



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 Weimar (CN600698252) operates the City of Weimar Wastewater Treatment Facility (RN101917086), a domestic wastewater treatment facility. The facility is located at 806 East Charles Street, in Weimar, Colorado County, Texas 78962. This application is for a renewal to discharge an average flow of 0.375 MGD of treated domestic wastewater..

Discharges from the facility are expected to contain biochemical oxygen demand, total suspended solids, and E. coli. Domestic wastewater is treated by an influent screening structure and a system of multiple lagoons which are operated in series with total residence time of greater than 21 days.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010311001

APPLICATION. City of Weimar, P.O. Box 67, Weimar, Texas 78962, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010311001 (EPA I.D. No. TX0025917) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 500,000 gallons per day. The domestic wastewater facility is located at 806 East Charles Street, in the city of Weimar, in Colorado County, Texas 78962. The discharge route is from the plant site to a manmade ditch; thence to an unnamed tributary; thence to Harveys Creek; thence to Colorado River Below La Grange. TCEQ received this application on February 11, 2025. The permit application will be available for viewing and copying at Weimar City Hall, 106 East Main Street, Weimar, in Colorado 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=-96.765833,29.697777&level=18>

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

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

OPPORTUNITY FOR A CONTESTED CASE HEARING. After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a

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

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

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

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

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

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

INFORMATION AVAILABLE ONLINE. For details about the status of the application, visit the Commissioners' Integrated Database at www.tceq.texas.gov/goto/cid. Search the database using the permit number for this application, which is provided at the top of this notice.

AGENCY CONTACTS AND INFORMATION. All public comments and requests must be submitted either electronically at <https://www14.tceq.texas.gov/epic/eComment/>, or in

writing to the Texas Commission on Environmental Quality, Office of the Chief Clerk, MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Please be aware that any contact information you provide, including your name, phone number, email address and physical address will become part of the agency's public record. For more information about this permit application or the permitting process, please call the TCEQ Public Education Program, Toll Free, at 1-800-687-4040 or visit their website at www.tceq.texas.gov/goto/pep. Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from City of Weimar at the address stated above or by calling Mr. Richard Whitten, City Manager, at 979-725-8554.

Issuance Date: February 26, 2025



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Weimar

PERMIT NUMBER (If new, leave blank): WQ00 10311-001

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 type="checkbox"/> |
| ≥0.50 but <1.0 MGD | \$1,650.00 <input type="checkbox"/> | \$1,615.00 <input checked="" 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: 57560
Check/Money Order Amount: \$1,615.00
Name Printed on Check: City of Weimar

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

e. For amendments or modifications, describe the proposed changes: N/A

f. For existing permits:

Permit Number: WQ00 10311-001

EPA I.D. (TPDES only): TX 0025917

Expiration Date: August 11, 2025

Section 3. Facility Owner (Applicant) and Co-Applcant 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 Weimar

(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: 600698252

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: Koller, Milton

Title: Mayor

Credential: Click to enter text.

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

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

N/A

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

C. Core Data Form

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

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: Whitten, Richard
Title: City Manager Credential: Click to enter text.
Organization Name: City of Weimar
Mailing Address: P.O. Box 67 City, State, Zip Code: Weimar, TX 78962
Phone No.: 979-725-8554 E-mail Address: rwhitten@weimartx.gov
Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: Mr. Last Name, First Name: Rudolph, Mark
Title: Project Manager Credential: P.E.
Organization Name: Strand Associates, Inc.
Mailing Address: 1906 Niebuhr Street City, State, Zip Code: Brenham, TX 77833
Phone No.: 979-836-7936 E-mail Address: mark.rudolph@strand.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: Kirkpatrick, Evan
Title: Operator Credential: Click to enter text.
Organization Name: EDK Utility Servicing
Mailing Address: P.O. Box 67 City, State, Zip Code: Weimar, TX 78962
Phone No.: 832-490-5459 E-mail Address: evan@edkwater.org

B. Prefix: Mr. Last Name, First Name: Whitten, Richard
Title: City Manager Credential: Click to enter text.
Organization Name: City of Weimar
Mailing Address: P.O. Box 67 City, State, Zip Code: Weimar, TX 78962
Phone No.: 979-725-8554 E-mail Address: rwhitten@weimartx.gov

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Whitten, Richard
Title: City Manager Credential: Click to enter text.
Organization Name: City of Weimar
Mailing Address: P.O. Box 67 City, State, Zip Code: Weimar, TX 78962
Phone No.: 979-725-8554 E-mail Address: rwhitten@weimartx.gov

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

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

Prefix: Mr. Last Name, First Name: Kirkpatrick, Evan
Title: Operator Credential: Click to enter text.
Organization Name: EDK Utility Servicing
Mailing Address: P.O. Box 67 City, State, Zip Code: Weimar, TX 78962
Phone No.: 832-490-5459 E-mail Address: evan@edkwater.org

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Rudolph, Mark
Title: Project Manager Credential: P.E.
Organization Name: Strand Associates, Inc.
Mailing Address: 1906 Niebuhr Street City, State, Zip Code: Brenham, TX 77833
Phone No.: 979-836-7937 E-mail Address: mark.rudolph@strand.com

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

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

☒ E-mail Address

☐ Fax

☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr.

Last Name, First Name: Whitten, Richard

Title: City Manager

Credential: Click to enter text.

Organization Name: City of Weimar

Mailing Address: P.O. Box 67

City, State, Zip Code: Weimar, TX 78962

Phone No.: 979-725-8554

E-mail Address: rwhitten@weimartx.gov

D. Public Viewing Information

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

Public building name: City Hall

Location within the building: Click to enter text.

Physical Address of Building: 106 East Main Street

City: Weimar

County: Colorado

Contact (Last Name, First Name): Whitten, Richard

Phone No.: 979-725-8554 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

F. Plain Language Summary Template

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

Attachment: See Exhibit I

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 101917086

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

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

City of Weimar Wastewater Treatment Plant

C. Owner of treatment facility: City of Weimar

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 Weimar

Mailing Address: P.O. Box 67

City, State, Zip Code: Weimar, Tx 78962

Phone No.: 979-725-8554

E-mail Address: 979-725-8488

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

Attachment: N/A

E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

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

Prefix: N/A

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): Weimar, Texas

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

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

☐ Yes ☒ No

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

- ☐ Authorization granted ☐ Authorization pending

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

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

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

N/A

- B. City nearest the disposal site: 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: Mark A. Rudolph, P.E. (former TCEQ intern)

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

Amount past due: [Click to enter text.](#)

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

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

Amount past due: [Click to enter text.](#)

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: [Click to enter text.](#)

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0010311001

Applicant: City of Weimar

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): Milton Koller

Signatory title: Mayor

Signature: _____

(Use blue ink)

Date: _____

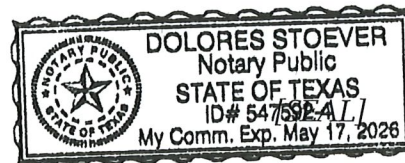
2-4-2025

Subscribed and Sworn to before me by the said Milton Koller

on this 4th day of February, 20 25.

My commission expires on the 17th day of May, 20 26.

Dolores Stoevers
Notary Public



Colorado
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: See Exhibit H

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if the mailing the payment.

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- **Do Not mail this form with the application form.**
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
P.O. Box 13088
Austin, Texas 78711-3088

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP **Waste Permit No: WQ0010311001**

1. Check or Money Order Number: 57560
2. Check or Money Order Amount: \$1,615.00
3. Date of Check or Money Order: February 4, 2025
4. Name on Check or Money Order: City of Weimar
5. APPLICATION INFORMATION

Name of Project or Site: City of Weimar Wastewater Treatment Plant

Physical Address of Project or Site: 806 East Charles Street, Weimar, TX 78962

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

Staple Check or Money Order in This Space



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): 0.375

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

Estimated construction start date: Existing

Estimated waste disposal start date: Existing

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): 0.5

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

Estimated construction start date: 2030

Estimated waste disposal start date: 2030

D. Current Operating Phase

Provide the startup date of the facility: Existing

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.**

| |
|----------------------|
| <u>See Exhibit C</u> |
|----------------------|

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) |
|----------------------|-----------------|------------------------|
| <u>See Exhibit D</u> | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

C. Process Flow Diagram

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

Attachment: See Exhibit E

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

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

- Latitude: 29 41' 49.92"N
- Longitude: 96 45' 58.52"W

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

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

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

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

Attachment: See Exhibit F

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

City of Weimar

Collection System Information **for wastewater TPDES permits only:** Provide information for each **uniquely owned** collection system, existing and new, served by this facility, including satellite collection systems. **Please see the instructions for a detailed explanation and examples.**

Collection System Information

| Collection System Name | Owner Name | Owner Type | Population Served |
|----------------------------------|----------------|-----------------|-------------------|
| City of Weimar Collection System | City of Weimar | Publicly Owned | 2,300 |
| | | 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: 2005

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

N/A

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

N/A

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

N/A

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

Click to enter text.

3. Grit disposal

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

4. *Grease and decanted liquid disposal*

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

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

Click to enter text.

