment Plants;*
- *Item 2 - Please find attached the updated legible USGS Quad Maps, Attachment 3 – USGS Quad Maps and Attachment 4 – SPIF USGS Quad Map; and*
- *Item 3 – NORI wording is acceptable.*

If y'all should need any more information or have any questions, please contact me. Donna, please print this out and put in project files. Thanks, Bradley

Stay Safe and Protect Others,  
Thanks and take care,  
Bradley C. Loehr, PE  
BEFCO Engineering, Inc.  
P. O. Box 615 (485 N. Jefferson)  
La Grange, Texas 78945  
979-968-6474 Office  
979-702-1316 Mobile

*"Don't worry about anything; instead, pray about everything. Tell God what you need, and thank him for all he has done. Then you will experience God's peace, which exceeds anything we can understand. His peace will guard your hearts and minds as you live in Christ Jesus"* (Philippians 4:6-7 NLT)

Hallelujah! We are saved no matter who we are, what we've done, or how long we've done it.

*"Only those who throw away their lives for my sake and for the sake of the Good News will ever know what it means to really live"* (Mark 8:35 TLB).

***"Our purpose is to please God, not people. He alone examines the motives of our hearts."*** 1 Thessalonians 2:4 (NLT).



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

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600643894		RN 102178209

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		7/1/2024
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)				
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>				
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>	
City of Smithville				
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b>	<b>10. DUNS Number</b> (if applicable)
N/A	17460023223		(9 digits) 74-6002322	09-169-7813
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:
<b>12. Number of Employees</b>			<b>13. Independently Owned and Operated?</b>	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant				
<b>15. Mailing Address:</b>	PO Box 449			
	<b>City</b>	Smithville	<b>State</b>	TX
	<b>ZIP</b>	78957	<b>ZIP + 4</b>	
<b>16. Country Mailing Information</b> (if outside USA)			<b>17. E-Mail Address</b> (if applicable)	
N/A			CityManager@ci.smithville.tx.us	
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (if applicable)

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If "New Regulated Entity" is selected, a new permit application is also required.)							
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)							
Willow Creek Wastewater Treatment Plant							
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)	443 Hill Rd.						
	<b>City</b>	Smithville	<b>State</b>	TX	<b>ZIP</b>	78957	<b>ZIP + 4</b>
<b>24. County</b>	Bastrop						

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

<b>25. Description to Physical Location:</b>							
<b>26. Nearest City</b>						<b>State</b>	<b>Nearest ZIP Code</b>
Smithville						TX	78957
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>							
<b>27. Latitude (N) In Decimal:</b>			<b>28. Longitude (W) In Decimal:</b>				
Degrees	Minutes		Seconds		Degrees	Minutes	
30	00		31		97	07	
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)			<b>32. Secondary NAICS Code</b> (5 or 6 digits)	
4952			22132				
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)							
Wastewater Treatment Facility							
<b>34. Mailing Address:</b>	PO Box 449						
	<b>City</b>	Smithville	<b>State</b>	TX	<b>ZIP</b>	78957	<b>ZIP + 4</b>
<b>35. E-Mail Address:</b>	CityManager@ci.smithville.tx.us						
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>			<b>38. Fax Number</b> (if applicable)			
( 512 ) 237-3282				( 512 ) 237-4549			

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

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input checked="" type="checkbox"/> PWS
				0110003
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0010286003			

