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

Section 15. Plain Language Summary (Instructions Page 40)

If you are subject to the alternative language notice requirements in 30 Texas Administrative Code §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

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 Texas Administrative Code Chapter 39. The information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.
City of Menard (CN600656763) operates City of Menard WWTP RN101919942. a domestic sewage facility. The facility is located approximately 0.5 miles E of the intersection of FM 2092 and US Highway 83 adjacent to FM 2092 and S of the San Saba river, in Menard, Menard County, Texas 76859.

Renewal of Wastewater Treatment Plant Permit for the City of Menard *<<For TLAP applications include the following sentence, otherwise delete:>>* This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to containCBOD5, TSS, Ammonia Nitrogen, Nitrate Nitrogen, Total Kjedahl Nitrogen, Sulfate, Chloride, Total Phosphorous, pH, DO, Chlorine Residual, E. coli, TDS, Alkalinity .Domestic wastewater will be treated by *ImHoff Tank, Trickling Filter, Oxidation Ponds, and Chlorination.*

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0010345001

APPLICATION. City of Menard, P.O. Box 145, Menard, Texas 76859, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010345001 (EPA I.D. No. TX0025712) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 220,000 gallons per day. The domestic wastewater treatment facility is located approximately 0.5 mile east of the intersection of Farm-to-Market Road 2092 and U.S. Highway 83, near the city of Menard, in Menard County, Texas 76859. The discharge route is from the plant site to directly to the San Saba River. TCEQ received this application on May 20, 2024. The permit application will be available for viewing and copying at Menard City Hall, 108 West San Saba Avenue, Menard, in Menard 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=-99.778055,30.917777&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 Menard at the address stated above or by calling Mr. Don Kerns, City Administrator, at 325-396-4706.

Issuance Date: June 17, 2024

ORIGINAL COPY

BURGESS & NIPLE

9601 Amberglen Boulevard | Suite 275 | Austin, TX 78729 | 512.306.9266

Subject: Menard WWTP Permit Renewal 2024

The enclose packet includes all documents and attachments required for renewal of the City of Menard's Wastewater Treatment Plant discharge permit.

Please refer to page **13 of 24** of Technical Report 10053 to sign for the City of Menard.

Please contact James Busby, P.E. or Juan Granados, E.I.T. for further information.

Signed,

Juan Granados, E.I.T.
juan.granados@burgessniple.com

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT: CITY OF MENARD

PERMIT NUMBER: WQ0010345001

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

	Y	N
Administrative Report 1.0	☒	☐
Administrative Report 1.1	☐	☒
SPIF	☒	☐
Core Data Form	☒	☐
Public Involvement Plan Form	☐	☒
Technical Report 1.0	☒	☐
Technical Report 1.1	☐	☒
Worksheet 2.0	☒	☐
Worksheet 2.1	☐	☒
Worksheet 3.0	☐	☒
Worksheet 3.1	☐	☒
Worksheet 3.2	☐	☒
Worksheet 3.3	☐	☒
Worksheet 4.0	☐	☒
Worksheet 5.0	☐	☒
Worksheet 6.0	☒	☐
Worksheet 7.0	☐	☒

	Y	N
Original USGS Map	☒	☐
Affected Landowners Map	☐	☒
Landowner Disk or Labels	☐	☒
Buffer Zone Map	☐	☒
Flow Diagram	☒	☐
Site Drawing	☒	☐
Original Photographs	☐	☒
Design Calculations	☐	☒
Solids Management Plan	☐	☒
Water Balance	☐	☒

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

APPLICATION FOR A DOMESTIC WASTEWATER PERMIT ADMINISTRATIVE REPORT 1.0

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

Section 1. Application Fees (Instructions Page 29)

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

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

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed — Check/Money Order Number: **14565**

Check/Money Order Amount: **815.00**

Name Printed on Check: **TCEQ ADMINISTRATION DIVISION**

EPAY — Voucher Number:

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 29)

☐ New TPDES

☐ Major Amendment *with* Renewal

☐ Major Amendment *without* Renewal

☒ Renewal without changes

☐ New TLAP

☐ Minor Amendment *with* Renewal

☐ Minor Amendment *without* Renewal

☐ Minor Modification of permit

For amendments or modifications, describe the proposed changes:

For existing permits:

Permit Number: WQ0010345001

EPA I.D. (TPDES only): TX0025712

Expiration Date: January 24, 2025

Section 3. Facility Owner (Applicant) and Co-Applicant Information (Instructions Page 29)

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 MENARD

(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: 600656763

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., Ms., Miss): MS

First and Last Name: BARBARDA HOOTEN

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

Title: MAYOR

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?

(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:

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., Ms., Miss):

First and Last Name:

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

Title:

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

C. Core Data Form

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

Attachment: ATTACHMENT 1 - CORE DATA FORM

Section 4. Application Contact Information (Instructions Page 30)

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., Ms., Miss): MR

First and Last Name: JAMES BUSBY

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

Title: PROJECT ENGINEER

Organization Name: BURGESS & NIPLE, INC.

Mailing Address: 9601 AMBERGLEN BLVD. STE. 275

City, State, Zip Code: AUSTIN, TX 78729

Phone No.: 512-306-9266 Ext.: Fax No.:

E-mail Address: JAMES.BUSBY@BURGESSNIPLE.COM

Check one or both: ☐ Administrative Contact ☒ Technical Contact

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

First and Last Name: DON KERNS

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

Title: CITY ADMINISTRATOR

Organization Name: CITY OF MENARD

Mailing Address: PO BOX 145

City, State, Zip Code: MENARD, TX 76859

Phone No.: 325-396-4706 Ext.: Fax No.: 325-396-2015

E-mail Address: CITYOFMENARD@OUTLOOK.COM

Check one or both: ☒ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 30)

Provide two names of individuals that can be contacted throughout the permit term.

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

First and Last Name: BARBARA HOOTEN

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

Title: MAYOR

Organization Name: CITY OF MENARD

Mailing Address: PO BOX 145

City, State, Zip Code: MENARD, TX 76859

Phone No.: 325-396-4706 Ext.: Fax No.: 325-396-2015

E-mail Address:

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

First and Last Name: DON KERNS

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

Title: CITY ADMINISTRATOR

Organization Name: CITY OF MENARD

Mailing Address: PO BOX 145

City, State, Zip Code: MENARD, TX 76859

Phone No.: 325-396-4706 Ext.: Fax No.: 325-396-2015

E-mail Address: CITYOFMENARD@OUTLOOK.COM

Section 6. Billing Information (Instructions Page 30)

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., Ms., Miss): MS

First and Last Name: BARBARA HOOTEN

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

Title: MAYOR

Organization Name: CITY OF MENARD

Mailing Address: PO BOX 145

City, State, Zip Code: MENARD, TX 76859

Phone No.: 325-396-406 Ext.: Fax No.: 325-396-2015

E-mail Address: CITYOFMENARD@OUTLOOK.COM

Section 7. DMR/MER Contact Information (Instructions Page 31)

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

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

First and Last Name: DON KERNS

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

Title: CITY ADMINISTRATOR

Organization Name: CITY OF MENARD

Mailing Address: PO BOX 145

City, State, Zip Code: MENARD, TX 76859

Phone No.: 325-396-4706 Ext.: Fax No.: 325-396-2015

E-mail Address: CITYOFMENARD@OUTLOOK.COM

DMR data is required to be submitted electronically. Create an account at: https://www.tceq.texas.gov/permitting/netdmr/netdmr.html.

Section 8. Public Notice Information (Instructions Page 31)

A. Individual Publishing the Notices

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

First and Last Name: DON KERNS

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

Title: CITY ADMINISTRATOR

Organization Name: CITY OF MENARD

Mailing Address: PO BOX 145

City, State, Zip Code: MENARD, TX 76859

Phone No.: 325-396-4706 Ext.: Fax No.: 325-396-2015

E-mail Address: CITYOFMENARD@OUTLOOK.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 person to be listed in the Notices

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

First and Last Name: DON KERNS

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

Title: CITY ADMINISTRATOR

Organization Name: CITY OF MENARD

Phone No.: 325-396-4706 Ext.:

E-mail: CITYOFMENARD@OUTLOOK.COM

D. Public Viewing Information

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

Public building name: CITY HALL

Location within the building: TAPED TO GLASS FRONT DOOR

Physical Address of Building: 108 W SAN SABA AVENUE

City: MENARD, TX 76859 County: MENARD

Contact Name: DON KERNS

Phone No.: 325-396-4706 Ext.:

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. 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:

Section 9. Regulated Entity and Permitted Site Information (Instructions Page 33)

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN**101919942

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 MENARD WASTEWATER TREATMENT PLANT

C. Owner of treatment facility: CITY OF MENARD

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

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

Prefix (Mr., Ms., Miss): CITY OF MENARD

First and Last Name: BARBARA HOOTEN

Mailing Address: PO BOX 145

City, State, Zip Code: MENARD, TX 76859

Phone No.: 325-396-4706 E-mail Address: CITYOFMENARD@OUTLOOK.COM

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

Attachment: N/A

E. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss): N/A

First and Last Name:

Mailing Address:

City, State, Zip Code:

Phone No.: E-mail Address:

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

Attachment: N/A

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

Prefix (Mr., Ms., Miss):

First and Last Name:

Mailing Address:

City, State, Zip Code:

Phone No.: E-mail Address:

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

Attachment: N/A

Section 10. TPDES Discharge Information (Instructions Page 34)

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:

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:

City nearest the outfall(s): MENARD

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

Outfall Latitude: 30˚55'05" Longitude: 99˚46'45"

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: N/A

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

N/A

Section 11. TLAP Disposal Information (Instructions Page 36)

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. Disposal Site Latitude: N/A Longitude: N/A

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

N/A

F. 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 37)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

N/A

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

☐ Yes ☒ No

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

N/A

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

Account number: Amount past due:

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

Enforcement order number: Amount past due:

Section 13. Attachments (Instructions Page 38)

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:

Section 14. Signature Page (Instructions Page 39)

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

Permit Number: WQ0010345001

Applicant: CITY OF MENARD

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): BARBARA HOOTEN

Signatory title: MAYOR

Signature: Barbara Hooten Date: 5/14/24

(Use blue ink)

Subscribed and Sworn to before me by the said Barbara Hooten

on this 14 day of May, 2024.

My commission expires on the 27 day of September, 2026.

Susie Martinez

Notary Public

[SEAL]

Menard

County, Texas

SUSIE MARTINEZ
Notary ID #131740703
My Commission Expires
September 27, 2026

Section 15. Plain Language Summary (Instructions Page 40)

If you are subject to the alternative language notice requirements in 30 Texas Administrative Code §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

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Renewal of Wastewater Treatment Plant Permit for the City of Menard *<<For TLAP applications include the following sentence, otherwise delete:>>* This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to containCBOD5, TSS, Ammonia Nitrogen, Nitrate Nitrogen, Total Kjedahl Nitrogen, Sulfate, Chloride, Total Phosphorous, pH, DO, Chlorine Residual, E. coli, TDS, Alkalinity .Domestic wastewater will be treated by *ImHoff Tank, Trickling Filter, Oxidation Ponds, and Chlorination*.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC 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)

The SPIF must be completed as a separate document. The TCEQ will mail a copy of the SPIF to each agency as required by the TCEQ agreement with EPA. If any of the items are not completely addressed or further information is needed, you will be contacted to provide the information before the permit is issued. Each item must be completely addressed.

Do not refer to a response of any item in the permit application form. Each attachment must be provided with this form separately from the administrative report of the application. The application will not be declared administratively complete without this form being completed in its entirety including all attachments.

The following applies to all applications:

1. Permittee: CITY OF MENARD

   Permit No. WQ00 10345001 EPA ID No. TX 0025712

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

   THE WASTEWATER TREATMENT PLANT IS ON THE NORTH SIDE OF FM 2092, HALF A MILE EAST OF THE INTERSECTION OF HIGHWAY 83 AND FM 2092, MENARD, MENARD COUNTY, TEXAS.