E. Stormwater management

1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. *MSGP coverage*

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

☐ Yes ☐ No

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

TXR05 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.
N/A

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

If yes, attach sewage sludge solids management plan. See Example 5 of 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 BOD₅ concentration of the sludge, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

N/A

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

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

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

☐ Yes ☒ No

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

N/A

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

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

| Pollutant | Average Conc. | Max Conc. | No. of Samples | Sample Type | Sample Date/Time |
|------------------------------|---------------|-----------|----------------|-------------|------------------|
| CBOD ₅ , mg/l | 14.4 | 14.4 | 1 | Grab | 11/22/24-0912 |
| Total Suspended Solids, mg/l | 33.4 | 33.4 | 1 | Grab | 11/22/24-0912 |

| | | | | | |
|---|-------|-------|-----|------|---------------|
| Ammonia Nitrogen, mg/l | <0.10 | <0.10 | 1 | Grab | 11/22/24-0912 |
| Nitrate Nitrogen, mg/l | 19.0 | 19.0 | 1 | Grab | 1/10/25-0938 |
| Total Kjeldahl Nitrogen, mg/l | 2.32 | 2.32 | 1 | Grab | 11/22/24-0912 |
| Sulfate, mg/l | 27.6 | 27.6 | 1 | Grab | 1/10/25-0938 |
| Chloride, mg/l | 230 | 230 | 1 | Grab | 1/10/25-0938 |
| Total Phosphorus, mg/l | 2.58 | 2.58 | 1 | Grab | 11/22/24-0912 |
| pH, standard units | 8.17 | 8.17 | 1 | Grab | 11/22/24-0912 |
| Dissolved Oxygen*, mg/l | 5.83 | 5.83 | 1 | Grab | 11/22/24-0912 |
| Chlorine Residual, mg/l | <0.01 | <0.01 | 1 | Grab | 11/22/24-0912 |
| <i>E.coli</i> (CFU/100ml) freshwater | 1550 | 1550 | 1 | Grab | 11/22/24-0912 |
| Enterococci (CFU/100ml) saltwater | N/A | N/A | N/A | N/A | N/A |
| Total Dissolved Solids, mg/l | 930 | 930 | 1 | Grab | 1/10/25-0938 |
| Electrical Conductivity, μ 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 ₃)*, mg/l | N/A | N/A | N/A | N/A | N/A |

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Evan Kirkpatrick

Facility Operator's License Classification and Level: C

Facility Operator's License Number: WW0075410

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

- ☐ Design flow \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 (≥ 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 |
|---------------------------------|---------------------------------|---------------------------------|--------------------------|---------------------------------|------------------------------------|
| Choose an item. | Choose an item. | Choose an item. | | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. | | Choose an item. | Choose an item. |
| Choose an item. | Choose an item. | Choose an item. | | Choose an item. | Choose an item. |

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

D. Disposal site

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

TCEQ permit or registration number: [Click to enter text.](#)

County where disposal site is located: [Click to enter text.](#)

E. Transportation method

Method of transportation (truck, train, pipe, other): [Click to enter text.](#)

Name of the hauler: [Click to enter text.](#)

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

Sludge is transported as a:

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

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 53)

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

| | | |
|--|------------------------------|--|
| Sludge Composting | <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 1×10^{-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 Page 55)

A. Additional authorizations

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

☐ Yes ☒ No

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

N/A

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: [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: Milton Koller

Title: Mayor

Signature: _____



Date: _____

2-4-2025

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

If **no**, proceed 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: Un-named Ditch

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: City Personnel Discussions with Landowners

C. Downstream perennial confluences

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

Joins Harvey's Creek

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.

Joins Harvey's Creek is a perennial creek with pools.

E. Normal dry weather characteristics

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

There is evidence of aquatic plant and animal life upstream and downstream of the outfall.
Water has minor discoloration.

Date and time of observation: November 15, 2024, 10:00 AM

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

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

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 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: 3

Average Daily Flows, in MGD: 0.012

B. Treatment plant interference

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

☐ Yes ☒ No

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

N/A

C. Treatment plant pass through

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

☐ Yes ☒ No

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

N/A

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If **yes**, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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: See Exhibit K

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

A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

| Pollutant | Concentration | MAL | Units | Date |
|-----------|---------------|-----|-------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

D. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

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

A. General information

Company Name: N/A

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).

Click to enter text.

C. Product and service information

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

Click to enter text.

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: [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.](#)

**CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010311-001**

EXHIBIT A

Core Data Form

**TCEQ CORE DATA FORM**

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

SECTION I: GENERAL INFORMATION

| | | |
|---|--|---|
| 1. Reason for Submission (If other is checked please describe in space provided.) | | |
| <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) | | |
| <input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) | | <input type="checkbox"/> Other |
| 2. Customer Reference Number (if issued) | | 3. Regulated Entity Reference Number (if issued) |
| CN 600698252 | | RN 101917086 |

[Follow this link to search for CN or RN numbers in Central Registry**](#)

SECTION II: CUSTOMER INFORMATION

| | | | | | |
|--|--|--|--|--|--|
| 4. General Customer Information | | 5. Effective Date for Customer Information Updates (mm/dd/yyyy) | | 02/01/2025 | |
| <input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership | | | | | |
| <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts) | | | | | |
| The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA). | | | | | |
| 6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) | | | | If new Customer, enter previous Customer below: | |
| City of Weimar | | | | | |
| 7. TX SOS/CPA Filing Number | | 8. TX State Tax ID (11 digits) | | 9. Federal Tax ID (9 digits) 74-6002542 | |
| | | | | 10. DUNS Number (if applicable) | |
| | | | | | |
| 11. Type of Customer: | | <input checked="" type="checkbox"/> Corporation | | <input type="checkbox"/> Individual | |
| Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other | | <input type="checkbox"/> Sole Proprietorship | | Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited | |
| 12. Number of Employees | | <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher | | 13. Independently Owned and Operated? | |
| | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following | | | | | |
| <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: | | | | | |
| <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant | | | | | |
| 15. Mailing Address: | | | | | |
| P.O. Box 67 | | | | | |
| | | | | | |
| City | | Weimar | | State TX | |
| ZIP | | 78962 | | ZIP + 4 | |
| | | | | | |
| 16. Country Mailing Information (if outside USA) | | | | 17. E-Mail Address (if applicable) | |
| | | | | mkoller@weimartx.gov | |
| 18. Telephone Number | | 19. Extension or Code | | 20. Fax Number (if applicable) | |
| (979) 725-8554 | | | | (979) 725-8488 | |

SECTION III: REGULATED ENTITY INFORMATION

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

| | | | | | | | | |
|---|-------------------------|--------|--------------|----|------------|-------|----------------|--|
| 23. Street Address of the Regulated Entity: (No PO Boxes) | 806 East Charles Street | | | | | | | |
| | City | Weimar | State | TX | ZIP | 78962 | ZIP + 4 | |
| 24. County | Colorado | | | | | | | |

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

| | | | | | | | | |
|--|---|---------|--|--------------------------------------|--|-------|-------------------------|-------|
| 25. Description to Physical Location: | N/A | | | | | | | |
| 26. Nearest City | Weimar | | | | State | TX | Nearest ZIP Code | 78962 |
| <i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i> | | | | | | | | |
| 27. Latitude (N) In Decimal: | N 29-41-52 | | | 28. Longitude (W) In Decimal: | W96-45-57 | | | |
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds | | | |
| 29 | 41 | 52 | 96 | 45 | 57 | | | |
| 29. Primary SIC Code (4 digits) | 30. Secondary SIC Code (4 digits) | | 31. Primary NAICS Code (5 or 6 digits) | | 32. Secondary NAICS Code (5 or 6 digits) | | | |
| 4952 | | | 22132 | | | | | |
| 33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.) | | | | | | | | |
| Domestic | | | | | | | | |
| 34. Mailing Address: | P.O. Box 67 | | | | | | | |
| | | | | | | | | |
| | City | Weimar | State | TX | ZIP | 78962 | ZIP + 4 | |
| 35. E-Mail Address: | mkoller@weimartx.gov | | | | | | | |
| 36. Telephone Number | 37. Extension or Code | | 38. Fax Number (if applicable) | | | | | |
| (979) 725-8554 | | | (979) 725-8488 | | | | | |

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 |
| <input type="checkbox"/> Sludge | <input type="checkbox"/> Storm Water | <input type="checkbox"/> Title V Air | <input type="checkbox"/> Tires | 0450004 |
| <input type="checkbox"/> Voluntary Cleanup | <input checked="" type="checkbox"/> Wastewater | <input type="checkbox"/> Wastewater Agriculture | <input type="checkbox"/> Water Rights | <input type="checkbox"/> Other: |
| | WQ001031101 | | | |

SECTION IV: PREPARER INFORMATION

| | | | |
|-----------------------------|-----------------------|-----------------------|---------------------------|
| 40. Name: | Mark A. Rudolph, P.E. | 41. Title: | Project Manager |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number | 45. E-Mail Address |
| (979) 836-7937 | | () - | mark.rudolph@strand.com |