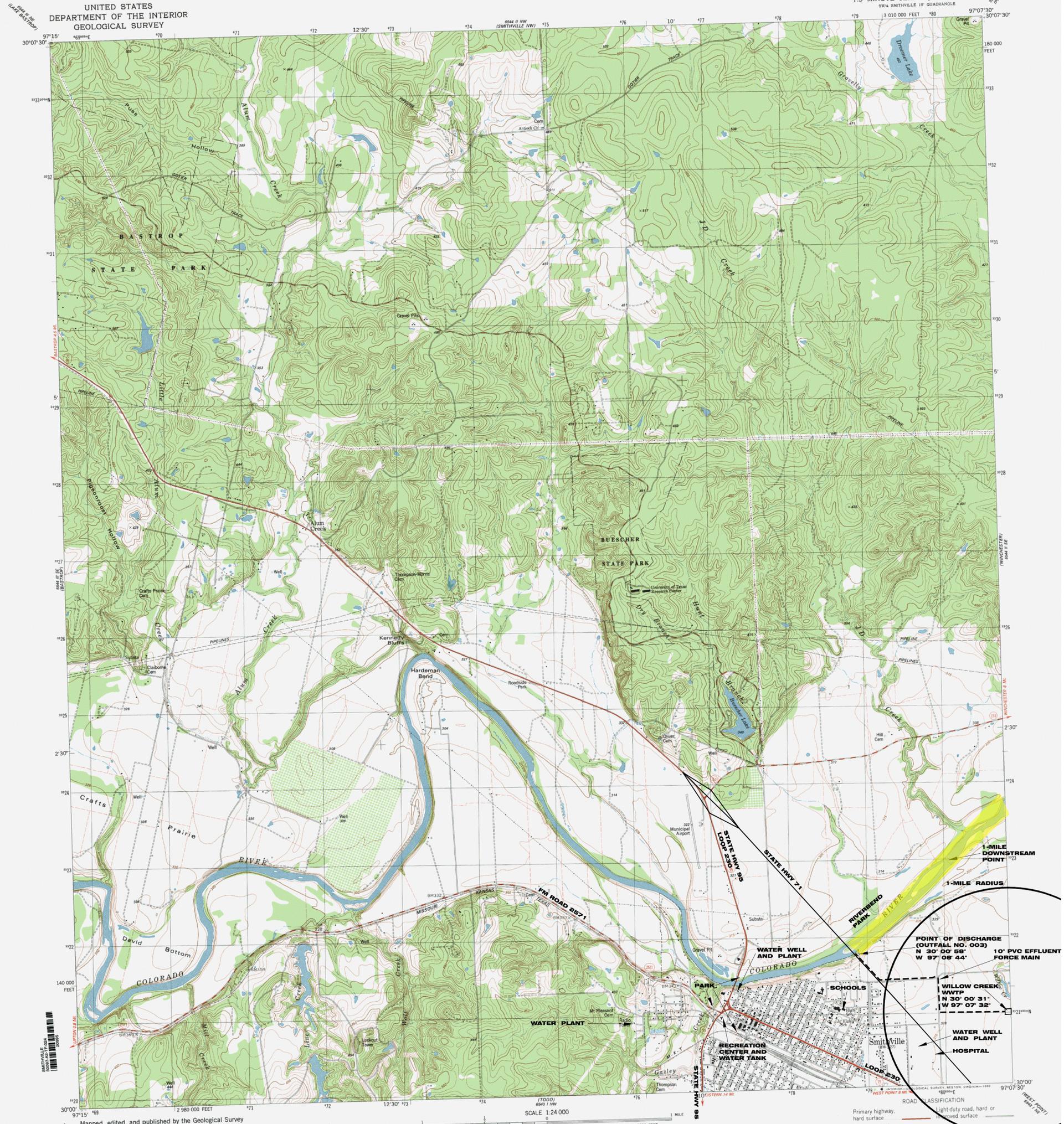
### **SECTION IV: Preparer Information**

<b>40. Name:</b>	Bradley C. Loehr	<b>41. Title:</b>	Project Engineer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 979 ) 968-6474		( 979 ) 968-3056	bradley@befcoengineering.com

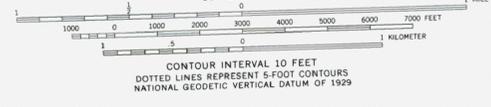
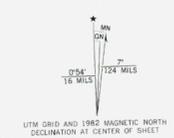
### **SECTION V: Authorized Signature**

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.