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: DON KERNS

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

Title: CITY ADMINISTRATOR

Mailing Address: PO BOX 145

City, State, Zip Code: MENARD, TX 76859

Phone No.: 325-396-4706 Ext.: Fax No.: 325-396-2015

E-mail Address: CITYOFMENARD@OUTLOOK.COM

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

PERMITEE/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.

DISCHARGE INTO SAN SABA RIVER SEGMENT NO. 1416 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

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

NO PROPOSED CONSTRUCTION

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

NONE

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

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

N/A

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

N/A

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:** WQ0010345001

1. Check or Money Order Number: **14565**
2. Check or Money Order Amount: **815.00**
3. Date of Check or Money Order: **5/14/24**
4. Name on Check or Money Order: **TCEQ ADMINISTRATION DIVISION**
5. APPLICATION INFORMATION

   Name of Project or Site: CITY OF MENARD WWTP

   Physical Address of Project or Site: THE WWTP IS ON THE NORTH SIDE OF FM 2092, HALF A MILE EAST OF THE INTERSECTION OF HIGHWAY 83 AND FM 2092

   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

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CHECKLIST OF COMMON DEFICIENCIES

Below is a list of common deficiencies found during the administrative review of domestic wastewater permit applications. To ensure the timely processing of this application, please review the items below and indicate by checking Yes that each item is complete and in accordance applicable rules at 30 TAC Chapters 21, 281, and 305. If an item is not required this application, indicate by checking N/A where appropriate. Please do not submit the application until the items below have been addressed.

Core Data Form (TCEQ Form No. 10400) ☒ Yes
(Required for all applications types. Must be completed in its entirety and signed. Note: Form may be signed by applicant representative.)

Correct and Current Industrial Wastewater Permit Application Forms ☒ Yes
(TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or later.)

Water Quality Permit Payment Submittal Form (Page 19) ☒ Yes
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)

7.5 Minute USGS Quadrangle Topographic Map Attached ☒ Yes
(Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)

Current/Non-Expired, Executed Lease Agreement or Easement Attached ☒ N/A ☐ Yes

Landowners Map ☒ N/A ☐ Yes
(See instructions for landowner requirements)

Things to Know:

- All the items shown on the map must be labeled.
- The applicant's complete property boundaries must be delineated which includes boundaries of contiguous property owned by the applicant.
- The applicant cannot be its own adjacent landowner. You must identify the landowners immediately adjacent to their property, regardless of how far they are from the actual facility.
- If the applicant's property is adjacent to a road, creek, or stream, the landowners on the opposite side must be identified. Although the properties are not adjacent to applicant's property boundary, they are considered potentially affected landowners. If the adjacent road is a divided highway as identified on the USGS topographic map, the applicant does not have to identify the landowners on the opposite side of the highway.

Landowners Cross Reference List ☒ N/A ☐ Yes
(See instructions for landowner requirements)

Landowners Labels or USB Drive attached ☒ N/A ☐ Yes
(See instructions for landowner requirements)

Original signature per 30 TAC § 305.44 – Blue Ink Preferred ☒ Yes
(If signature page is not signed by an elected official or principle executive officer, a copy of signature authority/delegation letter must be attached)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION

DOMESTIC TECHNICAL REPORT 1.0

The Following Is Required For All Applications

Renewal, New, And Amendment

Section 1. Permitted or Proposed Flows (Instructions Page 51)

A. Existing/Interim I Phase

Design Flow (MGD): 0.17

2-Hr Peak Flow (MGD): 0.425

Estimated construction start date: EXISTING

Estimated waste disposal start date: EXISTING

B. Interim II Phase

Design Flow (MGD): 0.22

2-Hr Peak Flow (MGD): 0.55

Estimated construction start date: JULY 2024

Estimated waste disposal start date: SEPTEMBER 2026

C. Final Phase

Design Flow (MGD): 0.22

2-Hr Peak Flow (MGD): 0.55

Estimated construction start date: JULY 2026

Estimated waste disposal start date: SEPTEMBER 2028

D. Current operating phase: EXISTING/INTERIM I

Provide the startup date of the facility: JULY 8, 2003

Section 2. Treatment Process (Instructions Page 51)

A. Treatment process description

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 in the permit, a description of *each phase* must be provided.** Process description:

I: BAR SCREEN TO IMHOFF TANK TO TRICKLING FILTER TO PONDS TO CHLORINATION TO DISCHARGE WITH SLUDGE DRYING BEDS.
II: LIFT STATION TO BAR SCREEN TO AERATION BASIN TO CLARIFIERS TO CHLORINATION AND DISCHARGE WITH SLUDGE DRYING BEDS.

Port or pipe diameter at the discharge point, in inches: 10

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)
BAR SCREEN	1	5' X 3'
PARSHALL FLUME	1	7.5' X 3.5'
IMHOFF TANK	1	37' X 20' X 22'
TRICKLING FILTER	1	23.83' DIA X 7.83' D
POND PRIMARY	1	240' X 207' X 8'
POND SECONDARY	1	160' X 120' X 6.5'
DRYING BEDS	2	26' X 25' X 1'
CHLORINATION BASIN	1	21' X 15' X 12'
INACTIVE CLARIFIERS	2	25' DIA X 12' D
PROPOSED AERATION BASIN	1	200' X 25' X 5'

C. Process flow diagrams

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

Attachment: ATTACHMENT 4 - PROCESS FLOW DIAGRAM

Section 3. Site Drawing (Instructions Page 52)

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

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

Attachment: ATTACHMENT 5 - SITE DRAWING

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

WASTEWATER TREATMENT PLANT SERVES THE CITY OF MENARD

Section 4. Unbuilt Phases (Instructions Page 52)

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.

Section 5. Closure Plans (Instructions Page 53)

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.

Section 6. Permit Specific Requirements (Instructions Page 53)

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: EXISTING/INTERIM I: SEPTEMBER 4, 2002

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.

ATTACHMENT 6 - CORRESPONDENCE WITH TCEQ

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.

SITE STILL MEETS BUFFER ZONE REQUIREMENTS

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.*

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.

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 512-239-0000. 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.

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 512-239-0000.

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

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 or TXRNE

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:

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.

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.

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.

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, a Sewage Sludge Solids Management Plan is required. See Example 5 in the instructions.

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

1. Acceptance of sludge from other WWTPs

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

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

January 1, 2020. Estimated maximum septic waste acceptance of 10,000 gallons per month. Estimate BOD5 concentration of the septic waste is 200 mg/L. Design BOD5 concentration of the influent from the collection system is also 200 mg/L. Process has not changed since last permit action.

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

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

Is the facility accepting or will it 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.

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 58)

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). **W*ater treatment facilities*** discharging filter backwash water, complete Table 1.0(3).

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	18.5	18.5	1	Grab	4/4/24 8:14 AM
Total Suspended Solids, mg/l	26.8	26.8	1	Grab	4/4/24 8:14 AM
Ammonia Nitrogen, mg/l	7.27	7.27	1	Grab	4/4/24 8:14 AM
Nitrate Nitrogen, mg/l	2.76	2.76	1	Grab	4/4/24 8:14 AM
Total Kjeldahl Nitrogen, mg/l	11.0	11.0	1	Grab	4/4/24 8:14 AM
Sulfate, mg/l	24.2	24.2	1	Grab	4/4/24 8:14 AM
Chloride, mg/l	90.2	90.2	1	Grab	4/4/24 8:14 AM

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Phosphorus, mg/l	4.71	4.71	1	Grab	4/4/24 8:14 AM
pH, standard units	7.65	7.65	1	Grab	4/4/24 8:14 AM
Dissolved Oxygen*, mg/l	4.66	4.66	1	Grab	4/4/24 8:14 AM
Chlorine Residual, mg/l	0.308	0.308	1	Grab	4/4/24 8:14 AM
E.coli (CFU/100ml) freshwater	43.5	43.5	1	Grab	3/5/24 12:50 PM
Entercocci (CFU/100ml) saltwater	NA	NA	NA	NA	NA
Total Dissolved Solids, mg/l	517	517	1	Grab	4/4/24 8:14 AM
Electrical Conductivity, µmohs/cm, †	NA	NA	NA	NA	NA
Oil & Grease, mg/l	NA	NA	NA	NA	NA
Alkalinity ($CaCO_3$)*, mg/l	286	286	1	Grab	4/4/24 8:14 AM

*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					

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

Section 8. Facility Operator (Instructions Page 60)

Facility Operator Name: JIMMIE D OWEN

Facility Operator's License Classification and Level: WASTEWATER TREATMENT OPERATOR 3

Facility Operator's License Number: WW0050673

Section 9. Sewage Sludge Management and Disposal (Instructions Page 60)

A. Sludge disposal method

Identify the current or anticipated sludge disposal method or methods from the following list. Check all that apply.

- ☒ Permitted landfill
- ☐ Permitted or Registered land application site for beneficial use
- ☐ Land application for beneficial use authorized in the wastewater permit
- ☐ Permitted sludge processing facility
- ☐ Marketing and distribution as authorized in the wastewater permit
- ☐ Composting as authorized in the wastewater permit
- ☐ Permitted surface disposal site (sludge monofill)
- ☐ Surface disposal site (sludge monofill) authorized in the wastewater permit
- ☐ Transported to another permitted wastewater treatment plant or

permitted sludge processing facility. If you selected this method, a written statement or contractual agreement from the wastewater treatment plant or permitted sludge processing facility accepting the sludge must be included with this application.

☐ Other:

B. Sludge disposal site

Disposal site name: SAN ANGELO MSWLF

TCEQ permit or registration number: RN102289576, PERMIT 79

County where disposal site is located: TOM GREEN COUNTY

C. Sludge transportation method

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

Name of the hauler: CITY OF MENARD SLUGE TRANSPORTER

Hauler registration number: 22455

Sludge is transported as a:

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

Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

A. Beneficial use authorization

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

B. Sludge processing authorization

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

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

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

Yes ☐ No ☒

Section 11. Sewage Sludge Lagoons (Instructions Page 61)

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:
- USDA Natural Resources Conservation Service Soil Map:

  Attachment:
- Federal Emergency Management Map:

  Attachment:
- Site map:

  Attachment:

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:

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:

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:

Total Kjeldahl Nitrogen, mg/kg:

Total Nitrogen (=nitrate nitrogen + TKN), mg/kg:

Phosphorus, mg/kg:

Potassium, mg/kg:

pH, standard units:

Ammonia Nitrogen mg/kg:

Arsenic:

Cadmium:

Chromium:

Copper:

Lead:

Mercury:

Molybdenum:

Nickel:

Selenium:

Zinc:

Total PCBs:

Provide the following information:

Volume and frequency of sludge to the lagoon(s):

Total dry tons stored in the lagoons(s) per 365-day period:

Total dry tons stored in the lagoons(s) over the life of the unit:

C. Liner information

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

Yes ☐ No ☐

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

D. Site development plan

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

Attach the following documents to the application.

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

  Attachment:
- Copy of the closure plan

  Attachment:
- Copy of deed recordation for the site

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

  Attachment:

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

  Attachment:

- Procedures to prevent the occurrence of nuisance conditions

  Attachment:

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:

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 63)

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:

TCEQ 210 EFFLUENT DISPOSAL PERMIT #R10345001

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:

Section 13. RCRA/CERCLA Wastes (Instructions Page 63)

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:

Section 14. Laboratory Accreditation (Instructions Page 64)

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: DONALD R. KERNS

Title: CITY ADMINISTRATOR

Signature: 

Date: 5/14/24

DOMESTIC TECHNICAL REPORT WORKSHEET 2.0

RECEIVING WATERS

The following is required for all TPDES permit applications

Section 1. Domestic Drinking Water Supply (Instructions Page 73)

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 yes, provide the following:
Owner of the drinking water supply: N/A

Distance and direction to the intake: N/A

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

Attachment:

Section 2. Discharge into Tidally Affected Waters (Instructions Page 73)

Does the facility discharge into tidally affected waters?