SECTION V: AUTHORIZED SIGNATURE

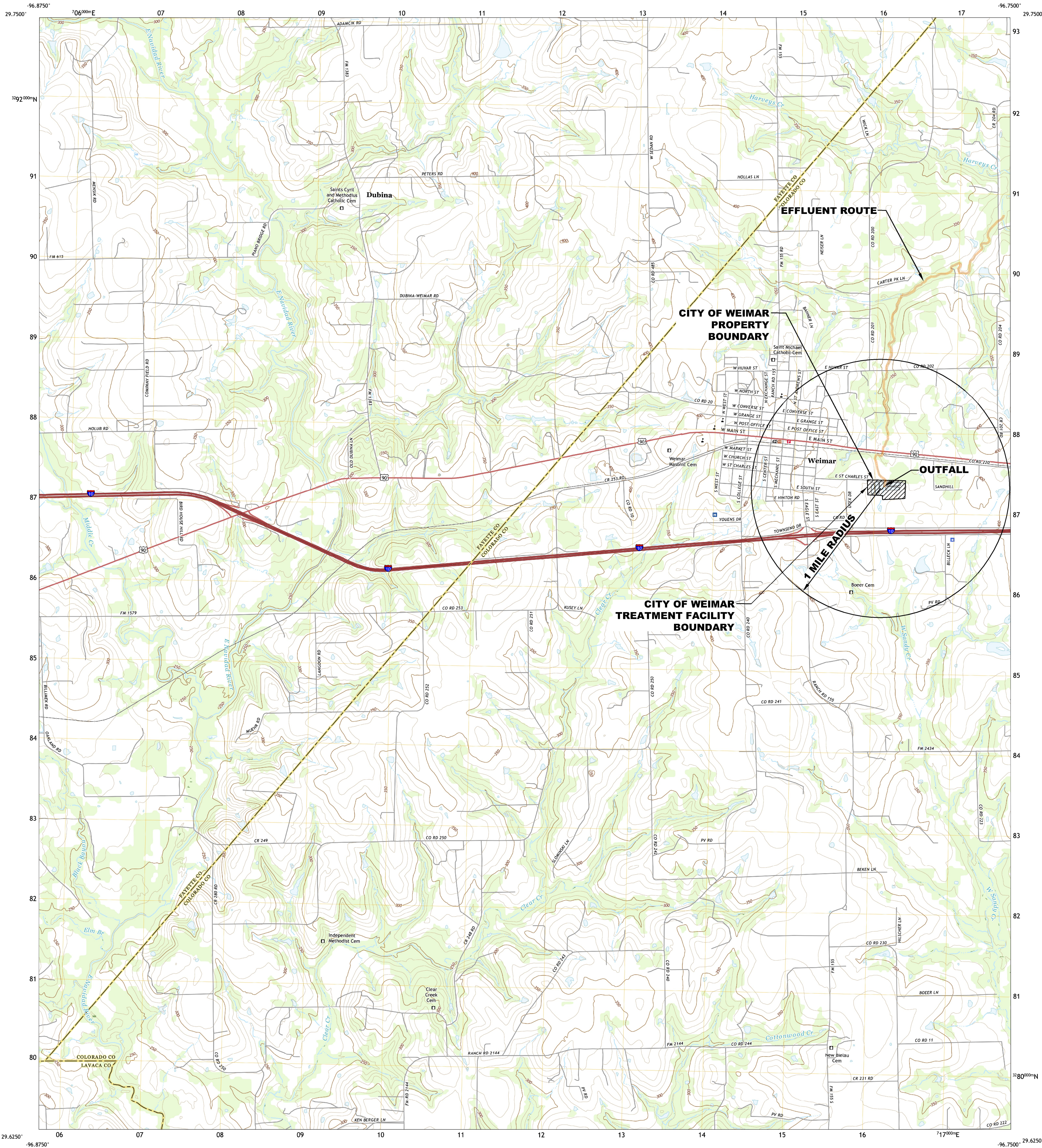
46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified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

| | | | |
|-------------------------|---|-------------------|-----------------------|
| Company: | City of Weimar | Job Title: | Mayor |
| Name (In Print): | Milton R. Koller | Phone: | (979) 725- 8554 |
| Signature: |  | | Date: 2-4-2025 |

**CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010311-001**

EXHIBIT B

USGS Map



Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid/Universal Transverse Mercator, Zone 14R
This map is not a legal document. Boundaries may be
generalized for this map scale. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.

Imagery.....NIP, October 2016 - November 2016
Roads.....U.S. Census Bureau, 2015, 2019
Names.....GNS, 1979 - 2022
Hydrography.....National Hydrography Dataset, 2000 - 2018
Contours.....National Elevation Dataset, 2019
Boundaries.....Multiple sources; see metadata file 2019 - 2021

Wetlands.....FWS National Wetlands Inventory Not Available

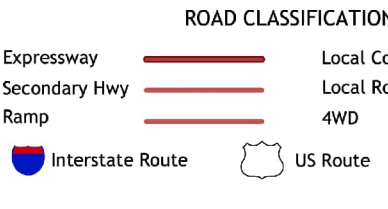
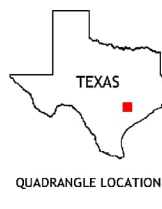
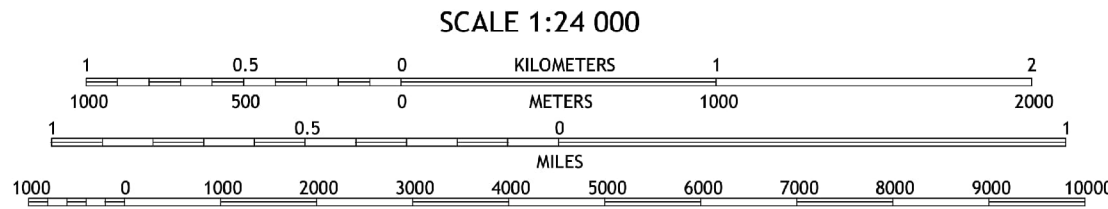
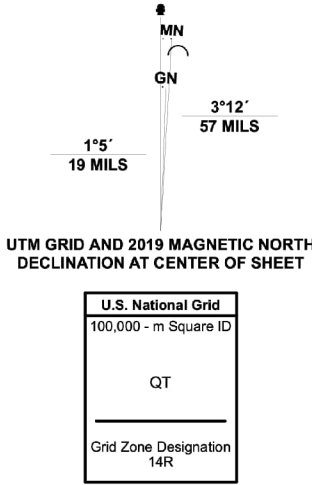


EXHIBIT B
DOMESTIC ADMINISTRATIVE
REPORT 1.0, SECTION 13.
USGS MAP

CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES WQ0010311001

WEIMAR, TX
2022

**CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010311-001**

EXHIBIT C

Description of Treatment Process

CITY OF WEIMAR
TPDES NO. WQ0010311001

EXHIBIT C
Domestic Technical Report 1.0, Section 2.A.

Description of Treatment Process

The City of Weimar Wastewater Treatment Plant (WWTP), TCEQ Permit No. WQ0010311-001, is a lagoon system that consists of five (5) ponds. The first two (2) ponds being classified as partial-mix aerated lagoons and the final three (3) being stabilization ponds.

Influent enters the WWTP through an influent channel equipped with both a mechanical and manual bar screens. From the influent channel bar screen, flow enter Partial Mix Lagoon 1, thence Partial Mix Lagoon 2, and finally Stabilization Lagoon 1 (Pond 3). Before discharging to a manmade ditch, wastewater passes through an effluent weir box where the amount of flow is measured.

Stabilization Lagoons 2 and 3 (Ponds 4 and 5), along with the weir box have been constructed and were in use at one time, but are not in use presently. When the flow conditions exceed the current permitted 0.375 MGD associated with the Existing Phase of the Permit, either one or all of these entities will be brought online to accommodate this higher flow.

City staff previously visited with Firoj Vahora and Louis Herrin III of the TCEQ after the five-pond system was having trouble meeting the permitted effluent pH range of 6-9. With the existing flow, the detention times were too long. Based upon input from the TCEQ and performing calculations, it was decided to cut back from the five-pond system to three ponds.

**CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010311-001**

EXHIBIT D

Treatment Units

CITY OF WEIMAR
TPDES NO. WQ0010311001

EXHIBIT D

Treatment Units

| Treatment Unit Type | Number of Units | Dimensions (L x W x D) |
|---------------------------------|------------------------|--------------------------------|
| Influent Channel - 16" W x 4" D | 1 | Bypass Channel - 2' W x 4" D |
| Effluent Structure | 1 | 7.5'W x 10.25'L x 9'D |
| Lagoon #1 | 1 | SA=1.35 ac, V=2.99 MG, D=9' |
| Lagoon #2 | 1 | SA=1.46 ac, V=3.25 MG, D=9' |
| Lagoon #3 | 1 | SA=1.61 ac, V=3.25 MG, D=4.5' |
| Lagoon #4 | 1 | SA=1.42 ac, V=1.8 MG, D=4.5' |
| Lagoon #5 | 1 | SA=1.85 ac, V=2.408 MG, D=4.5' |

**CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010311-001**

EXHIBIT E

Process Flow Diagram

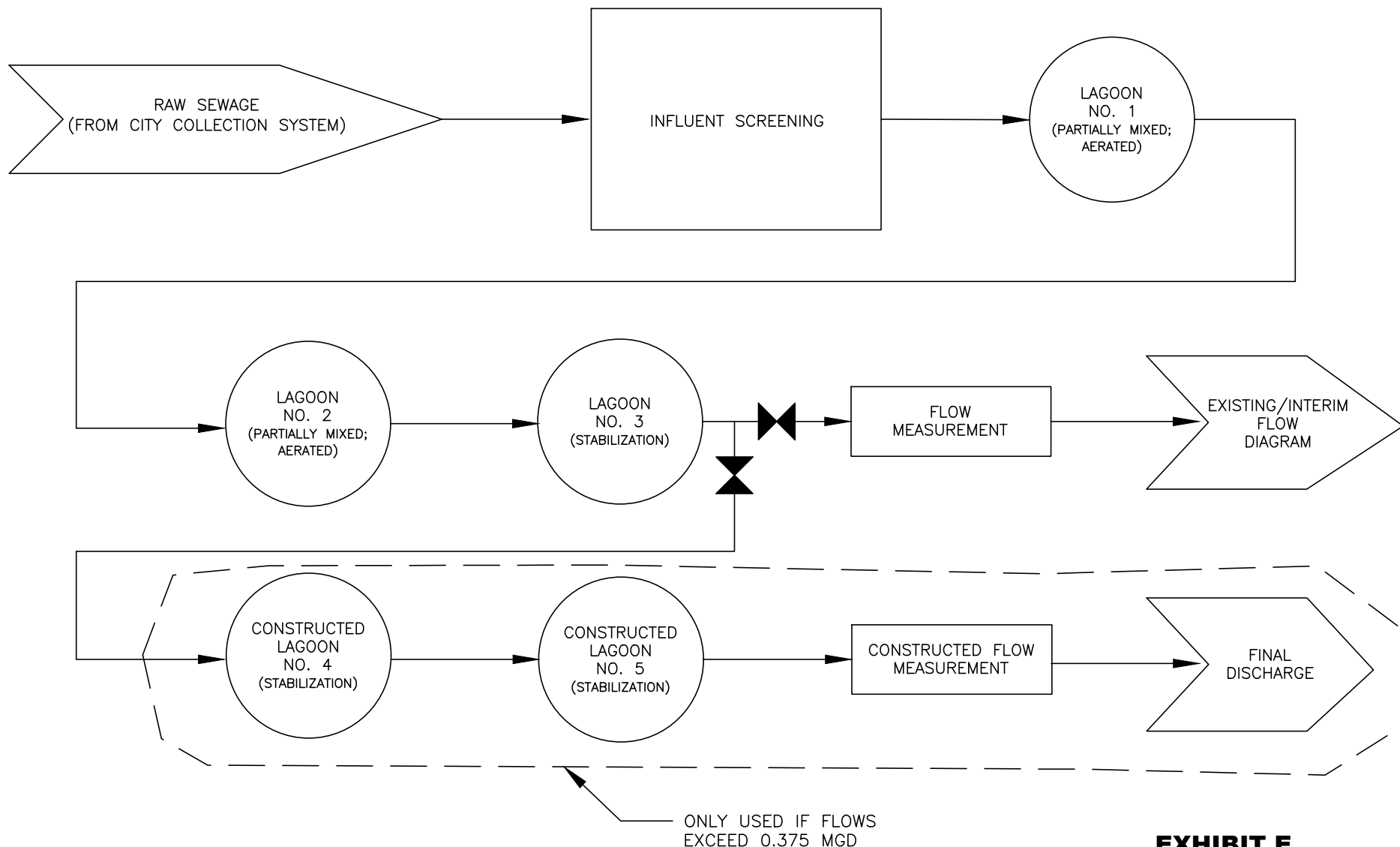


EXHIBIT E
DOMESTIC TECHNICAL
REPORT 1.0, SECTION 2.C.
PROCESS FLOW DIAGRAM

CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES WQ0010311001

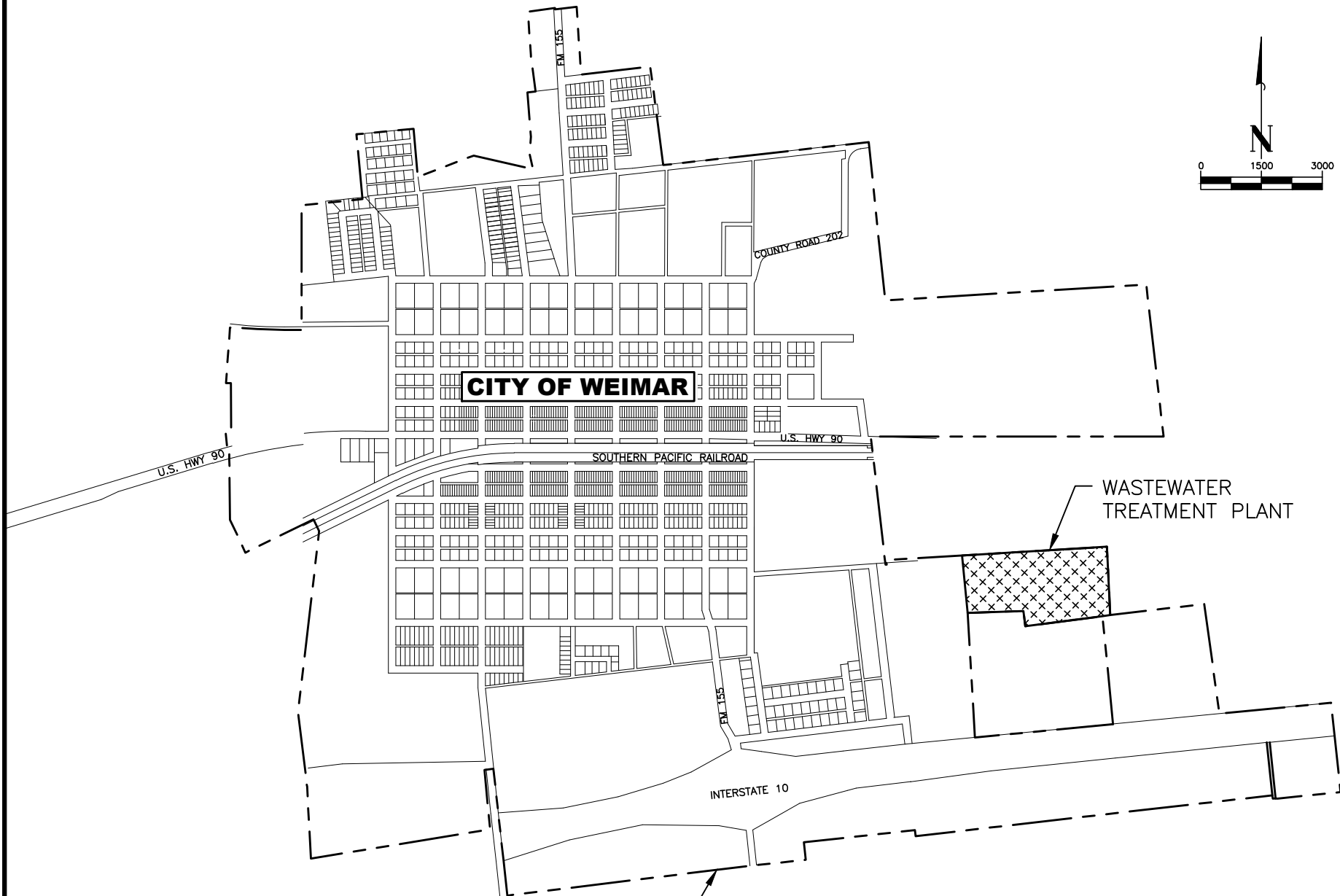


Strand Associates, Inc.
 TBPE No. F-8405
 1906 Niebuhr Street
 Brenham, Texas 77833
 (979) 836-7937
 Fax (979) 836-7936

**CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010311-001**

EXHIBIT F

Site Drawing



Strand Associates, Inc.
TBPE No. F-8405
1906 Niebuhr Street
Brenham, Texas 77833
(979) 836-7937
Fax (979) 836-7936

LIMITS OF
SERVICE AREA

EXHIBIT F SITE DRAWING

**CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES WQ0010311001**

**CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010311-001**

EXHIBIT G

Lab Results



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

03 February 2025

Weimar, City of
James Hughes
PO BOX 67
Weimer, TX 78962

Weimar, City of - WWTP

Enclosed are the results of analyses for samples received by the laboratory on 22-Nov-24 14:45. The analytical data provided relates only to the samples as received in this laboratory report.

ELI certifies that all results are NELAP compliant and performed in accordance with the referenced method except as noted in the Case Narrative or as noted with a qualifier. Any reproductions of this laboratory report should be in full and only with the written authorization from the client.

The total number of pages in this report is 8

Thank you for selecting ELI for your analytical needs. If you have any questions regarding this report, please contact us.

Sincerely,

A handwritten signature in blue ink that reads 'Laura Bonjonia'.

Laura Bonjonia
Administrator



Certificate ID: TX-C24-00284

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

Click to enter text.

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

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

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

☐ Yes ☐ No

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

Click to enter text.

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

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

| Pollutant | Average Conc. | Max Conc. | No. of Samples | Sample Type | Sample Date/Time |
|------------------------------|---------------|-----------|----------------|-------------|------------------|
| CBOD ₅ , mg/l | 14.4 | 14.4 | 1 | Grab | 11-22-24/0912 |
| Total Suspended Solids, mg/l | 33.4 | 33.4 | 1 | Grab | 11-22-24/0912 |
| Ammonia Nitrogen, mg/l | <0.10 | <0.10 | 1 | Grab | 11-22-24/0912 |
| Nitrate Nitrogen, mg/l | 19.0 | 19.0 | 1 | Grab | 1-10-25/0938 |

| | | | | | |
|---|-------|-------|---|------|---------------|
| Total Kjeldahl Nitrogen, mg/l | 2.32 | 2.32 | 1 | Grab | 11-22-24/0912 |
| Sulfate, mg/l | 27.6 | 27.6 | 1 | Grab | 1-10-25/0938 |
| Chloride, mg/l | 230 | 230 | 1 | Grab | 1-10-25/0938 |
| Total Phosphorus, mg/l | 2.58 | 2.58 | 1 | Grab | 11-22-24/0912 |
| pH, standard units | 8.17 | 8.17 | 1 | Grab | 11-22-24/0912 |
| Dissolved Oxygen*, mg/l | 5.83 | 5.83 | 1 | Grab | 11-22-24/0912 |
| Chlorine Residual, mg/l | <0.01 | <0.01 | 1 | Grab | 11-22-24/0912 |
| <i>E.coli</i> (CFU/100ml) freshwater | 1550 | 1550 | 1 | Grab | 11-22-24/0912 |
| Enterococci (CFU/100ml) saltwater | >2420 | >2420 | 1 | Grab | 11-22-24/0912 |
| Total Dissolved Solids, mg/l | 930 | 930 | 1 | Grab | 1-10-25/0938 |
| Electrical Conductivity, μ mohs/cm, † | 1500 | 1500 | 1 | Grab | 1-10-25/0938 |
| Oil & Grease, mg/l | <5.0 | <5.0 | 1 | Grab | 11-22-24/0912 |
| Alkalinity (CaCO ₃)*, mg/l | 382 | 382 | 1 | Grab | 1-10-25/0938 |

*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 | | | | | |
| Total Dissolved Solids, mg/l | | | | | |
| pH, standard units | | | | | |
| Fluoride, mg/l | | | | | |
| Aluminum, mg/l | | | | | |
| Alkalinity (CaCO ₃), mg/l | | | | | |

Section 8. Facility Operator (Instructions Page 50)

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

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

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

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

☐ Design flow \geq 1 MGD



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Client: Weimar, City of
Project: Weimar, City of - WWTP
Work Order: 24K2657