<b>Company:</b>	City of Smithville	<b>Job Title:</b>	City Manager
<b>Name (In Print):</b>	Robert Tamble	<b>Phone:</b>	( 512 ) 237- 3282
<b>Signature:</b>	<i>Robert Tamble</i>	<b>Date:</b>	7/29/24



Mapped, edited, and published by the Geological Survey  
 Control by USGS and NOS/NOAA  
 Topography by photogrammetric methods from aerial photographs  
 taken 1974. Field checked 1976. Map edited 1982  
 Projection and 10,000-foot grid ticks: Texas  
 coordinate system, central zone (Lambert conformal conic)  
 1000-meter Universal Transverse Mercator grid, zone 14  
 1927 North American datum  
 To place on the predicted North American Datum 1983  
 move the projection lines 19 meters south and  
 26 meters east as shown by dashed corner ticks  
 Fine red dashed lines indicate selected fence lines  
 There may be private inholdings within the boundaries of  
 the National or State reservations shown on this map



ROAD CLASSIFICATION  
 Primary highway, hard surface  
 Secondary highway, hard surface  
 Unimproved hard surface  
 Interstate Route U.S. Route State Route  
 SMITHVILLE, TEX.  
 SW4 SMITHVILLE 19 QUADRANGLE  
 N3000-W9707.5/7.5  
 1982  
 DMA 6544 II SW-SERIES W82

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS  
 FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092  
 A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

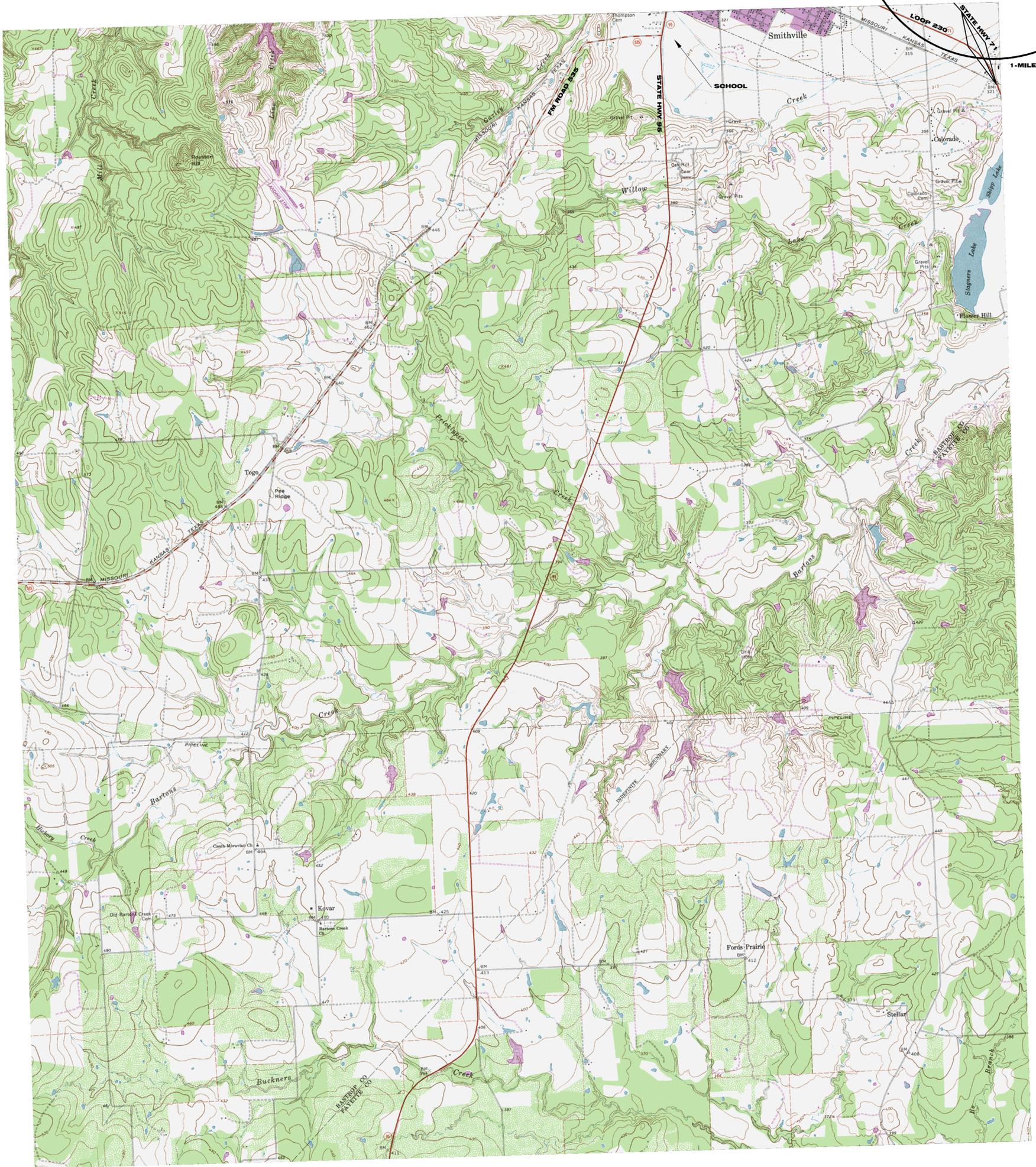
**WILLOW CREEK WWTW  
 PERMIT NO. WQ0010286003**