Yes ☐ No ☒

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: N/A

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes ☐ No ☐

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

N/A

C. Sea grasses

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

Yes ☐ No ☒

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

N/A

Section 3. Classified Segments (Instructions Page 73)

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 75)

Name of the immediate receiving waters:

A. Receiving water type

Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres:

Average depth of the entire water body, in feet:

Average depth of water body within a 500-foot radius of discharge point, in feet:

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify:

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:

C. Downstream perennial confluences

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

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.

E. Normal dry weather characteristics

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

Date and time of observation:

Was the water body influenced by stormwater runoff during observations?

Yes ☐ No ☐

Section 5. General Characteristics of the Waterbody (Instructions Page 74)

A. Upstream influences

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

- ☐ Oil field activities
- ☐ Urban runoff
- ☐ Upstream discharges
- ☐ Agricultural runoff
- ☐ Septic tanks
- ☐ Other(s), specify

B. Waterbody uses

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

- ☐ Livestock watering
- ☐ Contact recreation
- ☐ Irrigation withdrawal
- ☐ Non-contact recreation
- ☐ Fishing
- ☐ Navigation

☐ Domestic water supply ☐ Industrial water supply

☐ Park activities ☐ Other(s), specify

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 WORKSHEET 6.0

INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works (POTWs)

Section 1. All POTWs (Instructions Page 99)

A. Industrial users

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

Yes ☐ No ☒

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

N/A

C. Treatment plant pass through

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

Yes ☐ No ☒

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

N/A

D. Pretreatment program

Does your POTW have an approved pretreatment program?

Yes ☐ No ☒

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

Yes ☐ No ☒

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

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

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 100)

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.

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.

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.

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 100)

A. General information

Company Name: N/A

SIC Code:

Telephone number: Fax number:

Contact name:

Address:

City, State, and Zip Code:

B. Process information

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

N/A

C. Product and service information

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

N/A

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

Category:
Subcategories:

Category:
Subcategories:

Category:
Subcategories:

Category:
Subcategories:

Category:
Subcategories:

F. Industrial user interruptions

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

Yes ☐ No ☐

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

N/A

ATTACHMENT 1

-

CORE DATA FORM

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number *(if issued)*
CN 600656763		RN 101919942

SECTION II: Customer Information

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

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

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

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

CITY OF MENARD

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
		756000604	035422120

11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited
Government: ☒ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated?
☐ Yes ☒ No

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

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

15. Mailing Address:

PO BOX 145							
City	MENARD	**State**	TX	**ZIP**	76859	**ZIP + 4**	0145

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*
	CITYOFMENARD@OUTLOOK.COM

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*

(325) 396-4706		(325) 396-2015

SECTION III: Regulated Entity Information

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

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

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

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

CITY OF MENARD WWTP

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

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

25. Description to Physical Location:	On the north side of FM 2092 approximately 0.5 miles east of the intersection of US Hwy 83 and FM 2092.				
26. Nearest City			**State**	**Nearest ZIP Code**	
MENARD			TX	76859	

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

27. Latitude (N) In Decimal:	30.918309		**28. Longitude (W) In Decimal:**	99.77799	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
30	55	5.91	99	46	40.8

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)
4941		221310	

33. What is the Primary Business of this entity? *(Do not repeat the SIC or NAICS description.)*

WATER AND WASTEWATER UTILITIES PROVIDER

34. Mailing Address:	**PO BOX 145**							
	City	**MENARD**	**State**	**TX**	**ZIP**	**76859**	**ZIP + 4**	**145**
35. E-Mail Address:	**CITYOFMENARD@OUTLOOK.COM**							

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(325) 396-4706		**(325) 396-2015**

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

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0010345001			

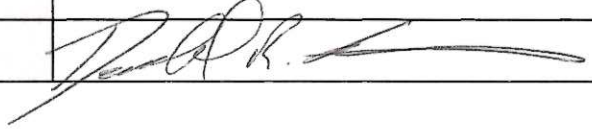
SECTION IV: Preparer Information

40. Name:	DON KERNS	41. Title:	CITY ADMINISTRATOR

42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(325) 396-4706		(325) 396-2015	CITYOFMENARD@OUTLOOK.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 MENARD	Job Title:	CITY ADMINISTRATOR	
Name *(In Print)*:	DON KERNS		Phone:	(325) 396- 4706
Signature:			Date:	5-14-24

ATTACHMENT 2

-

USGS MAPPING

ATTACHMENT 3

-

SPIF

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC 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)

The SPIF must be completed as a separate document. The TCEQ will mail a copy of the SPIF to each agency as required by the TCEQ agreement with EPA. If any of the items are not completely addressed or further information is needed, you will be contacted to provide the information before the permit is issued. Each item must be completely addressed.

Do not refer to a response of any item in the permit application form. Each attachment must be provided with this form separately from the administrative report of the application. The application will not be declared administratively complete without this form being completed in its entirety including all attachments.

The following applies to all applications:

1. Permittee: CITY OF MENARD

   Permit No. WQ00 10345001 EPA ID No. TX 0025712

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

   THE WASTEWATER TREATMENT PLANT IS ON THE NORTH SIDE OF FM 2092, HALF A MILE EAST OF THE INTERSECTION OF HIGHWAY 83 AND FM 2092, MENARD, MENARD COUNTY, TEXAS.

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: DON KERNS

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

Title: CITY ADMINISTRATOR

Mailing Address: PO BOX 145

City, State, Zip Code: MENARD, TX 76859

Phone No.: 325-396-4706 Ext.: Fax No.: 325-396-2015

E-mail Address: CITYOFMENARD@OUTLOOK.COM

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

PERMITEE/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.

DISCHARGE INTO SAN SABA RIVER SEGMENT NO. 1416 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

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

NO PROPOSED CONSTRUCTION

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

NONE

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

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

N/A

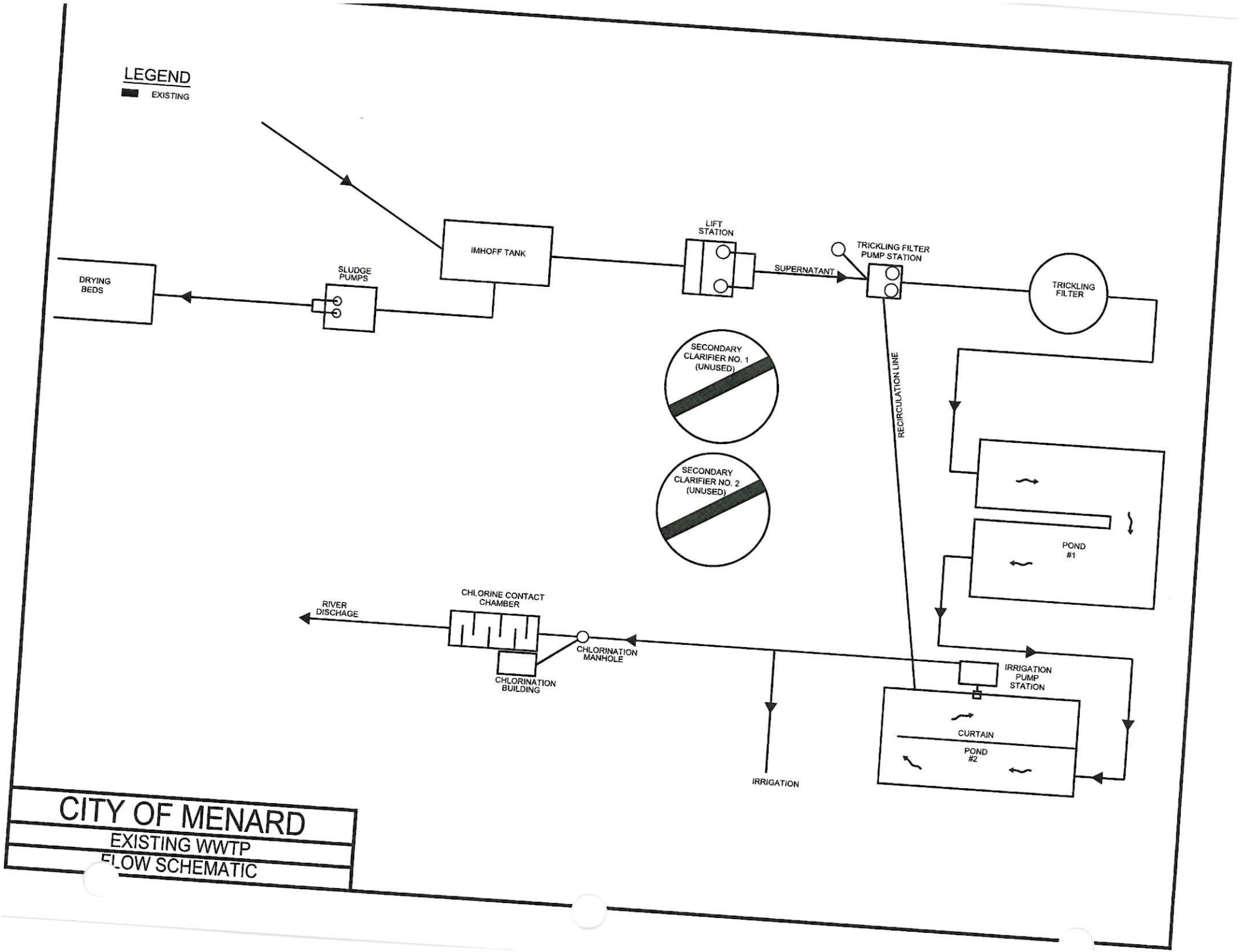
9. Provide a brief history of the property, and name of the architect/builder, if known.