Reported:
03-Feb-25 10:23

ANALYTICAL REPORT FOR SAMPLES

| Sample ID | Laboratory ID | Matrix | Date Sampled | Date Received |
|-----------|---------------|--------|-----------------|-----------------|
| Effluent | 24K2657-01 | Water | 22-Nov-24 00:00 | 22-Nov-24 14:45 |

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Work Order: 24K2657

Reported:
03-Feb-25 10:23

Effluent
24K2657-01 (Water) Sampled: 22-Nov-24 00:00

| Analyte | Result | Reporting Limit | Units | Dilution | Batch | Prepared | Analyzed | Method | Analyst | Notes |
|---------|--------|-----------------|-------|----------|-------|----------|----------|--------|---------|-------|
|---------|--------|-----------------|-------|----------|-------|----------|----------|--------|---------|-------|

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Field Analysis

| | | | | | | | | | | |
|--------------------------|-------|------|------|---|---------|-----------|-----------------|--------------|----|---|
| Chlorine Residual, Total | <0.01 | 0.01 | mg/L | 1 | B5A3855 | 22-Nov-24 | 22-Nov-24 00:00 | SM 4500-Cl G | AS | a |
| Dissolved Oxygen (DO) | 5.83 | | mg/L | 1 | B5A3855 | 22-Nov-24 | 22-Nov-24 00:00 | SM4500-O C | AS | a |
| pH | 8.17 | | SU | 1 | B5A3855 | 22-Nov-24 | 22-Nov-24 00:00 | SM4500H+ B | AS | a |

Microbiology

| | | | | | | | | | | |
|-------------|--------|---|------------|---|---------|-----------|-----------------|------------|----|--|
| E.coli | 1550 | 1 | MPN/100 mL | 1 | B4K5485 | 22-Nov-24 | 22-Nov-24 15:04 | SM9223 B | LN | |
| Enterococci | > 2420 | 1 | MPN/100 mL | 1 | B4K5464 | 22-Nov-24 | 22-Nov-24 15:26 | Enterolert | LN | |

Wet Chemistry

| | | | | | | | | | | |
|---------------------------------------|-------|-------|------|---|---------|-----------|-----------------|-------------------------------|-------|------|
| Ammonia-N (NH ₃ -N) | <0.10 | 0.10 | mg/L | 1 | B4L3649 | 04-Dec-24 | 04-Dec-24 11:58 | SM 4500-NH ₃ D SAS | | |
| CBOD-5 | 14.4 | 2.0 | mg/L | 1 | B4L3642 | 23-Nov-24 | 23-Nov-24 15:18 | SM5210 B | AGT | I |
| Oil & Grease | <5.0 | 5.0 | mg/L | 1 | B4L4821 | 13-Dec-24 | 13-Dec-24 09:17 | EPA 1664 A | ACG | Q |
| Phosphorus, Total | 2.58 | 0.20 | mg/L | 2 | B4L5454 | 19-Dec-24 | 19-Dec-24 13:09 | SM4500-P E | BRC | |
| TKN-N | 2.32 | | mg/L | 1 | B5A3854 | 04-Dec-24 | 04-Dec-24 11:58 | EPA 354.1 | SAS | |
| Total Phosphate (as PO ₄) | 7.91 | 0.613 | mg/L | 2 | [CALC] | 19-Dec-24 | 19-Dec-24 13:09 | Calc. | BRC | |
| TSS | 33.4 | 2.0 | mg/L | 1 | B4K5684 | 27-Nov-24 | 27-Nov-24 22:01 | SM2540 D | CM/MM | Q, T |

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Laura Bonjonia

Laura Bonjonia, Administrator

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Work Order: 24K2657

Reported:
03-Feb-25 10:23

Microbiology - Quality Control
Envirodyne Laboratories, Inc.

| Analyte | Result | Reporting Limit | Units | Spike Level | Source Result | %REC | %REC Limits | RPD | RPD Limit | Notes |
|-------------------------------------|--------|--------------------|---------------|----------------|---|------|----------------|-----|--------------|-------|
| Batch B4K5464 - Microbiology | | | | | | | | | | |
| Blank (B4K5464-BLK1) | | | | | Prepared & Analyzed: 22-Nov-24 | | | | | |
| Enterococci | <1 | | 1 MPN/100 mL | | | | | | | |
| Duplicate (B4K5464-DUP1) | | | | | Source: 24K2570-01 Prepared & Analyzed: 22-Nov-24 | | | | | |
| Enterococci | <10 | | 10 MPN/100 mL | | <10 | | | 0 | 0.5366 | |
| Batch B4K5485 - Microbiology | | | | | | | | | | |
| Blank (B4K5485-BLK1) | | | | | Prepared & Analyzed: 22-Nov-24 | | | | | |
| E.coli | <1 | | 1 MPN/100 mL | | | | | | | |
| Duplicate (B4K5485-DUP1) | | | | | Source: 24K2570-01 Prepared & Analyzed: 22-Nov-24 | | | | | |
| E.coli | <10 | | 10 MPN/100 mL | | <10 | | | 0 | 0.402 | |

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Work Order: 24K2657

Reported:
03-Feb-25 10:23

Wet Chemistry - Quality Control
Envirodyne Laboratories, Inc.

| Analyte | Result | Reporting Limit | Units | Spike Level | Source Result | %REC | %REC Limits | RPD | RPD Limit | Notes |
|-----------------------------------|--------|--------------------|-------|--------------------------------|------------------|--------------------------------|----------------|------|--------------|-------|
| Batch B4K5684 - Inorganics | | | | | | | | | | |
| Blank (B4K5684-BLK1) | | | | Prepared & Analyzed: 27-Nov-24 | | | | | | |
| TSS | 4.0 | 2.0 | mg/L | | | | | | | Q, T |
| LCS (B4K5684-BS1) | | | | Prepared & Analyzed: 27-Nov-24 | | | | | | |
| TSS | 93.0 | | mg/L | 100 | | 93.0 | 80-120 | | | Q, T |
| Duplicate (B4K5684-DUP1) | | | | Source: 24K1873-01 | | Prepared & Analyzed: 27-Nov-24 | | | | |
| TSS | 22.0 | 2.0 | mg/L | | 21.0 | | | 4.65 | 20 | Q, T |
| Batch B4L3642 - Inorganics | | | | | | | | | | |
| Blank (B4L3642-BLK1) | | | | Prepared & Analyzed: 23-Nov-24 | | | | | | |
| CBOD-5 | <2.0 | 2.0 | mg/L | | | | | | | |
| LCS (B4L3642-BS1) | | | | Prepared & Analyzed: 23-Nov-24 | | | | | | |
| CBOD-5 | 208 | | mg/L | 198 | | 105 | 84.6-115.4 | | | |
| Duplicate (B4L3642-DUP1) | | | | Source: 24K2499-01 | | Prepared & Analyzed: 23-Nov-24 | | | | |
| CBOD-5 | 3.30 | 2.0 | mg/L | | 3.90 | | | 16.7 | 20 | I |
| Batch B4L3649 - Inorganics | | | | | | | | | | |
| Blank (B4L3649-BLK1) | | | | Prepared & Analyzed: 04-Dec-24 | | | | | | |
| Ammonia-N (NH3-N) | <10.0 | 10.0 | mg/L | | | | | | | |
| Blank (B4L3649-BLK2) | | | | Prepared & Analyzed: 04-Dec-24 | | | | | | |
| Ammonia-N (NH3-N) | <10.0 | 10.0 | mg/L | | | | | | | |

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Work Order: 24K2657

Reported:
03-Feb-25 10:23

Wet Chemistry - Quality Control
Envirodyne Laboratories, Inc.

| Analyte | Result | Reporting Limit | Units | Spike Level | Source Result | %REC | %REC Limits | RPD | RPD Limit | Notes |
|--|--------|--------------------|-------|--------------------------------|------------------|--------------------------------|----------------|------|--------------|-------|
| Batch B4L3649 - Inorganics | | | | | | | | | | |
| LCS (B4L3649-BS1) | | | | Prepared & Analyzed: 04-Dec-24 | | | | | | |
| Ammonia-N (NH ₃ -N) | 18.3 | | mg/L | 20.0 | | 91.5 | 90-110 | | | |
| Matrix Spike (B4L3649-MS1) | | | | Source: 24K1314-02 | | Prepared & Analyzed: 04-Dec-24 | | | | |
| Ammonia-N (NH ₃ -N) | 79.0 | 20.0 | mg/L | 32.8 | 48.1 | 94.2 | 80-120 | | | |
| Matrix Spike Dup (B4L3649-MSD1) | | | | Source: 24K1314-02 | | Prepared & Analyzed: 04-Dec-24 | | | | |
| Ammonia-N (NH ₃ -N) | 79.0 | 20.0 | mg/L | 32.8 | 48.1 | 94.2 | 80-120 | 0.00 | 20 | |
| Batch B4L4821 - Inorganics | | | | | | | | | | |
| Blank (B4L4821-BLK1) | | | | Prepared & Analyzed: 13-Dec-24 | | | | | | |
| Oil & Grease | <5.0 | 5.0 | mg/L | | | | | | | Q |
| LCS (B4L4821-BS1) | | | | Prepared & Analyzed: 13-Dec-24 | | | | | | |
| Oil & Grease | 17.0 | 5.0 | mg/L | | | | 78-114 | | | Q |
| LCS Dup (B4L4821-BSD1) | | | | Prepared & Analyzed: 13-Dec-24 | | | | | | |
| Oil & Grease | 15.5 | 5.0 | mg/L | | | | 78-114 | 9.72 | 18 | Q |
| Batch B4L5454 - Inorganics | | | | | | | | | | |
| Blank (B4L5454-BLK1) | | | | Prepared & Analyzed: 19-Dec-24 | | | | | | |
| Phosphorus, Total | <0.10 | 0.10 | mg/L | | | | | | | |
| LCS (B4L5454-BS1) | | | | Prepared & Analyzed: 19-Dec-24 | | | | | | |
| Phosphorus, Total | 0.990 | | mg/L | 1.00 | | 99.0 | 80-120 | | | |

Envirodyne Laboratories, Inc.