**ATTACHMENT NO. 3 ~ USGS QUADRANGLE MAP (PAGE 1 OF 4)**

**NOTE: Willow Creek Wastewater Treatment Facility and Property Boundaries are the same.**  
**No new or future construction is planned at this site**



**BEFCO ENGINEERING, INC.**  
 Engineering Firm No. F-2011  
 Surveying Firm No. 10001700  
 P. O. Box 615  
 LaGrange, Texas 78945  
 (979) 968-6474

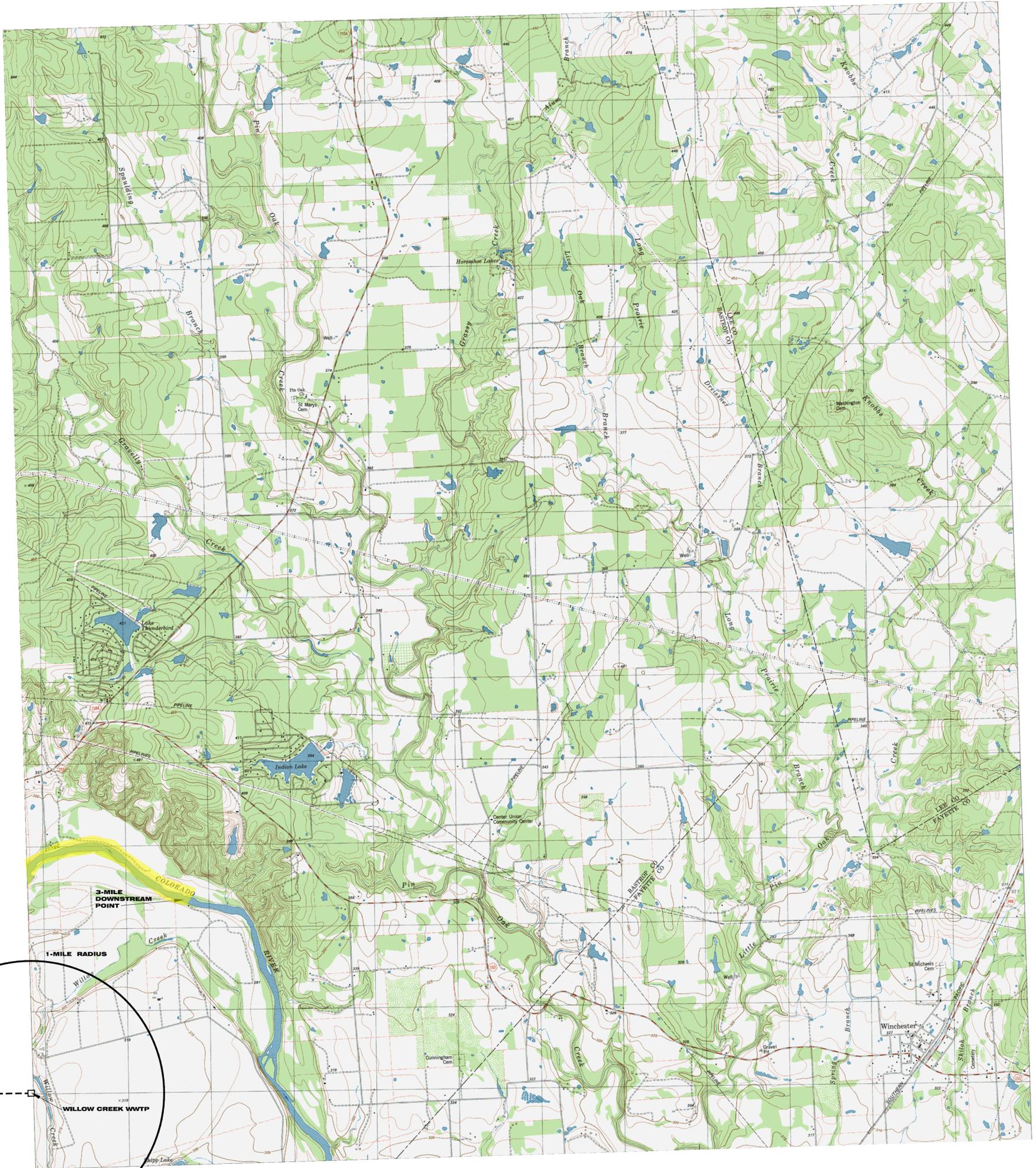


**WILLOW CREEK WWTP  
PERMIT NO. WQ0010286003**

**ATTACHMENT NO. 3 ~ USGS QUADRANGLE MAP (PAGE 2 OF 4)**



**BEFCO ENGINEERING, INC.**  
Engineering Firm No. F-2011  
Surveying Firm No. 10001700  
P. O. Box 615  
LaGrange, Texas 78945  
(979) 968-6474