N/A

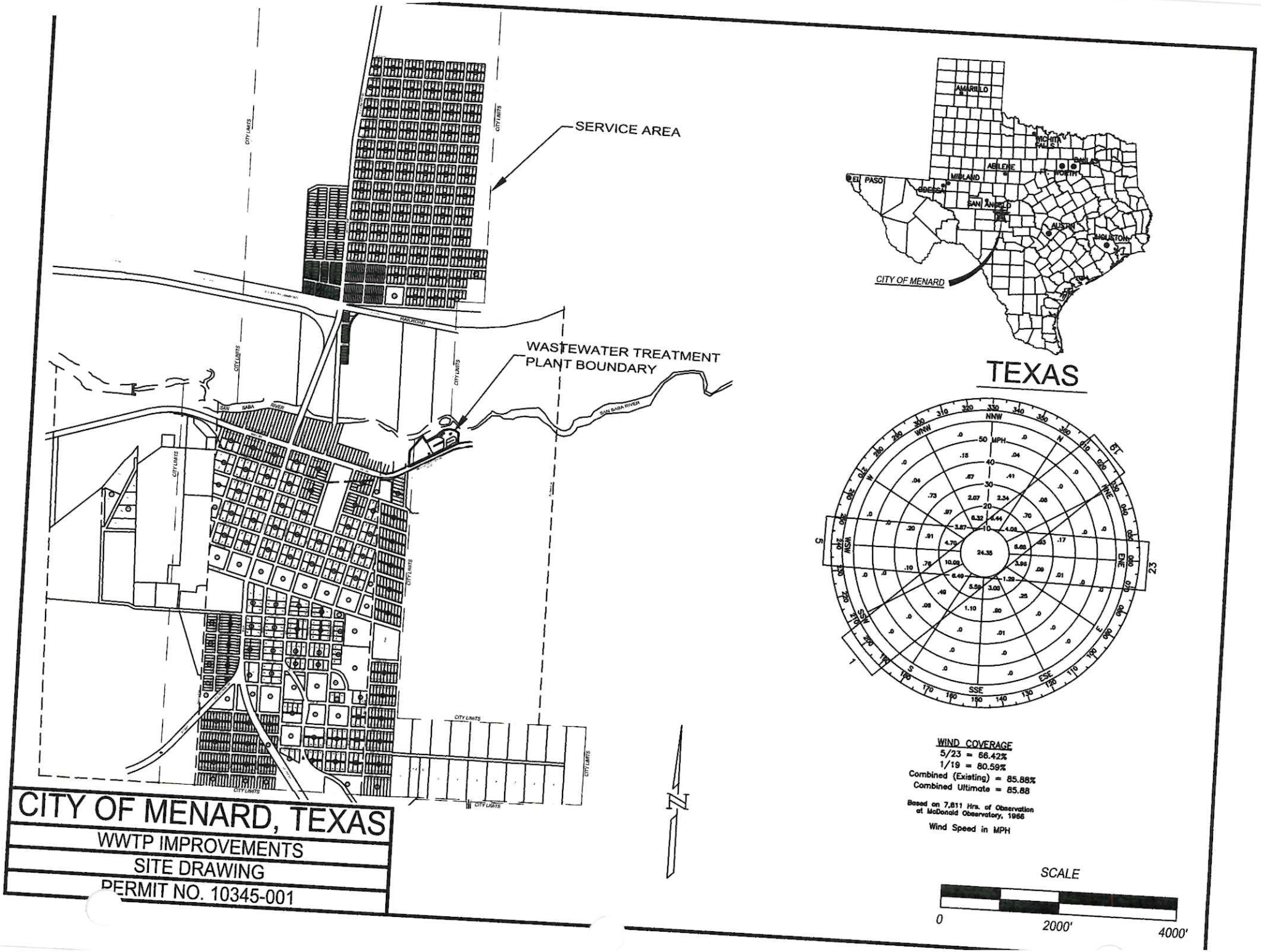
ATTACHMENT 4

-

PROCESS FLOW DIAGRAM


LEGEND
EXISTING
IMHOFF TANK
LIFT STATION
TRICKLING FILTER PUMP STATION
SUPERNATANT
TRICKLING FILTER
DRYING BEDS
SLUDGE PUMPS
SECONDARY CLARIFIER NO. 1 (UNUSED)
SECONDARY CLARIFIER NO. 2 (UNUSED)
RECIRCULATION LINE
POND #1
CHLORINE CONTACT CHAMBER
RIVER DISCHAGE
CHLORINATION MANHOLE
CHLORINATION BUILDING
IRRIGATION PUMP STATION
CURTAIN
POND #2
IRRIGATION
CITY OF MENARD
EXISTING WWTP
FLOW SCHEMATIC

ATTACHMENT 5
-
EXISTING SITE LOCATION



CITY OF MENARD, TEXAS

WWTP IMPROVEMENTS

SITE DRAWING

PERMIT NO. 10345-001

ATTACHMENT 6
-
TCEQ CORRESPONDENCE

TEXAS NATURAL RESOURCE CONSERVATION COMMISSION

Protecting Texas by Reducing and Preventing Pollution

September 4, 2002

Ms. Thelma Flores Box, P.E.
Gutierrez, Smouse, Wilmut & Assoc., Inc.
11117 Shady Trail
Dallas, Texas 75229

Re: City of Menard
Wastewater Treatment Plant Improvements
Texas Commission on Environmental Quality Permit #10345-001
WWPR Log No. 0802/063
Menard County

Dear Ms Box:

We have received the project summary transmittal letter dated August 26, 2002.

The rules which regulate the design, installation and testing of domestic wastewater projects are found in 30 TAC, Chapter 317, of the Texas Commission on Environmental Quality (TCEQ) rules titled, Design Criteria for Sewerage Systems.

Section 317.1(a)(3)(D), relating to case-by-case reviews, states in part that upon submittal of a summary transmittal letter, the executive director may approve of the project without reviewing a complete set of plans and specifications.

Under the authority of §317.1(a)(3)(D) a technical review of complete plans and specifications is not required. However, **the project proposed in the summary transmittal letter is approved for construction. Please note, that this conditional approval does not relieve the applicant of any responsibilities to obtain all other necessary permits or authorizations, such as wastewater treatment permit or other authorization as required by Chapter 26 of the Texas Water Code.** Below are provisions of the Chapter 317 regulations, which must be met as a condition of approval. These items are provided as a reminder. If you have already met these requirements, please disregard this additional notice.

1. You must keep certain materials on file for the life of the project and provide them to TCEQ upon request. These materials include an engineering report, test results, a summary transmittal letter, and the final version of the project plans and specifications. These materials shall be prepared and sealed by a Professional Engineer licensed in the State of Texas and must show substantial compliance with Chapter 317. All plans and specifications must conform to any waste discharge requirements authorized in a permit by the TCEQ. Certain specific items which shall be addressed in the engineering report are discussed in §317.1(c)-(d). Additionally, the engineering report must include all constants, graphs, equations, and calculations needed to show substantial compliance with Chapter 317. The items which shall be included in the summary transmittal letter are addressed in §317.1(a)(3)(D).

2. Any deviations from Chapter 317 shall be disclosed in the summary transmittal letter and the technical justifications for those deviations shall be provided in the engineering report. Any deviations from Chapter 317 shall be based on the best professional judgement of the licensed professional engineer sealing the materials and the engineer's judgement that the design would not result in a threat to public health or the environment.

3. Any variance from a Chapter 317 requirement disclosed in your summary transmittal letter is approved. If in the future, additional variances from the Chapter 317 requirements are desired for the project, each variance must be requested in writing by the design engineer. Then, the TCEQ will consider granting a written approval to the variance from the rules for the specific project and the specific circumstances.

4. Within 60 days of the completion of construction, an appointed engineer shall notify both the Wastewater Permits Section of the TCEQ and the appropriate Region Office of the date of completion. The engineer shall also provide written certification that all construction, materials, and equipment were substantially in accordance with the approved project, the rules of the TCEQ, and any change orders filed with the TCEQ. All notifications, certifications, and change orders must include the signed and dated seal of a Professional Engineer licensed in the State of Texas.

This approval does not mean that future projects will be approved without a complete plans and specifications review. The TCEQ will provide a notification of intent to review whenever a project is to undergo a complete plans and specifications review. Please be reminded of §317.1(a)(2) of the rules which states, "Approval given by the executive director...shall not relieve the sewerage system owner or the design engineer of any liabilities or responsibilities with respect to the proper design, construction, or authorized operation of the project in accordance with applicable commission rules."

If you have any questions or if we can be of any further assistance, please call me at (512) 239-4552.

Sincerely,

Louis C. Herrin, III, P.E.
Wastewater Permits Section (MC 148)
Water Quality Division
Texas Commission on Environmental Quality

cc: TCEQ, Region 08 Office

GUTIERREZ, SMOUSE, WILMUT & ASSOC., INC.
Civil / Environmental Engineers

August 26, 2002

Louis C. Herrin, III, P.E.
Texas Natural Resource Conservation Commission
Water Quality Division
Wastewater Permits Section
Municipal Team
Bldg. F/2 MC 148
P.O. Box 13087
Austin, TX 78711-3087

Reference: Chapter 317 Summary Transmittal Letter
Permittee: City of Menard
Permit No.: 10345-001
Project Name: Wastewater Treatment Plant Improvements
Counties: Menard

Dear Mr. Herrin:

The purpose of this letter is to provide the TNRCC with the information necessary to comply with the requirements of §317.1(a)(3)(D) of the TNRCC's rules titled, Design Criteria for Sewerage Systems. The necessary information includes:

1. Engineering Firm: Gutierrez, Smouse, Wilmut & Assoc., Inc.
   11117 Shady Trail
   Dallas, TX 75229

2. Design Engineer: Thelma Flores Box, P.E.
   Phone: 972.620.1255
   Fax: 972.620.8028

3. Project Owner: City of Menard, Texas

4. Variances from Chapter 317: None

5. Innovative or nonconforming technologies: None

6. The plans and specifications which describe the project identified in this letter are in substantial compliance with all the requirements of Chapter 317.

7. Project Description:

Proposed improvements at this facility include the construction of a chlorine contact basin, including a chlorination equipment building, a gaseous chlorine disinfection system, and related chlorine safety

equipment. The proposed construction also includes an effluent pump station, effluent force main, and a 10-inch effluent discharge line, including piping, junction boxes, and related site and electrical work. These improvements are proposed to provide adequate treatment for controlling fecal coliform. Additional planned improvements include the construction of a primary lift station, a primary clarifier, and a sludge pump station, including piping, junction boxes, and related site and electrical work. Also, the conversion of an Imhoff tank to a sludge digester, through the removal of interior walls and installation of aeration equipment, is included in the planned improvements. These improvements are planned to increase the reliability of the plant, but will only be constructed if funds are available.

If you have any questions regarding this project please contact Thelma Box by phone at 972.620.1255 or by Fax at 972.620.8028.

Sincerely,

GUTIERREZ, SMOUSE, WILMUT & ASSOC., INC.

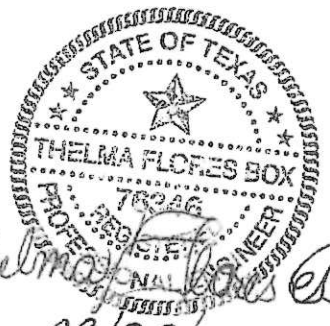
Thelma F. Box

Thelma F. Box, P.E.
Vice President

TFB:sjb

Enclosure

cc: Ricky Anderson/San Angelo Regional Director
Sharon Key/City of Menard
Steve Dennis, P.E./GSW Midland
Valree Cox/MCA



Thelma Flores Box
08/26/02

Texas Commission on Environmental Quality

NOTICE OF APPLICATION AND PRELIMINARY DECISION FOR TPDES PERMIT FOR MUNICIPAL WASTEWATER

RENEWAL

PERMIT NO. WQ0010345001

APPLICATION AND PRELIMINARY DECISION. City of Menard, P.O. Box 145, Menard, Texas 76859, has applied to the Texas Commission on Environmental Quality (TCEQ) for a renewal of Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010345001 which authorizes the discharge of treated domestic wastewater at a daily average flow not to exceed 220,000 gallons per day. TCEQ received this application on May 29, 2019.

The facility is located on the north side of Farm-to-Market Road 2092, approximately 0.5 mile east of the intersection of U.S. Highway 83 and Farm-to-Market Road 2092, in Menard County, Texas 78659. The treated effluent is discharged directly to the San Saba River in Segment No. 1416 of the Colorado River Basin. The designated uses for Segment No. 1416 are primary contact recreation, public water supply, and high aquatic life use. All determinations are preliminary and subject to additional review and/or revisions. This link to an electronic map of the site or facility's general location is provided as a public courtesy and is not part of the application or notice. For the exact location, refer to the application. https://tceq.maps.arcgis.com/apps/webappviewer/index.html?id=db5bac44afbc468bbddd360f816825of&marker=-99.7925%2C30.918611&level=12

PUBLIC COMMENT / PUBLIC MEETING. You may submit public comments or request a public meeting about this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ holds 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 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 a contested case hearing or reconsideration of the Executive Director's decision.** A contested case hearing is a legal proceeding similar to a civil trial in a 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.**

EXECUTIVE DIRECTOR ACTION. The Executive Director may issue final approval of the application unless a timely contested case hearing request or request for reconsideration is filed. If a timely hearing request or request for reconsideration is filed, the Executive Director will not issue final approval of the permit and will forward the application and request to the TCEQ Commissioners for their consideration at a scheduled Commission meeting.

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.