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Work Order: 24K2657

Reported:
03-Feb-25 10:23

Wet Chemistry - Quality Control
Envirodyne Laboratories, Inc.

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

Batch B4L5454 - Inorganics

| | | | | | | | | | | |
|--|------|---------------------------|------|------|---|-----|--------|------|----|--|
| Matrix Spike (B4L5454-MS1) | | Source: 24K2079-01 | | | Prepared & Analyzed: 19-Dec-24 | | | | | |
| Phosphorus, Total | 1.00 | 0.10 | mg/L | 1.00 | ND | 100 | 80-120 | | | |
| Matrix Spike Dup (B4L5454-MSD1) | | Source: 24K2079-01 | | | Prepared & Analyzed: 19-Dec-24 | | | | | |
| Phosphorus, Total | 1.00 | 0.10 | mg/L | 1.00 | ND | 100 | 80-120 | 0.00 | 20 | |

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Work Order: 24K2657

Reported:
03-Feb-25 10:23

Notes and Definitions

T Equipment temperature temporarily out of specification; all QC met acceptance criteria.
Q QC did not meet ELI acceptance criteria
P Sample preserved at bench
I Greater than 30% difference between highest and lowest values
> > 2420
ND Analyte NOT DETECTED at or above the reporting limit
< Result is less than the RL
a Analyte not available for TNI/NELAP accreditation
n Not accredited

Envirodyne Laboratories, Inc.

A handwritten signature in blue ink, reading 'Laura Bonjonia', is written over a horizontal line.

Laura Bonjonia, Administrator

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03 February 2025

Weimar, City of
James Hughes
PO BOX 67
Weimer, TX 78962

Weimar, City of - WWTP

Enclosed are the results of analyses for samples received by the laboratory on 10-Jan-25 14:30. The analytical data provided relates only to the samples as received in this laboratory report.

ELI certifies that all results are NELAP compliant and performed in accordance with the referenced method except as noted in the Case Narrative or as noted with a qualifier. Any reproductions of this laboratory report should be in full and only with the written authorization from the client.

The total number of pages in this report is 7

Thank you for selecting ELI for your analytical needs. If you have any questions regarding this report, please contact us.

Sincerely,

A handwritten signature in blue ink that reads "Laura Bonjonia". The signature is fluid and cursive, with the first name "Laura" being more prominent than the last name "Bonjonia".

Laura Bonjonia
Administrator



Certificate ID: TX-C24-00284



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Client: Weimar, City of
Project: Weimar, City of - WWTP
Work Order: 25A1336

Reported:
03-Feb-25 10:27

ANALYTICAL REPORT FOR SAMPLES

| Sample ID | Laboratory ID | Matrix | Date Sampled | Date Received |
|-----------|---------------|--------|-----------------|-----------------|
| Effluent | 25A1336-01 | Water | 10-Jan-25 09:38 | 10-Jan-25 14:30 |

Envirodyne Laboratories, Inc.

A handwritten signature in blue ink that reads 'Laura Bonjonia'.

Laura Bonjonia, Administrator

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Client: Weimar, City of
Project: Weimar, City of - WWTP
Work Order: 25A1336

Reported:
03-Feb-25 10:27

Effluent

25A1336-01 (Water) Sampled: 10-Jan-25 09:38

| Analyte | Result | Reporting Limit | Units | Dilution | Batch | Prepared | Analyzed | Method | Analyst | Notes |
|---------|--------|--------------------|-------|----------|-------|----------|----------|--------|---------|-------|
|---------|--------|--------------------|-------|----------|-------|----------|----------|--------|---------|-------|

Envirodyne Laboratories, Inc.

Wet Chemistry

| | | | | | | | | | | |
|---|------|------|---------|----|---------|-----------|-----------------|-------------|-----|--|
| Alkalinity (Total) as CaCO ₃ | 382 | 20.0 | mg/L | 1 | B5A5969 | 24-Jan-25 | 24-Jan-25 09:15 | EPA 310.2 | SSJ | |
| Chloride | 230 | 60.0 | mg/L | 20 | B5A5308 | 17-Jan-25 | 17-Jan-25 15:23 | SM4500 Cl-B | BRC | |
| Conductivity at 25 C | 1500 | 60 | umho/cm | 2 | B5A5306 | 17-Jan-25 | 17-Jan-25 13:30 | SM2510 B | BRC | |
| Nitrate-N | 19.0 | 2.50 | mg/L | 5 | B5A6086 | 10-Jan-25 | 10-Jan-25 20:30 | EPA 353.1 | SSJ | |
| Sulfate | 27.6 | 2.00 | mg/L | 1 | B5A6076 | 23-Jan-25 | 23-Jan-25 17:40 | EPA 375.4 | SSJ | |
| TDS | 930 | 50.0 | mg/L | 1 | B5A5306 | 17-Jan-25 | 17-Jan-25 13:30 | SM2540 C | BRC | |

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Project: Weimar, City of - WWTP
Work Order: 25A1336

Reported:
03-Feb-25 10:27

Wet Chemistry - Quality Control

Envirodyne Laboratories, Inc.

| Analyte | Result | Reporting Limit | Units | Spike Level | Source Result | %REC | %REC Limits | RPD | RPD Limit | Notes |
|---|--------|-----------------|---------|-------------|---------------|------|-------------|------|-----------|-------|
| Batch B5A5306 - Inorganics | | | | | | | | | | |
| Blank (B5A5306-BLK1) | | | | | | | | | | |
| Prepared: 17-Jan-25 Analyzed: 03-Feb-25 | | | | | | | | | | |
| TDS | <50.0 | 50.0 | mg/L | | | | | | | |
| Conductivity at 25 C | <30 | 30 | umho/cm | | | | | | | |
| Duplicate (B5A5306-DUP1) | | | | | | | | | | |
| Source: 24L2313-02 Prepared & Analyzed: 17-Jan-25 | | | | | | | | | | |
| Conductivity at 25 C | 439 | 30 | umho/cm | | 426 | | | 3.21 | 20 | |
| TDS | <50.0 | 50.0 | mg/L | | 255 | | | >200 | 20 | |
| Reference (B5A5306-SRM1) | | | | | | | | | | |
| Prepared & Analyzed: 17-Jan-25 | | | | | | | | | | |
| Conductivity at 25 C | 178 | | umho/cm | 180 | | 99.0 | 90-110 | | | |
| Batch B5A5308 - Inorganics | | | | | | | | | | |
| Blank (B5A5308-BLK1) | | | | | | | | | | |
| Prepared & Analyzed: 17-Jan-25 | | | | | | | | | | |
| Chloride | <3.0 | 3.0 | mg/L | | | | | | | |
| LCS (B5A5308-BS1) | | | | | | | | | | |
| Prepared & Analyzed: 17-Jan-25 | | | | | | | | | | |
| Chloride | 109 | | mg/L | 100 | | 109 | 90-110 | | | |
| Matrix Spike (B5A5308-MS1) | | | | | | | | | | |
| Source: 25A1179-03 Prepared & Analyzed: 17-Jan-25 | | | | | | | | | | |
| Chloride | 116 | 12.0 | mg/L | 20.0 | 94.0 | 110 | 80-120 | | | |
| Matrix Spike Dup (B5A5308-MSD1) | | | | | | | | | | |
| Source: 25A1179-03 Prepared & Analyzed: 17-Jan-25 | | | | | | | | | | |
| Chloride | 116 | 12.0 | mg/L | 20.0 | 94.0 | 110 | 80-120 | 0.00 | 20 | |
| Batch B5A5969 - Inorganics | | | | | | | | | | |
| Blank (B5A5969-BLK1) | | | | | | | | | | |
| Prepared & Analyzed: 24-Jan-25 | | | | | | | | | | |
| Alkalinity (Total) as CaCO3 | <20.0 | 20.0 | mg/L | | | | | | | |

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Laura Bonjonia

Laura Bonjonia, Administrator

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Project: Weimar, City of - WWTP
Work Order: 25A1336

Reported:
03-Feb-25 10:27

Wet Chemistry - Quality Control
Envirodyne Laboratories, Inc.

| Analyte | Result | Reporting Limit | Units | Spike Level | Source Result | %REC | %REC Limits | RPD | RPD Limit | Notes |
|---|--------|--------------------|-------|---|------------------|------|----------------|--------|--------------|-------|
| Batch B5A5969 - Inorganics | | | | | | | | | | |
| LCS (B5A5969-BS1) | | | | Prepared & Analyzed: 24-Jan-25 | | | | | | |
| Alkalinity (Total) as CaCO ₃ | 98.6 | | mg/L | 100 | | 98.6 | 90-110 | | | |
| Duplicate (B5A5969-DUP1) | | | | Source: 25A2200-03 Prepared & Analyzed: 24-Jan-25 | | | | | | |
| Alkalinity (Total) as CaCO ₃ | 338 | 20.0 | mg/L | | 337 | | | 0.0889 | 20 | |
| Batch B5A6076 - Inorganics | | | | | | | | | | |
| Blank (B5A6076-BLK1) | | | | Prepared & Analyzed: 23-Jan-25 | | | | | | |
| Sulfate | <2.00 | 2.00 | mg/L | | | | | | | |
| LCS (B5A6076-BS1) | | | | Prepared & Analyzed: 23-Jan-25 | | | | | | |
| Sulfate | 21.2 | | mg/L | 20.0 | | 106 | 90-110 | | | |
| Matrix Spike (B5A6076-MS1) | | | | Source: 25A1844-03 Prepared & Analyzed: 23-Jan-25 | | | | | | |
| Sulfate | 246 | 20.0 | mg/L | 200 | 26.3 | 110 | 80-120 | | | |
| Matrix Spike Dup (B5A6076-MSD1) | | | | Source: 25A1844-03 Prepared & Analyzed: 23-Jan-25 | | | | | | |
| Sulfate | 260 | 20.0 | mg/L | 200 | 26.3 | 117 | 80-120 | 5.85 | 20 | |
| Batch B5A6086 - Inorganics | | | | | | | | | | |
| Blank (B5A6086-BLK1) | | | | Prepared & Analyzed: 10-Jan-25 | | | | | | |
| Nitrate-N | <0.50 | 0.50 | mg/L | | | | | | | |
| LCS (B5A6086-BS1) | | | | Prepared & Analyzed: 10-Jan-25 | | | | | | |
| Nitrate-N | 2.96 | | mg/L | 3.00 | | 98.7 | 90-110 | | | |

Envirodyne Laboratories, Inc.