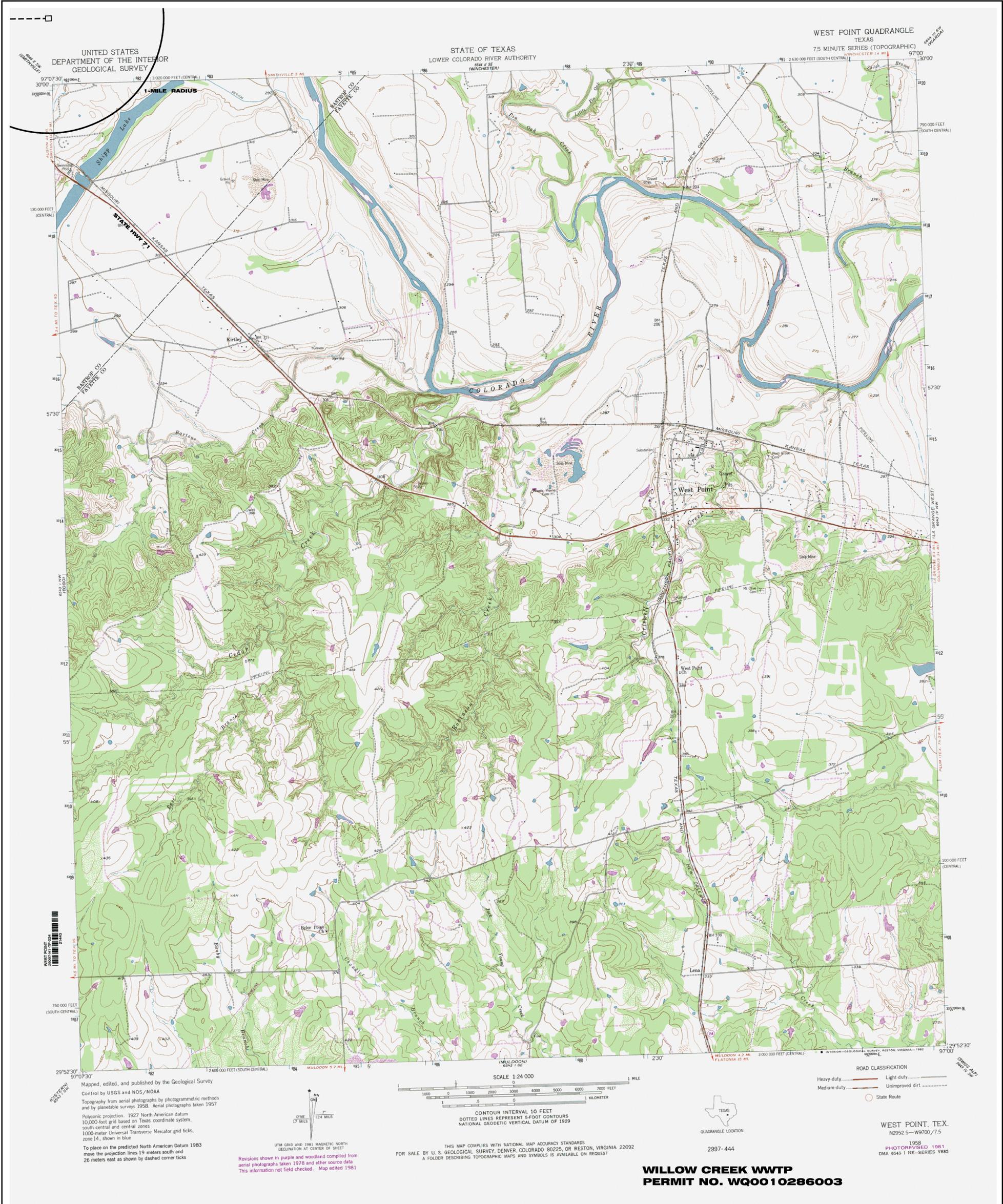


**WILLOW CREEK WWTW  
PERMIT NO. WQ0010286003**

**ATTACHMENT NO. 3 ~ USGS QUADRANGLE MAP (PAGE 3 OF 4)**



**BEFCO ENGINEERING, INC.