All written public comments and public meeting requests must be submitted to the Office of the Chief Clerk, MC 105, Texas Commission on Environmental Quality, P.O. Box 13087, Austin, TX 78711-3087 or electronically at www14.tceq.texas.gov/epic/eComment/ within 30 days from the date of newspaper publication of this notice.

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. Public comments and requests must be submitted either electronically at 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. Any personal information you submit to the TCEQ will become part of the agency's record; this includes email addresses. 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.

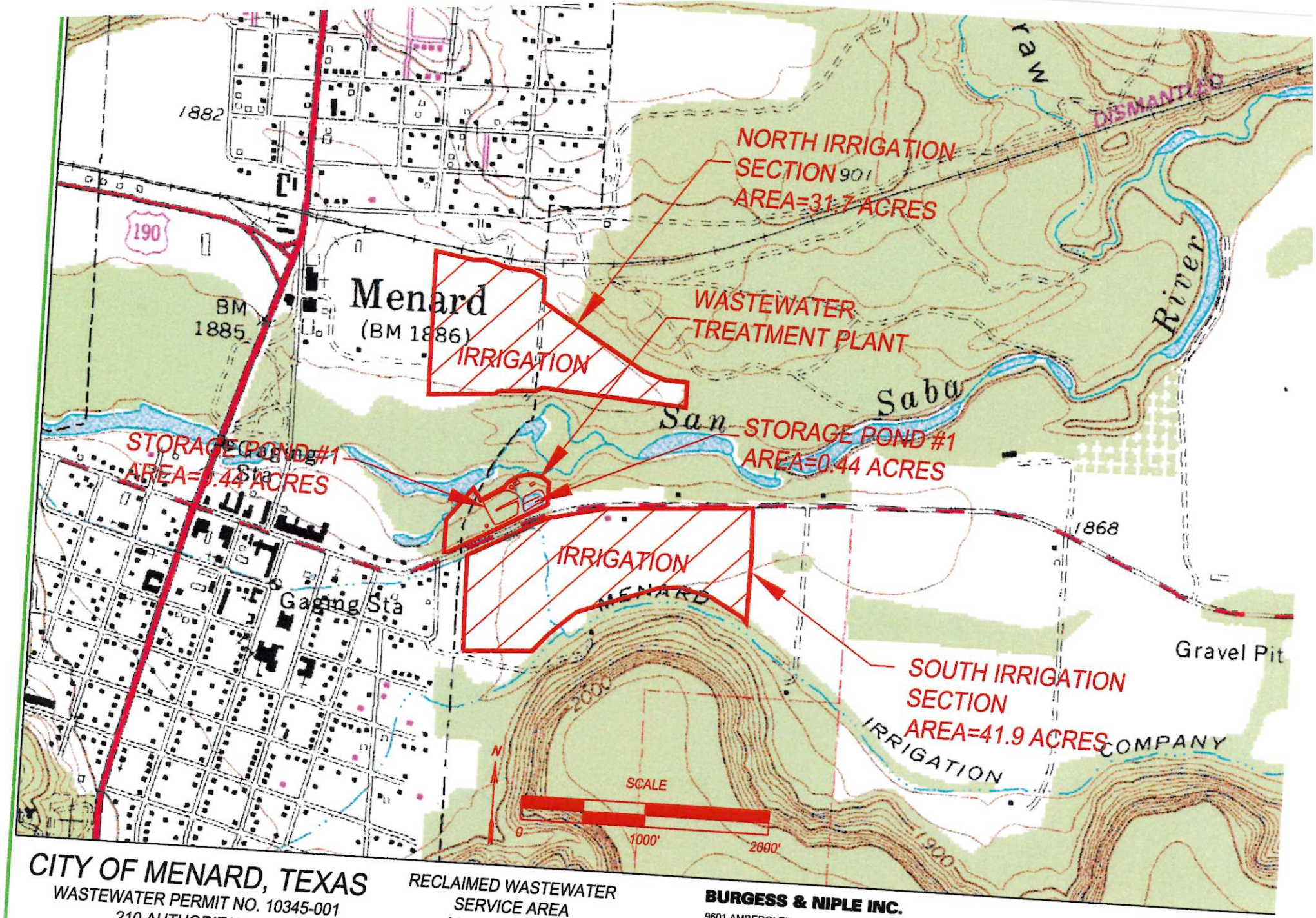
Further information may also be obtained from City of Menard at the address stated above or by calling Mr. Don Kerns, City of Menard at (325) 396-4706.

Issuance Date November 6, 2019

ATTACHMENT 7A

-

TCEQ PERMIT 210 POND LOCATION



CITY OF MENARD, TEXAS

WASTEWATER PERMIT NO. 10345-001
210 AUTHORIZATION

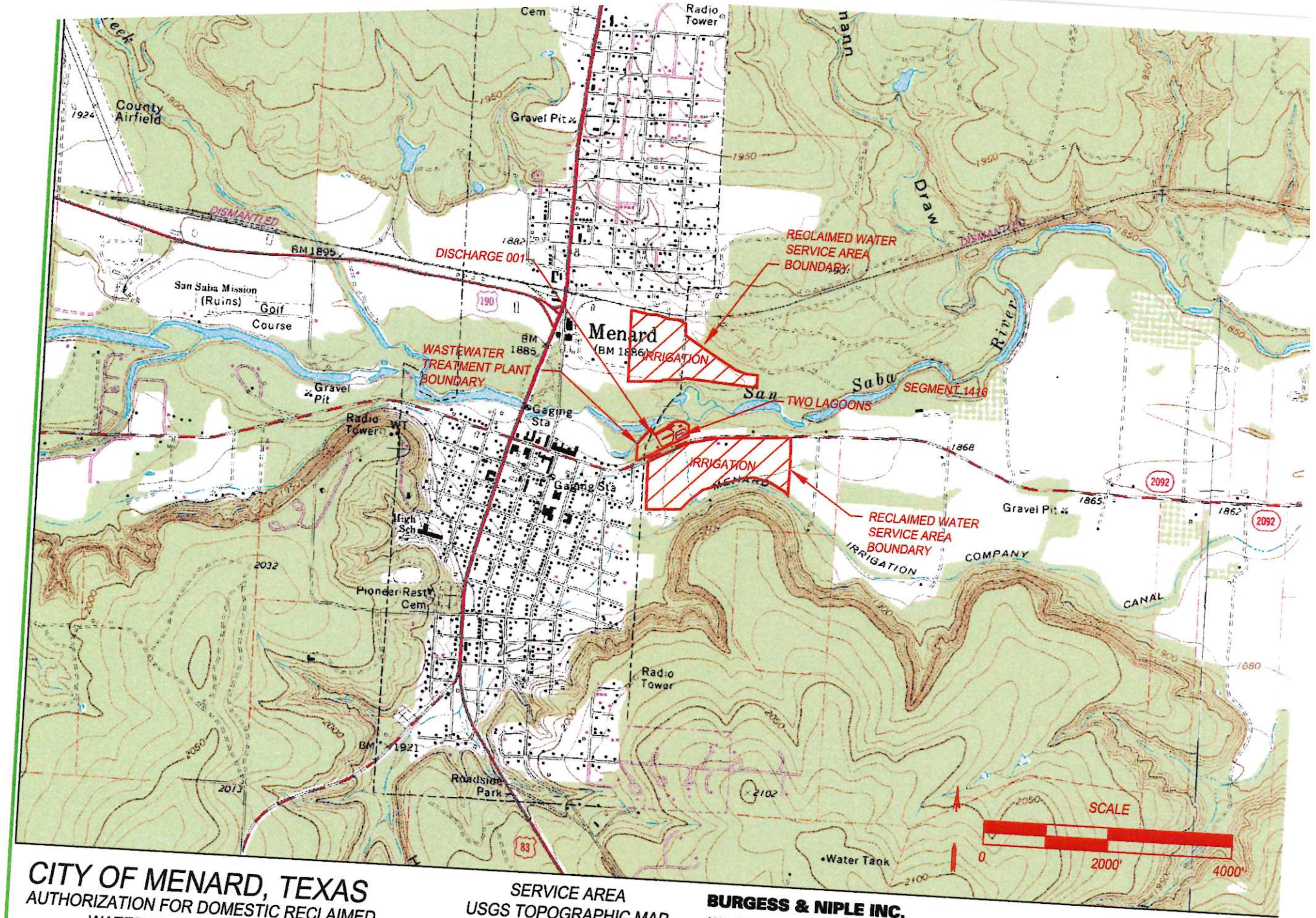
RECLAIMED WASTEWATER
SERVICE AREA
MENARD, TEXAS
SCALE 1:12,000

BURGESS & NIPLE INC.
9601 AMBERGLEN BLVD, SUITE 275
AUSTIN, TEXAS 78729
PHONE: (512) 306-9266
PELS FIRM REGISTRATION NO. 10834

ATTACHMENT 7B

-

TCEQ PERMIT 210 POND LOCATION



CITY OF MENARD, TEXAS

AUTHORIZATION FOR DOMESTIC RECLAIMED WATER FOR BENEFITIAL USE

SERVICE AREA
USGS TOPOGRAPHIC MAP
MENARD, TEXAS
SCALE 1:24,000

BURGESS & NIPLE INC.
9601 AMBERGLEN BLVD, SUITE 275
AUSTIN, TEXAS 78729
PHONE: (512) 306-9266
PELS FIRM REGISTRATION NO. 10834

ATTACHMENT 8
-
CHEMICAL TESTING LAB RESULTS

eurofins | Environment Testing

ANALYTICAL REPORT

PREPARED FOR

Attn: Stephanie Cheatheam
SKG Engineering, LLC
706 South Abe Street
San Angelo, Texas 76903

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JOB DESCRIPTION

City of Menard-Permit Renewal

JOB NUMBER

860-71500-1

Eurofins Houston
4145 Greenbriar Dr
Stafford TX 77477

See page two for job notes and contact information.

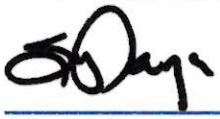
my EOL

Job Notes

This report may not be reproduced except in full, and with written approval from the laboratory. The results relate only to the samples tested. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

Analytical test results meet all requirements of the associated regulatory program (i.e., NELAC (TNI), DoD, and ISO 17025) unless otherwise noted under the individual analysis.

Authorization



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Authorized for release by
Sylvia Garza, Project Manager
Sylvia.Garza@et.eurofinsus.com
(832)544-2004

Table of Contents

Qualifiers

HPLC/IC

Qualifier	Qualifier Description
U	Indicates the analyte was analyzed for but not detected.

General Chemistry

Qualifier	Qualifier Description
4	MS, MSD: The analyte present in the original sample is greater than 4 times the matrix spike concentration; therefore, control limits are not applicable.
H	Sample was prepped or analyzed beyond the specified holding time. This does not meet regulatory requirements.
HF	Parameter with a holding time of 15 minutes. Test performed by laboratory at client's request. Sample was analyzed outside of hold time.
U	Indicates the analyte was analyzed for but not detected.

Glossary

Abbreviation	These commonly used abbreviations may or may not be present in this report.
¤	Listed under the "D" column to designate that the result is reported on a dry weight basis
%R	Percent Recovery
CFL	Contains Free Liquid
CFU	Colony Forming Unit
CNF	Contains No Free Liquid
DER	Duplicate Error Ratio (normalized absolute difference)
Dil Fac	Dilution Factor
DL	Detection Limit (DoD/DOE)
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample
DLC	Decision Level Concentration (Radiochemistry)
EDL	Estimated Detection Limit (Dioxin)
LOD	Limit of Detection (DoD/DOE)
OQ	Limit of Quantitation (DoD/DOE)
MCL	EPA recommended "Maximum Contaminant Level"
MDA	Minimum Detectable Activity (Radiochemistry)
MDC	Minimum Detectable Concentration (Radiochemistry)
MDL	Method Detection Limit
ML	Minimum Level (Dioxin)
MPN	Most Probable Number
MQL	Method Quantitation Limit
NC	Not Calculated
ND	Not Detected at the reporting limit (or MDL or EDL if shown)
NEG	Negative / Absent
POS	Positive / Present
PQL	Practical Quantitation Limit
PRES	Presumptive
QC	Quality Control
RER	Relative Error Ratio (Radiochemistry)
RL	Reporting Limit or Requested Limit (Radiochemistry)
RPD	Relative Percent Difference, a measure of the relative difference between two points
TEF	Toxicity Equivalent Factor (Dioxin)
TEQ	Toxicity Equivalent Quotient (Dioxin)
TNTC	Too Numerous To Count

Job Narrative
860-71500-1

Analytical test results meet all requirements of the associated regulatory program listed on the Accreditation/Certification Summary Page unless otherwise noted under the individual analysis. Data qualifiers are applied to indicate exceptions. Noncompliant quality control (QC) is further explained in narrative comments.