Laura Bonjonia

Laura Bonjonia, Administrator

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



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Weimar, City of
Project: Weimar, City of - WWTP
Work Order: 25A1336

Reported:
03-Feb-25 10:27

Wet Chemistry - Quality Control
Envirodyne Laboratories, Inc.

| Analyte | Result | Reporting Limit | Units | Spike Level | Source Result | %REC Limits | RPD | RPD Limit | Notes |
|--|--------|--------------------|-------|--------------------------------|------------------|----------------|--------|--------------|-------|
| Batch B5A6086 - Inorganics | | | | | | | | | |
| Matrix Spike (B5A6086-MS1) | | | | | | | | | |
| | | Source: 25A0394-01 | | Prepared & Analyzed: 10-Jan-25 | | | | | |
| Nitrate-N | 3.10 | 0.50 | mg/L | 3.00 | | 103 | 80-120 | | |
| Matrix Spike Dup (B5A6086-MSD1) | | | | | | | | | |
| | | Source: 25A0394-01 | | Prepared & Analyzed: 10-Jan-25 | | | | | |
| Nitrate-N | 3.06 | 0.50 | mg/L | 3.00 | | 102 | 80-120 | 1.30 | 20 |

Envirodyne Laboratories, Inc.

Laura Bonjonia

Laura Bonjonia, Administrator

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Envirodyne Laboratories, Inc
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Houston, TX 77099
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Client: Weimar, City of
Project: Weimar, City of - WWTP
Work Order: 25A1336

Reported:
03-Feb-25 10:27

Notes and Definitions

ND Analyte NOT DETECTED at or above the reporting limit
< Result is less than the RL
a Analyte not available for TNI/NELAP accreditation
n Not accredited

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

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



Envirodyne Laboratories, Inc.
11011 Brooklet Dr, Ste. 230
Houston, Texas 77099-3543
Phone (281) 568-7880 - Fax (281) 568-8004
Analysis Request and Chain of Custody Record



Page 1 of 1

Work Order #:

TCEQ Certification # T10470426

Name: City of Weimar

Address: PO BOX 67

City: WEIMANR

Contact:

State: TEXAS

Zip:

Phone:

Email:

Alternate Contact:

Project No.

Client/Project

PERMIT RENEWAL (24K2657)

Lab ID No. Field Sample No. / Identification
Effluent

Date & Time
1-10-25
9:38

Grab

Comp

Sample Container (Size/Mat'l)

1/2 gallon

Sample Type (Liquid, Sludge, etc.)

Liquid

Preservative

ice

ANALYSIS REQUESTED

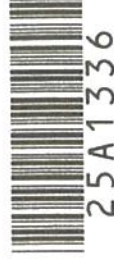
Sulfate; Chloride; Nitrate; Alkalinity; TDS

pH

D.O.

Temp.

Analysis Time



Samplers: (Signature)

WJH

Affiliation

FW

Remarks:

Relinquished by: (Signature)

Relinquished by: (Signature)

Relinquished by: (Signature)

FLOW:

Meter Reading:

H₂S:

Date: Time:

Date: Time:

Date: Time:

Date: Time:

Date: Time:

Arrival Temp.

Act:

Corr:

Therm. ID:

Received by: (Signature)

Received by: (Signature)

Received by: (Signature)

Received by: (Signature)

Site Representative:

Comments:

Date: Time:

Date: Time:

Date: Time:

Date: Time:

Date: Time:

Date: Time:

Date: Time:

Date: Time:

Seal Intact? Yes ☐ No ☐

Seal Intact? Yes ☐ No ☐

Seal Intact? Yes ☐ No ☐

Seal Intact? Yes ☐ No ☐

Seal Intact? Yes ☐ No ☐

Seal Intact? Yes ☐ No ☐

Seal Intact? Yes ☐ No ☐

Seal Intact? Yes ☐ No ☐

**CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010311-001**

EXHIBIT H

Supplemental Permit Information (SPIF)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

This form applies to TPDES permit applications only. (Instructions, Page 53)

Complete this form as a separate document. TCEQ will mail a copy to each agency as required by our agreement with EPA. If any of the items are not completely addressed or further information is needed, we will contact you to provide the information before issuing the permit. Address each item completely.

Do not refer to your response to any item in the permit application form. Provide each attachment for this form separately from the Administrative Report of the application. The application will not be declared administratively complete without this SPIF form being completed in its entirety including all attachments. Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: City of Weimar

Permit No. WQ00 10311-001EPA ID No. TX 0025917

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

806 East Charles Street, Weimar, Texas 78962 Colorado County

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: Richard Whitten

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

Title: City Manager

Mailing Address: P.O. Box 67

City, State, Zip Code: Weimar TX 78962

Phone No.: 979-725-8554 Ext.: Fax No.:

E-mail Address: rwhitten@weimartx.gov

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

Same as applicant.

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

From wastewater treatment center to a manmade ditch; thence to an unnamed tributary; thence to Harvey's Creek; thence to the Colorado River below La Grange in Segment No. 1402 of the Colorado River Basin.

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

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

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

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

☐ Sealing caves, fractures, sinkholes, other karst features

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

N/A

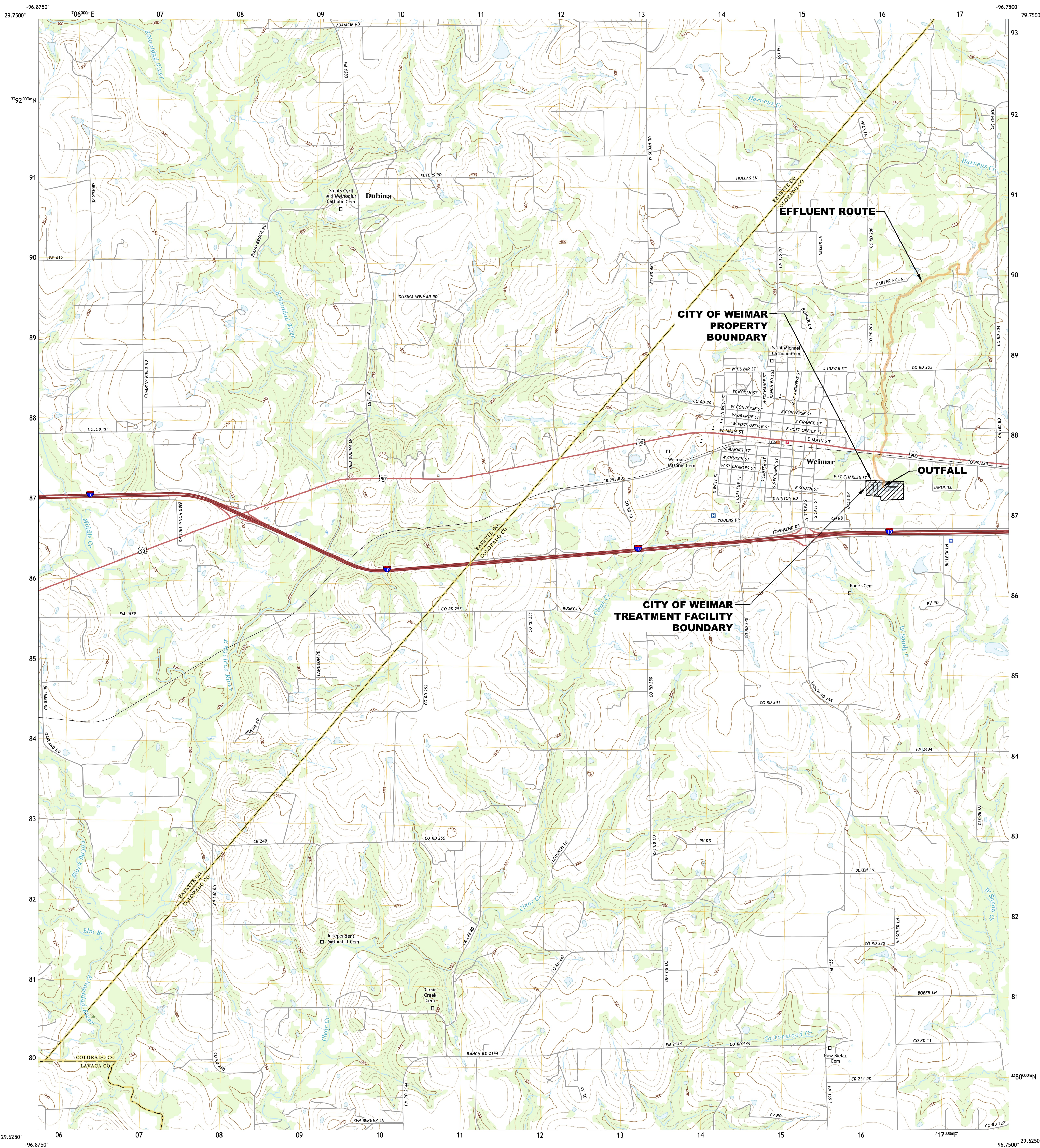
4. Provide a brief history of the property, and name of the architect/builder, if known.