**  
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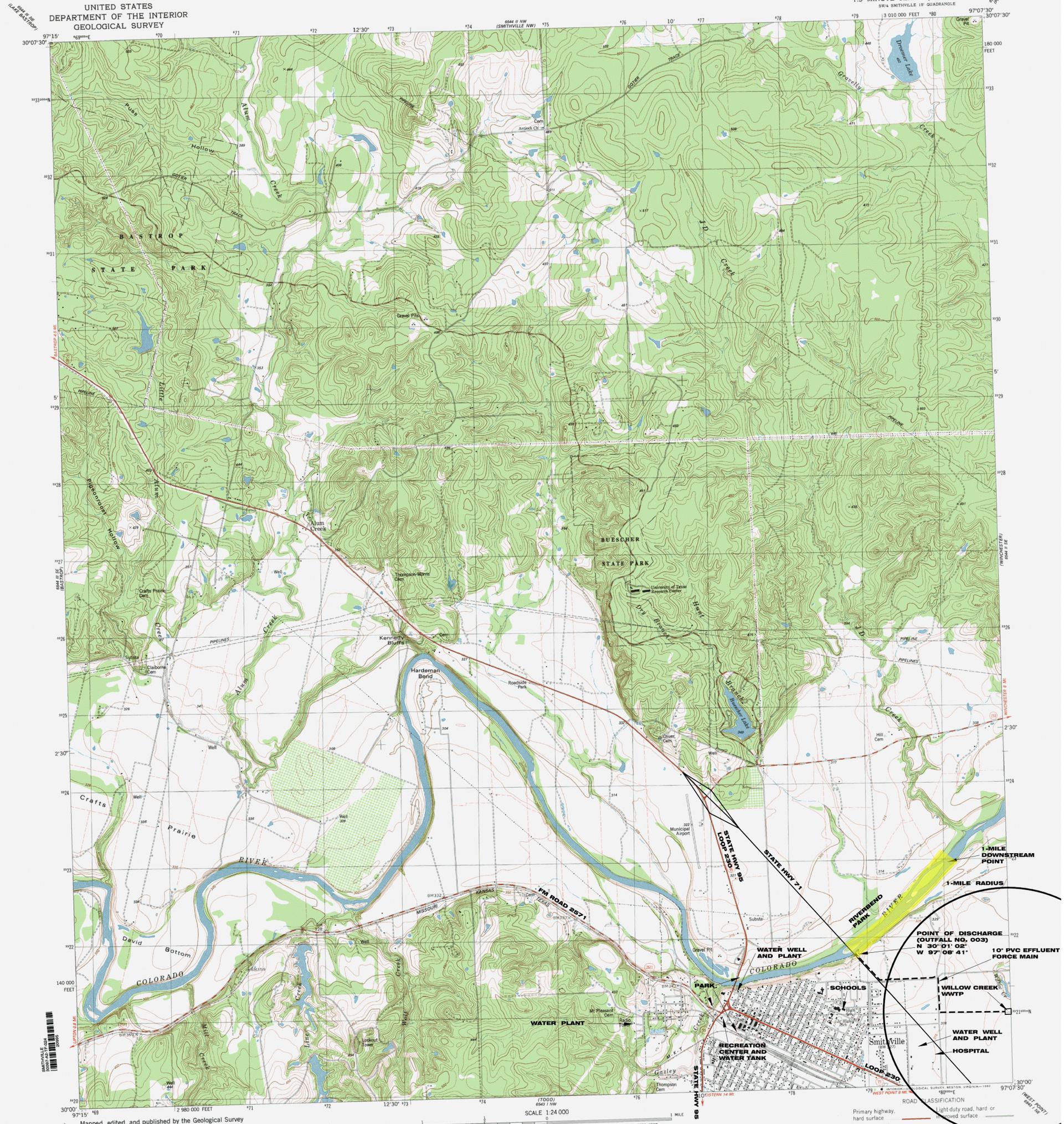
**ATTACHMENT NO. 3 ~ USGS QUADRANGLE MAP (PAGE 4 OF 4)**