- Matrix QC may not be reported if insufficient sample or site-specific QC samples were not submitted. In these situations, to demonstrate precision and accuracy at a batch level, a LCS/LCSD may be performed, unless otherwise specified in the method.
- Surrogate and/or isotope dilution analyte recoveries (if applicable) which are outside of the QC window are confirmed unless attributed to a dilution or otherwise noted in the narrative.

Regulated compliance samples (e.g. SDWA, NPDES) must comply with the associated agency requirements/permits.

Receipt
The samples were received on 4/5/2024 9:26 AM. Unless otherwise noted below, the samples arrived in good condition, and, where required, properly preserved and on ice. The temperature of the cooler at receipt time was 2.4°C.

HPLC/IC
Method 300_ORGFM_28D: The instrument blank/CCB for analytical batch 860-153517 contained Chloride greater than the method detection limit (MDL), and were not reanalyzed because associated sample(s) results were greater than 10X the value found in the instrument blank/CCB. The data have been reported.

No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

General Chemistry
Method 2540D: The following sample was analyzed outside of analytical holding time due to technician error: 24-0654 (860-71500-1).

Method 351.2: The matrix spike / matrix spike duplicate (MS/MSD) recoveries for preparation batch 860-154015 and analytical batch 860-154299 were outside control limits for one or more analytes. See QC Sample Results for detail. Sample matrix interference and/or non-homogeneity are suspected because the associated laboratory control sample (LCS) recovery is within acceptance limits.

No additional analytical or quality issues were noted, other than those described above or in the Definitions/ Glossary page.

Detection Summary

Client: SKG Engineering, LLC
Project/Site: City of Menard-Permit Renewal

Job ID: 860-71500-1

Client Sample ID: 24-0654

Lab Sample ID: 860-71500-1

Analyte	Result	Qualifier	RL	Unit	Dil Fac	D	Method	Prep Type
Chloride	90.2		0.500	mg/L	1		300.0	Total/NA
Nitrate as N	2.76		0.100	mg/L	1		300.0	Total/NA
Nitrite as N	1.08		0.100	mg/L	1		300.0	Total/NA
Sulfate	24.2		0.500	mg/L	1		300.0	Total/NA
Nitrate Nitrite as N	3.84		0.100	mg/L	1		300.0	Total/NA
pH	7.65	HF		SU	1		9040C	Total/NA
Temperature	18.3	HF		Degrees C	1		9040C	Total/NA
Corrosivity	7.65	HF		SU	1		9040C	Total/NA
Alkalinity	286		4.00	mg/L	1		SM 2320B	Total/NA
Bicarbonate Alkalinity as CaCO3	286		4.00	mg/L	1		SM 2320B	Total/NA
Total Dissolved Solids	517		10.0	mg/L	1		SM 2540C	Total/NA
Total Suspended Solids	26.8	H	8.00	mg/L	1		SM 2540D	Total/NA
Chlorine, Total Residual	0.308	HF	0.0500	mg/L	1		SM 4500 Cl G	Total/NA
Carbonaceous Biochemical Oxygen Demand	18.5		6.00	mg/L	1		SM5210B CBOD	Total/NA

Client Sample ID: 24-0655

Lab Sample ID: 860-71500-2

Analyte	Result	Qualifier	RL	Unit	Dil Fac	D	Method	Prep Type
Ammonia	7.27		1.00	mg/L	10		350.1	Total/NA
Nitrogen, Kjeldahl	11.0		5.00	mg/L	25		351.2	Total/NA
Phosphorus Total	4.71		0.100	mg/L	5		365.1	Total/NA
Phosphorus Pentoxide	10.8		0.229	mg/L	5		365.1	Total/NA

Client Sample ID: 24-0656

Lab Sample ID: 860-71500-3

Analyte	Result	Qualifier	RL	Unit	Dil Fac	D	Method	Prep Type
Oxygen, Dissolved	4.66	HF	1.00	mg/L	1		360.1	Total/NA

This Detection Summary does not include radiochemical test results.

Client Sample ID: 24-0654

Lab Sample ID: 860-71500-1

ate Collected: 04/04/24 08:20

Matrix: Water

Date Received: 04/05/24 09:26

Method: EPA 300.0 - Anions, Ion Chromatography

Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Chloride	90.2		0.500	mg/L			04/06/24 00:38	1
Nitrate as N	2.76		0.100	mg/L			04/06/24 00:38	1
Nitrite as N	1.08		0.100	mg/L			04/06/24 00:38	1
Sulfate	24.2		0.500	mg/L			04/06/24 00:38	1
Nitrate Nitrite as N	3.84		0.100	mg/L			04/06/24 00:38	1

General Chemistry

Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
pH (SW846 9040C)	7.65	HF		SU			04/10/24 19:20	1
Temperature (SW846 9040C)	18.3	HF		Degrees C			04/10/24 19:20	1
Corrosivity (SW846 9040C)	7.65	HF		SU			04/10/24 19:20	1
Alkalinity (SM 2320B)	286		4.00	mg/L			04/18/24 19:36	1
Bicarbonate Alkalinity as CaCO3 (SM 2320B)	286		4.00	mg/L			04/18/24 19:36	1
Carbonate Alkalinity as CaCO3 (SM 2320B)	<4.00	U	4.00	mg/L			04/18/24 19:36	1
Hydroxide Alkalinity (SM 2320B)	<4.00	U	4.00	mg/L			04/18/24 19:36	1
Phenolphthalein Alkalinity (SM 2320B)	<4.00	U	4.00	mg/L			04/18/24 19:36	1
Total Dissolved Solids (SM 2540C)	517		10.0	mg/L			04/11/24 15:04	1
Total Suspended Solids (SM 2540D)	26.8	H	8.00	mg/L			04/15/24 13:48	1
Chlorine, Total Residual (SM 4500 Cl G)	0.308	HF	0.0500	mg/L			04/09/24 19:26	1
Carbonaceous Biochemical Oxygen Demand (SM5210B CBOD)	18.5		6.00	mg/L		04/05/24 19:33	04/05/24 20:15	1

Client Sample ID: 24-0655

Lab Sample ID: 860-71500-2

Date Collected: 04/04/24 08:14

Matrix: Water

Date Received: 04/05/24 09:26

General Chemistry

Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
HEM (1664B)	<5.00	U	5.00	mg/L			04/12/24 17:40	1
Ammonia (EPA 350.1)	7.27		1.00	mg/L			04/13/24 20:45	10
Nitrogen, Kjeldahl (EPA 351.2)	11.0		5.00	mg/L		04/09/24 18:37	04/10/24 18:00	25
Phosphorus Total (EPA 365.1)	4.71		0.100	mg/L			04/12/24 17:52	5
Phosphorus Pentoxide (EPA 365.1)	10.8		0.229	mg/L			04/12/24 17:52	5

Client Sample ID: 24-0656

Lab Sample ID: 860-71500-3

Date Collected: 04/04/24 08:14

Matrix: Water

Date Received: 04/05/24 09:26

General Chemistry

Analyte	Result	Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Oxygen, Dissolved (EPA 360.1)	4.66	HF	1.00	mg/L			04/08/24 16:30	1

Method: 300.0 - Anions, Ion Chromatography

Lab Sample ID: MB 860-153517/3
Matrix: Water
Analysis Batch: 153517

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Chloride	<0.500	U	0.500	mg/L			04/05/24 17:39	1
Sulfate	<0.500	U	0.500	mg/L			04/05/24 17:39	1

Lab Sample ID: LCS 860-153517/4
Matrix: Water
Analysis Batch: 153517

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Chloride	10.0	9.280		mg/L		93	90 - 110
Sulfate	10.0	10.31		mg/L		103	90 - 110

Lab Sample ID: LCSD 860-153517/5
Matrix: Water
Analysis Batch: 153517

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Chloride	10.0	9.318		mg/L		93	90 - 110	0	20
Sulfate	10.0	10.29		mg/L		103	90 - 110	0	20

Lab Sample ID: LLCS 860-153517/7
Matrix: Water
Analysis Batch: 153517

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Chloride	0.500	0.6045		mg/L		121	50 - 150
Sulfate	0.500	0.5162		mg/L		103	50 - 150

Lab Sample ID: MB 860-153518/3
Matrix: Water
Analysis Batch: 153518

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Nitrate as N	<0.100	U	0.100	mg/L			04/05/24 17:39	1
Nitrite as N	<0.100	U	0.100	mg/L			04/05/24 17:39	1
Nitrate Nitrite as N	<0.100	U	0.100	mg/L			04/05/24 17:39	1

Lab Sample ID: LCS 860-153518/4
Matrix: Water
Analysis Batch: 153518

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Nitrate as N	10.0	9.820		mg/L		98	80 - 120
Nitrite as N	10.0	9.768		mg/L		98	80 - 120

Lab Sample ID: LCSD 860-153518/5
Matrix: Water
Analysis Batch: 153518

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Nitrate as N	10.0	9.854		mg/L		99	80 - 120	0	20

Method: 300.0 - Anions, Ion Chromatography (Continued)

Lab Sample ID: LCSD 860-153518/5
Matrix: Water
Analysis Batch: 153518

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Nitrite as N	10.0	9.840		mg/L		98	80 - 120	1	20

Lab Sample ID: LLCS 860-153518/6
Matrix: Water
Analysis Batch: 153518

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Nitrate as N	0.100	0.1174		mg/L		117	50 - 150
Nitrite as N	0.100	0.1098		mg/L		110	50 - 150

Method: 1664B - HEM and SGT-HEM

Lab Sample ID: MB 860-154621/1
Matrix: Water
Analysis Batch: 154621

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
HEM	<5.00	U	5.00	mg/L			04/12/24 17:40	1

Lab Sample ID: LCS 860-154621/2
Matrix: Water
Analysis Batch: 154621

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
HEM	40.0	39.20		mg/L		98	78 - 114

Lab Sample ID: LCSD 860-154621/3
Matrix: Water
Analysis Batch: 154621

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
HEM	40.0	37.20		mg/L		93	78 - 114	5	18

Method: 350.1 - Nitrogen, Ammonia

Lab Sample ID: MB 860-154715/16
Matrix: Water
Analysis Batch: 154715

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Ammonia	<0.100	U	0.100	mg/L			04/13/24 14:32	1

Lab Sample ID: MB 860-154715/97
Matrix: Water
Analysis Batch: 154715

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Ammonia	<0.100	U	0.100	mg/L			04/13/24 19:02	1

Method: 350.1 - Nitrogen, Ammonia (Continued)

Lab Sample ID: LCS 860-154715/17
Matrix: Water
Analysis Batch: 154715

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Ammonia	1.00	0.9040		mg/L		90	90 - 110

Lab Sample ID: LCS 860-154715/98
Matrix: Water
Analysis Batch: 154715

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Ammonia	1.00	0.9050		mg/L		91	90 - 110

Lab Sample ID: LCSD 860-154715/18
Matrix: Water
Analysis Batch: 154715

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Ammonia	1.00	0.9000		mg/L		90	90 - 110	0	20