N/A

**CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010311-001**

EXHIBIT I

SPIF Map



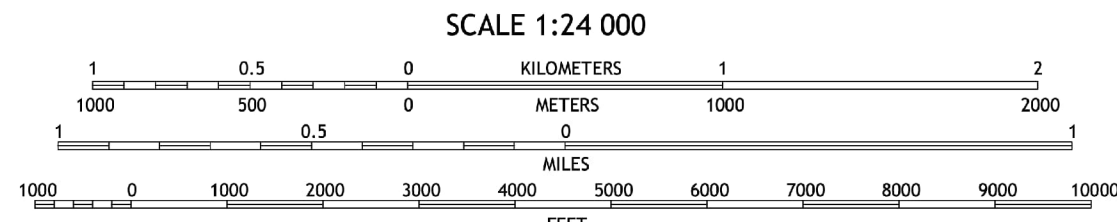
Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84). Projection and
1 000-meter grid: Universal Transverse Mercator, Zone 14R
This map is not a legal document. Boundaries may be
generalized for this map scale. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.

Imagery.....NAIP, October 2016 - November 2016
Roads.....U.S. Census Bureau, 2015 - 2019
Names.....GNIS, 1979 - 2022
Hydrography.....National Hydrography Dataset, 2000 - 2018
Contours.....National Elevation Dataset, 2019
Boundaries.....Multiple sources; see metadata file 2019 - 2021
Wetlands.....FWS National Wetlands Inventory Not Available

UTM GRID AND 2019 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

| |
|-----------------------|
| U.S. National Grid |
| 100,000 - m Square ID |
| QT |
| Grid Zone Designation |
| 14R |



CONTOUR INTERVAL 10 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988
This map was produced to conform with the
National Geospatial Program US Topo Product Standard.



| | | |
|---|---|---|
| 1 | 2 | 3 |
| 4 | 5 | 6 |
| 7 | 8 | |

1 Swiss Alp
2 Ammannsville
3 Ellinger
4 Schulenburg
5 Borden
6 Moravia
7 Oakland
8 Sawmill Branch

ROAD CLASSIFICATION

| | |
|------------------|-----------|
| Expressway | Local Cor |
| Secondary Hwy | Local Rte |
| Ramp | 4WD |
| Interstate Route | US Route |

EXHIBIT I
SUPPLEMENTAL PERMIT
INFORMATION FORM (SPIF), ITEM 5.
ADDITIONAL USGS MAP

CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES WQ0010311001

WEIMAR, TX
2022

**CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010311-001**

EXHIBIT J

Plain Language Summary



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 Weimar (CN600698252) operates the City of Weimar Wastewater Treatment Facility (RN101917086), a domestic wastewater treatment facility. The facility is located at 806 East Charles Street, in Weimar, Colorado County, Texas 78962. This application is for a renewal to discharge an average flow of 0.375 MGD of treated domestic wastewater..

Discharges from the facility are expected to contain biochemical oxygen demand, total suspended solids, and E. coli. Domestic wastewater is treated by an influent screening structure and a system of multiple lagoons which are operated in series with total residence time of greater than 21 days.

PLANTILLA EN ESPAÑOL PARA SOLICITUDES NUEVAS/RENOVACIONES/ENMIENDAS DE TPDES o TLAP

AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no es una representación ejecutiva fedérale de la solicitud de permiso.

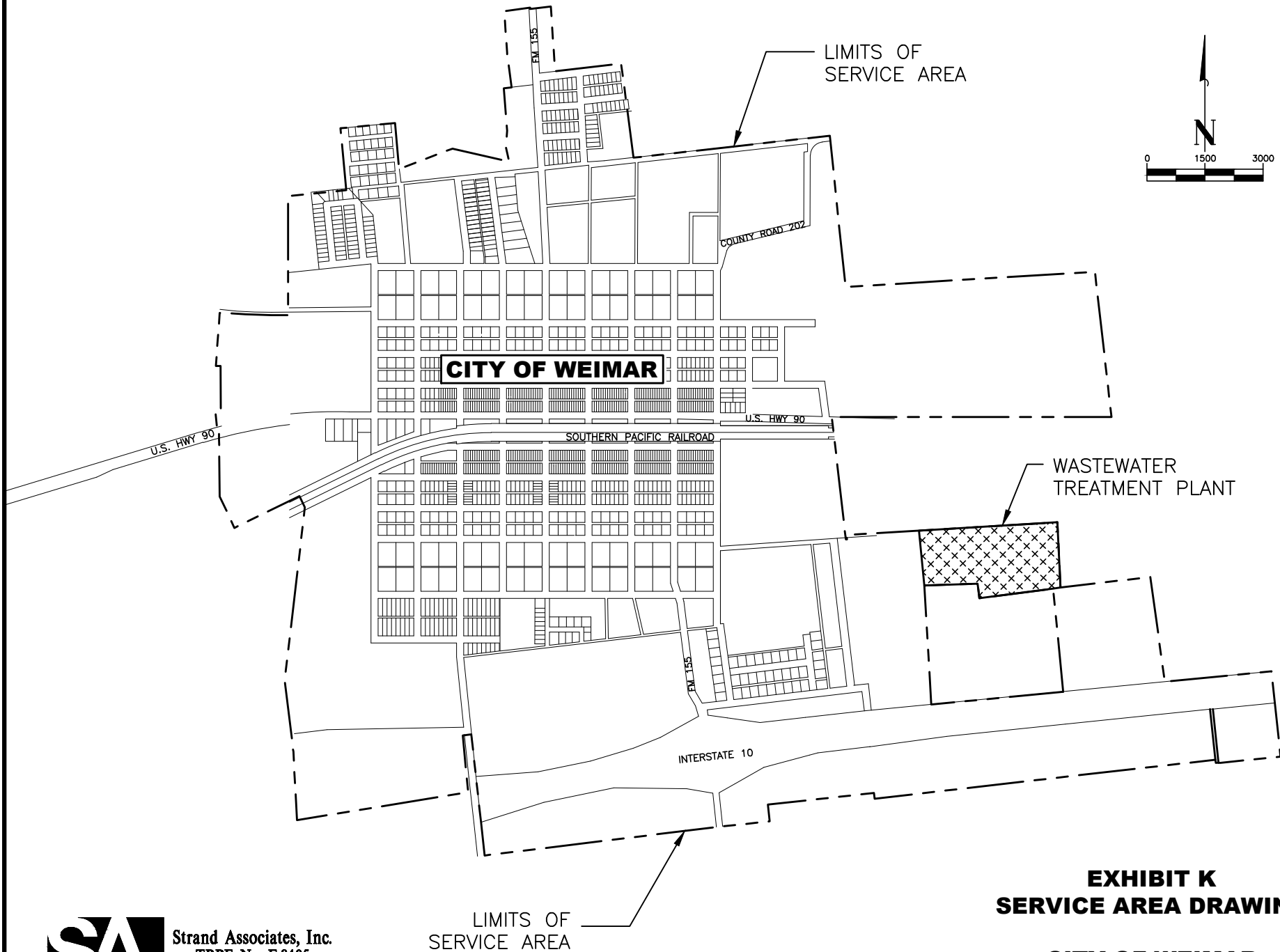
Ciudad de Weimar (CN600698252) opera la Planta de Tratamiento de Aguas Residuales de el Ciudad de Weimar (RN101917086), un instalación de tratamiento de aguas residuales domésticas. La instalación está ubicada en 806 East Charles Street, en Weimar, Condado de Colorado, Texas 78962. Esta solicitud es para una renovación para descargar un flujo promedio de 0.375 MGD de aguas residuales domésticas tratadas..

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso, sólidos suspendidos totales y E. coli. Las aguas residuales domésticas.. **están** tratado por una estructura de cribado del afluente y un sistema de mutiples lagunas que se operan en serie con un tiempo de residencia total superior a 21 dias.

**CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010311-001**

EXHIBIT K

Service Area Map



**EXHIBIT K
SERVICE AREA DRAWING**

**CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES WQ0010311001**



Strand Associates, Inc.
TBPE No. F-8405
1906 Niebuhr Street
Brenham, Texas 77833
(979) 836-7937
Fax (979) 836-7936

**CITY OF WEIMAR
WASTEWATER TREATMENT PLANT
TPDES PERMIT NO. WQ0010311-001**

EXHIBIT L

Copy of Application Payment

Brandon Maldonado

From: Rudolph, Mark <Mark.Rudolph@strand.com>
Sent: Wednesday, February 19, 2025 11:47 AM
To: Brandon Maldonado
Cc: rwhitten@weimartx.gov; Janecka, Hollie
Subject: RE: Application to Renew Permit No. WQ0010311001 - Notice of Deficiency Letter
Attachments: WQ0010311001-nod1.pdf

Brandon,

We have reviewed the attached draft NORI language, and it looks good as-is. We do not have any comments.

Regards,



Mark Rudolph, P.E.

Strand Associates, Inc.® (F-8405)

979.836.7937 ext. 6234

Mark.Rudolph@strand.com | www.strand.com

P.E. (TX)

Excellence in EngineeringSM

From: Brandon Maldonado <Brandon.Maldonado@tceq.texas.gov>
Sent: Wednesday, February 19, 2025 10:52 AM
To: rwhitten@weimartx.gov
Cc: Rudolph, Mark <Mark.Rudolph@strand.com>
Subject: Application to Renew Permit No. WQ0010311001 - Notice of Deficiency Letter

You don't often get email from brandon.maldonado@tceq.texas.gov. [Learn why this is important](#)

[EXTERNAL EMAIL]: Verify sender before opening links or attachments.

Dear Mr. Richard Whitten

The attached Notice of Deficiency (NOD) letter sent on **February 19, 2025**, requests additional information needed to declare the application administratively complete. Please send complete response to my attention by **March 5, 2025**.

Please let me know if you have any questions.

Regards,



Brandon Maldonado

Texas Commission on Environmental
Quality

Water Quality Division

512-239-4331

Brandon.Maldonado@tceq.texas.gov

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