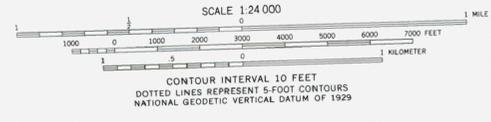
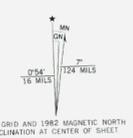
**BEFCO ENGINEERING, INC.**  
 Engineering Firm No. F-2011  
 Surveying Firm No. 10001700  
 P. O. Box 615  
 LaGrange, Texas 78945  
 (979) 968-6474

SMITHVILLE QUADRANGLE  
 TEXAS-BASTROP CO.  
 7.5 MINUTE SERIES (TOPOGRAPHIC)  
 SW 4 SMITHVILLE 19 QUADRANGLE  
 3 010 000 FEET 180  
 97°07'30"  
 30°07'30"

UNITED STATES  
 DEPARTMENT OF THE INTERIOR  
 GEOLOGICAL SURVEY



Mapped, edited, and published by the Geological Survey  
 Control by USGS and NOS/NOAA  
 Topography by photogrammetric methods from aerial photographs  
 taken 1974. Field checked 1976. Map edited 1982  
 Projection and 10,000-foot grid ticks: Texas  
 coordinate system, central zone (Lambert conformal conic)  
 1000-meter Universal Transverse Mercator grid, zone 14  
 1927 North American datum  
 To place on the predicted North American Datum 1983  
 move the projection lines 19 meters south and  
 26 meters east as shown by dashed corner ticks  
 Fine red dashed lines indicate selected fence lines  
 There may be private inholdings within the boundaries of  
 the National or State reservations shown on this map



CONTOUR INTERVAL 10 FEET  
 DOTTED LINES REPRESENT 5-FOOT CONTOURS  
 NATIONAL GEODETIC VERTICAL DATUM OF 1929



ROAD CLASSIFICATION  
 Primary highway, hard surface  
 Secondary highway, hard surface  
 Unimproved hard surface  
 Interstate Route U.S. Route State Route

SMITHVILLE, TEX.  
 SW 4 SMITHVILLE 19 QUADRANGLE  
 N3000-W9707.5/7.5  
 1982  
 DMA 6544 II SW-SERIES W82

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS  
 FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092  
 A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

**WILLOW CREEK WWTP  
 PERMIT NO. WQ0010286003**

**ATTACHMENT NO. 4 ~ SPIF USGS QUADRANGLE MAP**



BEFCO ENGINEERING, INC.  
 Engineering Firm No. F-2011  
 Surveying Firm No. 10001700  
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