Lab Sample ID: LCSD 860-154715/99
Matrix: Water
Analysis Batch: 154715

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Ammonia	1.00	0.9040		mg/L		90	90 - 110	0	20

Method: 351.2 - Nitrogen, Total Kjeldahl

Lab Sample ID: MB 860-154015/4-A
Matrix: Water
Analysis Batch: 154299

Client Sample ID: Method Blank
Prep Type: Total/NA
Prep Batch: 154015

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Nitrogen, Kjeldahl	<0.200	U	0.200	mg/L		04/09/24 18:37	04/10/24 17:59	1

Lab Sample ID: LCS 860-154015/6-A
Matrix: Water
Analysis Batch: 154299

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 154015

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Nitrogen, Kjeldahl	2.00	1.922		mg/L		96	90 - 110

Lab Sample ID: LCSD 860-154015/7-A
Matrix: Water
Analysis Batch: 154299

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA
Prep Batch: 154015

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Nitrogen, Kjeldahl	2.00	1.959		mg/L		98	90 - 110	2	20

Method: 351.2 - Nitrogen, Total Kjeldahl (Continued)

Lab Sample ID: LLCS 860-154015/5-A
Matrix: Water
Analysis Batch: 154299

Client Sample ID: Lab Control Sample
Prep Type: Total/NA
Prep Batch: 154015

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Nitrogen, Kjeldahl	0.200	0.2020		mg/L		101	50 - 150

Lab Sample ID: 860-71500-2 MS
Matrix: Water
Analysis Batch: 154299

Client Sample ID: 24-0655
Prep Type: Total/NA
Prep Batch: 154015

Analyte	Sample Result	Sample Qualifier	Spike Added	MS Result	MS Qualifier	Unit	D	%Rec	%Rec Limits
Nitrogen, Kjeldahl	11.0		2.00	11.87	4	mg/L		42	90 - 110

Lab Sample ID: 860-71500-2 MSD
Matrix: Water
Analysis Batch: 154299

Client Sample ID: 24-0655
Prep Type: Total/NA
Prep Batch: 154015

Analyte	Sample Result	Sample Qualifier	Spike Added	MSD Result	MSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Nitrogen, Kjeldahl	11.0		2.00	11.99	4	mg/L		49	90 - 110	1	20

Method: 365.1 - Phosphorus, Total

Lab Sample ID: MB 860-154643/16
Matrix: Water
Analysis Batch: 154643

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Phosphorus Total	<0.0200	U	0.0200	mg/L			04/12/24 12:55	1
Phosphorus Pentoxide	<0.0458	U	0.0458	mg/L			04/12/24 12:55	1

Lab Sample ID: MB 860-154643/98
Matrix: Water
Analysis Batch: 154643

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Phosphorus Total	<0.0200	U	0.0200	mg/L			04/12/24 17:27	1
Phosphorus Pentoxide	<0.0458	U	0.0458	mg/L			04/12/24 17:27	1

Lab Sample ID: LCS 860-154643/17
Matrix: Water
Analysis Batch: 154643

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Phosphorus Total	0.250	0.2620		mg/L		105	90 - 110
Total Phosphorus as PO4	0.766	0.8033		mg/L		105	90 - 110

Lab Sample ID: LCS 860-154643/99
Matrix: Water
Analysis Batch: 154643

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Phosphorus Total	0.250	0.2450		mg/L		98	90 - 110
Total Phosphorus as PO4	0.766	0.7512		mg/L		98	90 - 110

Method: 365.1 - Phosphorus, Total (Continued)

Lab Sample ID: LCSD 860-154643/100
Matrix: Water
Analysis Batch: 154643

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Phosphorus Total	0.250	0.2380		mg/L		95	90 - 110	3	20
Total Phosphorus as PO4	0.766	0.7297		mg/L		95	90 - 110	3	20

Lab Sample ID: LCSD 860-154643/18
Matrix: Water
Analysis Batch: 154643

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Phosphorus Total	0.250	0.2640		mg/L		106	90 - 110	1	20
Total Phosphorus as PO4	0.766	0.8094		mg/L		106	90 - 110	1	20

Method: 9040C - pH

Lab Sample ID: 860-71500-1 DU
Matrix: Water
Analysis Batch: 154200

Client Sample ID: 24-0654
Prep Type: Total/NA

Analyte	Sample Result	Sample Qualifier	DU Result	DU Qualifier	Unit	D	RPD	RPD Limit
pH	7.65	HF	7.620		SU		0.4	20
Temperature	18.3	HF	18.30		Degrees C		0	20
Corrosivity	7.65	HF	7.620		SU		0.4	

Method: SM 2540C - Solids, Total Dissolved (TDS)

Lab Sample ID: MB 860-154337/1
Matrix: Water
Analysis Batch: 154337

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Dissolved Solids	<5.00	U	5.00	mg/L			04/11/24 15:04	1

Lab Sample ID: LCS 860-154337/2
Matrix: Water
Analysis Batch: 154337

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Total Dissolved Solids	1000	1111		mg/L		111	80 - 120

Lab Sample ID: LCSD 860-154337/3
Matrix: Water
Analysis Batch: 154337

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Total Dissolved Solids	1000	1112		mg/L		111	80 - 120	0	10

Method: SM 2540C - Solids, Total Dissolved (TDS) (Continued)

Lab Sample ID: LLCS 860-154337/4
Matrix: Water
Analysis Batch: 154337

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LLCS Result	LLCS Qualifier	Unit	D	%Rec	%Rec Limits
Total Dissolved Solids	5.00	6.000		mg/L		120	50 - 150

Method: SM 2540D - Solids, Total Suspended (TSS)

Lab Sample ID: MB 860-154859/1
Matrix: Water
Analysis Batch: 154859

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Total Suspended Solids	<4.00	U	4.00	mg/L			04/15/24 13:48	1

Lab Sample ID: LCS 860-154859/2
Matrix: Water
Analysis Batch: 154859

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Total Suspended Solids	100	111.0		mg/L		111	80 - 120

Lab Sample ID: LCSD 860-154859/3
Matrix: Water
Analysis Batch: 154859

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Total Suspended Solids	100	112.0		mg/L		112	80 - 120	1	10

Method: SM 4500 Cl G - Chlorine, Residual

Lab Sample ID: MB 860-154024/3
Matrix: Water
Analysis Batch: 154024

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	MB Result	MB Qualifier	RL	Unit	D	Prepared	Analyzed	Dil Fac
Chlorine, Total Residual	<0.0500	U	0.0500	mg/L			04/09/24 19:26	1

Lab Sample ID: LCS 860-154024/4
Matrix: Water
Analysis Batch: 154024

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits
Chlorine, Total Residual	0.250	0.2444		mg/L		98	85 - 115

Lab Sample ID: LCSD 860-154024/5
Matrix: Water
Analysis Batch: 154024

Client Sample ID: Lab Control Sample Dup
Prep Type: Total/NA

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	%Rec	%Rec Limits	RPD	RPD Limit
Chlorine, Total Residual	0.250	0.2317		mg/L		93	85 - 115	5	20

Method: SM5210B CBOD - Carbonaceous BOD, 5 Day

Lab Sample ID: SCB 860-154608/2
Matrix: Water
Analysis Batch: 154608

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	SCB Result	SCB Qualifier	RL		Unit	D	Prepared	Analyzed	Dil Fac
Carbonaceous Biochemical Oxygen Demand	0.9930		0.0000020 0		mg/L			04/05/24 19:33	1

Lab Sample ID: USB 860-154608/1
Matrix: Water
Analysis Batch: 154608

Client Sample ID: Method Blank
Prep Type: Total/NA

Analyte	USB Result	USB Qualifier	RL		Unit	D	Prepared	Analyzed	Dil Fac
Carbonaceous Biochemical Oxygen Demand	0.03000		0.0000020 0		mg/L			04/05/24 19:30	1

Lab Sample ID: LCS 860-154608/3
Matrix: Water
Analysis Batch: 154608

Client Sample ID: Lab Control Sample
Prep Type: Total/NA

Analyte			Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec Limits		
Carbonaceous Biochemical Oxygen Demand			198	202.1		mg/L		102	85 - 115		

HPLC/IC

Analysis Batch: 153517

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
860-71500-1	24-0654	Total/NA	Water	300.0	
MB 860-153517/3	Method Blank	Total/NA	Water	300.0	
LCS 860-153517/4	Lab Control Sample	Total/NA	Water	300.0	
LCSD 860-153517/5	Lab Control Sample Dup	Total/NA	Water	300.0	
LLCS 860-153517/7	Lab Control Sample	Total/NA	Water	300.0	

Analysis Batch: 153518

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
860-71500-1	24-0654	Total/NA	Water	300.0	
MB 860-153518/3	Method Blank	Total/NA	Water	300.0	
LCS 860-153518/4	Lab Control Sample	Total/NA	Water	300.0	
LCSD 860-153518/5	Lab Control Sample Dup	Total/NA	Water	300.0	
LLCS 860-153518/6	Lab Control Sample	Total/NA	Water	300.0	

General Chemistry

Prep Batch: 153564

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
860-71500-1	24-0654	Total/NA	Water	BOD Prep	

Analysis Batch: 153803

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
860-71500-3	24-0656	Total/NA	Water	360.1	

Prep Batch: 154015

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
860-71500-2	24-0655	Total/NA	Water	351.2	
MB 860-154015/4-A	Method Blank	Total/NA	Water	351.2	
LCS 860-154015/6-A	Lab Control Sample	Total/NA	Water	351.2	
LCSD 860-154015/7-A	Lab Control Sample Dup	Total/NA	Water	351.2	
LLCS 860-154015/5-A	Lab Control Sample	Total/NA	Water	351.2	
860-71500-2 MS	24-0655	Total/NA	Water	351.2	
860-71500-2 MSD	24-0655	Total/NA	Water	351.2	

Analysis Batch: 154024

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
860-71500-1	24-0654	Total/NA	Water	SM 4500 Cl G	
MB 860-154024/3	Method Blank	Total/NA	Water	SM 4500 Cl G	
LCS 860-154024/4	Lab Control Sample	Total/NA	Water	SM 4500 Cl G	
LCSD 860-154024/5	Lab Control Sample Dup	Total/NA	Water	SM 4500 Cl G	

Analysis Batch: 154200

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
860-71500-1	24-0654	Total/NA	Water	9040C	
860-71500-1 DU	24-0654	Total/NA	Water	9040C	

Analysis Batch: 154299

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
860-71500-2	24-0655	Total/NA	Water	351.2	154015
MB 860-154015/4-A	Method Blank	Total/NA	Water	351.2	154015
LCS 860-154015/6-A	Lab Control Sample	Total/NA	Water	351.2	154015

General Chemistry (Continued)

Analysis Batch: 154299 (Continued)

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
LCSD 860-154015/7-A	Lab Control Sample Dup	Total/NA	Water	351.2	154015
LLCS 860-154015/5-A	Lab Control Sample	Total/NA	Water	351.2	154015
860-71500-2 MS	24-0655	Total/NA	Water	351.2	154015
860-71500-2 MSD	24-0655	Total/NA	Water	351.2	154015

Analysis Batch: 154337

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
860-71500-1	24-0654	Total/NA	Water	SM 2540C	
MB 860-154337/1	Method Blank	Total/NA	Water	SM 2540C	
LCS 860-154337/2	Lab Control Sample	Total/NA	Water	SM 2540C	
LCSD 860-154337/3	Lab Control Sample Dup	Total/NA	Water	SM 2540C	
LLCS 860-154337/4	Lab Control Sample	Total/NA	Water	SM 2540C	

Analysis Batch: 154608

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
860-71500-1	24-0654	Total/NA	Water	SM5210B CBOD	153564
SCB 860-154608/2	Method Blank	Total/NA	Water	SM5210B CBOD	
USB 860-154608/1	Method Blank	Total/NA	Water	SM5210B CBOD	
LCS 860-154608/3	Lab Control Sample	Total/NA	Water	SM5210B CBOD	

Analysis Batch: 154621

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
860-71500-2	24-0655	Total/NA	Water	1664B	
MB 860-154621/1	Method Blank	Total/NA	Water	1664B	
LCS 860-154621/2	Lab Control Sample	Total/NA	Water	1664B	
LCSD 860-154621/3	Lab Control Sample Dup	Total/NA	Water	1664B	

Analysis Batch: 154643

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
860-71500-2	24-0655	Total/NA	Water	365.1	
MB 860-154643/16	Method Blank	Total/NA	Water	365.1	
MB 860-154643/98	Method Blank	Total/NA	Water	365.1	
LCS 860-154643/17	Lab Control Sample	Total/NA	Water	365.1	
LCS 860-154643/99	Lab Control Sample	Total/NA	Water	365.1	
LCSD 860-154643/100	Lab Control Sample Dup	Total/NA	Water	365.1	
LCSD 860-154643/18	Lab Control Sample Dup	Total/NA	Water	365.1	

Analysis Batch: 154715

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
860-71500-2	24-0655	Total/NA	Water	350.1	
MB 860-154715/16	Method Blank	Total/NA	Water	350.1	
MB 860-154715/97	Method Blank	Total/NA	Water	350.1	
LCS 860-154715/17	Lab Control Sample	Total/NA	Water	350.1	
LCS 860-154715/98	Lab Control Sample	Total/NA	Water	350.1	
LCSD 860-154715/18	Lab Control Sample Dup	Total/NA	Water	350.1	
LCSD 860-154715/99	Lab Control Sample Dup	Total/NA	Water	350.1	

Analysis Batch: 154859

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
860-71500-1	24-0654	Total/NA	Water	SM 2540D	
MB 860-154859/1	Method Blank	Total/NA	Water	SM 2540D	

General Chemistry (Continued)

Analysis Batch: 154859 (Continued)

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
LCS 860-154859/2	Lab Control Sample	Total/NA	Water	SM 2540D	
LCSD 860-154859/3	Lab Control Sample Dup	Total/NA	Water	SM 2540D	

Analysis Batch: 155619

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
860-71500-1	24-0654	Total/NA	Water	SM 2320B	

Client Sample ID: 24-0654

Date Collected: 04/04/24 08:20
Date Received: 04/05/24 09:26

Lab Sample ID: 860-71500-1
Matrix: Water

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Analysis	300.0		1			153517	04/06/24 00:38	AK1	EET HOU
Total/NA	Analysis	300.0		1			153518	04/06/24 00:38	AK1	EET HOU
Total/NA	Analysis	9040C		1			154200	04/10/24 19:20	RY	EET HOU
Total/NA	Analysis	SM 2320B		1			155619	04/18/24 19:36	RY	EET HOU
Total/NA	Analysis	SM 2540C		1	100 mL	200 mL	154337	04/11/24 15:04	SA	EET HOU
Total/NA	Analysis	SM 2540D		1	500 mL	1000 mL	154859	04/15/24 13:48	FN	EET HOU
Total/NA	Analysis	SM 4500 Cl G		1	10 mL	10 mL	154024	04/09/24 19:26	SCI	EET HOU
Total/NA	Prep	BOD Prep					153564	04/05/24 19:33	ALL	EET HOU
Total/NA	Analysis	SM5210B CBOD		1	100 mL	300 mL	154608	04/05/24 20:15	ALL	EET HOU

Client Sample ID: 24-0655

Date Collected: 04/04/24 08:14
Date Received: 04/05/24 09:26

Lab Sample ID: 860-71500-2
Matrix: Water

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Analysis	1664B		1	1000 mL	1000 mL	154621	04/12/24 17:40	TB	EET HOU
Total/NA	Analysis	350.1		10	10 mL	10 mL	154715	04/13/24 20:45	ADL	EET HOU
Total/NA	Prep	351.2			20 mL	20 mL	154015	04/09/24 18:37	LD	EET HOU
Total/NA	Analysis	351.2		25			154299	04/10/24 18:00	LD	EET HOU
Total/NA	Analysis	365.1		5	10 mL	10 mL	154643	04/12/24 17:52	HN	EET HOU

Client Sample ID: 24-0656

Date Collected: 04/04/24 08:14
Date Received: 04/05/24 09:26

Lab Sample ID: 860-71500-3
Matrix: Water

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Analysis	360.1		1			153803	04/08/24 16:30	HN	EET HOU

Laboratory References:

EET HOU = Eurofins Houston, 4145 Greenbriar Dr, Stafford, TX 77477, TEL (281)240-4200

Accreditation/Certification Summary

Laboratory: Eurofins Houston

Unless otherwise noted, all analytes for this laboratory were covered under each accreditation/certification below.

Authority	Program	Identification Number	Expiration Date
Texas	NELAP	T104704215	06-30-24

The following analytes are included in this report, but the laboratory is not certified by the governing authority. This list may include analytes for which the agency does not offer certification.

Analysis Method	Prep Method	Matrix	Analyte
365.1		Water	Phosphorus Pentoxide
9040C		Water	Corrosivity
9040C		Water	Temperature
SM 2320B		Water	Bicarbonate Alkalinity as CaCO3
SM 2320B		Water	Carbonate Alkalinity as CaCO3
SM 2320B		Water	Hydroxide Alkalinity
SM 2320B		Water	Phenolphthalein Alkalinity
SM 2540D		Water	Total Suspended Solids

Method Summary

Method	Method Description	Protocol	Laboratory
300.0	Anions, Ion Chromatography	EPA	EET HOU
1664B	HEM and SGT-HEM	1664B	EET HOU
350.1	Nitrogen, Ammonia	EPA	EET HOU
351.2	Nitrogen, Total Kjeldahl	EPA	EET HOU
360.1	Oxygen, Dissolved	EPA	EET HOU
365.1	Phosphorus, Total	EPA	EET HOU
9040C	pH	SW846	EET HOU
SM 2320B	Alkalinity	SM	EET HOU
SM 2540C	Solids, Total Dissolved (TDS)	SM	EET HOU
SM 2540D	Solids, Total Suspended (TSS)	SM	EET HOU
SM 4500 Cl G	Chlorine, Residual	SM	EET HOU
SM5210B CBOD	Carbonaceous BOD, 5 Day	SM	EET HOU
351.2	Nitrogen, Total Kjeldahl	EPA	EET HOU
BOD Prep	Preparation, BOD	SM	EET HOU

Protocol References:

1664B = EPA-821-98-002

EPA = US Environmental Protection Agency

SM = "Standard Methods For The Examination Of Water And Wastewater"

SW846 = "Test Methods For Evaluating Solid Waste, Physical/Chemical Methods", Third Edition, November 1986 And Its Updates.

Laboratory References:

EET HOU = Eurofins Houston, 4145 Greenbriar Dr, Stafford, TX 77477, TEL (281)240-4200

Client: SKG Engineering, LLC
Project/Site: City of Menard-Permit Renewal

Sample Summary

Job ID: 860-71500-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received
860-71500-1	24-0654	Water	04/04/24 08:20	04/05/24 09:26
860-71500-2	24-0655	Water	04/04/24 08:14	04/05/24 09:26
860-71500-3	24-0656	Water	04/04/24 08:14	04/05/24 09:26

SKG ENGINEERING, LLC
SURVEYING • ENVIRONMENTAL • LAB/CMT
706 SOUTH ABE STREET
SAN ANGELO, TEXAS 76903
PHONE: 325.655.1288
FAX: 325.657.8189

Anaylsis Request and Chain of Custody Record

Project No 24-W-1006 | Client/Project City of Menard Permit Renewal

Sample ID/Description	Date/Time Sampled	Grab or Composite	No. of Sample Containers	Sample Type	Preservative	Analysis Requested
WQ0010345-001 24-0454	4-4-24 8 10Am	grab	4 1 L plastic	liquid	iced	CBOD TSS, NO_3-N, SO_4^{2-} Cl^- pH, Chlorine Residual, TDS, Alkalinity
WQ0010345-001 24-0455	4-4-24 8 14Am	grab	2 1 L amber	liquid	H_2SO_4/iced	NH_3-N, TKN, Total Phos, Oil & Grease
WQ0010345-001 24-0456	4-4-24 8 14Am	grab	1 500-mL amber	liquid	no hdspace/iced	Dissolved Oxygen

860-71500 Chain of Custody

Temp 2 2 IR ID-HOU-368
C/F +0.2
Corrected Temp: 2 4

Sampler (signature)	Relinquished by (Signature)	Date 4-4-24 Time 9 25Am	Received by (Signature)	Date 4-4-24 Time 9'25Am
Affiliation.	Relinquished by (Signature)	Date 4-4-24 Time 10:50	Received by (Signature)	Date 4 4 24 Time 1050
	Relinquished by (Signature)	Date 4.4.24 Time 1500	Received by (Signature)	Date 4/5/24 Time 9 26

Send results to
steph@skge.com
hannah@skge.com

Date Results Needed

Requested TAT

Login Sample Receipt Checklist

lient: SKG Engineering, LLC

Login Number: 71500
List Number: 1
Creator: Jimenez, Nicanor

Job Number: 860-71500-1

List Source: Eurofins Houston

Question	Answer	Comment
The cooler's custody seal, if present, is intact.	True	
Sample custody seals, if present, are intact.	N/A	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
ppropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <6mm (1/4").	True	

ATTACHMENT 9

-

BIOLOGICAL TESTING LAB RESULTS

SKG
ENGINEERING, LLC
FIRM NUMBER F-7608 & 10102400
SURVEYING • ENVIRONMENTAL • LAB/CMT
706 SOUTH ABE STREET
SAN ANGELO, TEXAS 76903
PHONE: 325.655.1288
FAX: 325.657.8189

ANALYTICAL RESULTS

Project Name: City of Menard
PO Box 145
Menard, Texas 76859 - 0145

Sample ID: 24B0496
Laboratory ID: T104704387-21-15
Sample Collected: 3/5/2024 09:10
Sample Received: 3/5/2024 11:40
Matrix: WW

Analytical Method: SM 9223B - Colilert
Sample Prepared: 3/5/2024 12:50
Sample Analyzed: 3/6/2024 12:50

Parameter	Results	Units	Report Limit	Dilution Factor
Total Coliform	> 2419.6	MPN/100mL	1.0	1.0
Escherichia coli (*E.coli*)	43.5	MPN/100mL	1.0	1.0

Stephanie Cheatheam
Lab Manager

REPORT OF LABORATORY ANALYSIS

ATTACHMENT 9

-

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Stephanie Cheatham
Lab Manager

REPORT OF LABORATORY ANALYSIS

BURGESS & NIPLE

9601 Amberglen Boulevard | Suite 275 | Austin, TX 78729 | 512.306.9266

CITY OF MENARD

-

WASTEWATER TREATMENT PLANT 2024 DISCHARGE PERMIT RENEWAL

PERMIT NO. WQ0010345001
CN600656763
RN101919942

BURGESS & NIPLE

9601 Amberglen Boulevard | Suite 275 | Austin, TX 78729 | 512.306.9266

MEMORANDUM

To: Candice Calhoun
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality

From: James Busby, Burgess & Niple, Inc.
RE: Notice of Deficiency – May 28, 2024 Response

Ms. Calhoun,

A copy of the missing USGS Mapping was uploaded to the FTP server on June 3rd, 2024, along with being shared via e-mail to the TCEQ.

The MORI portion attached is accurate.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

MENARD QUADRANGLE
TEXAS—MENARD CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)

ONE MILE RADIUS

CONTINUED ON NEXT SHEET

SEGMENT 1416

DISCHARGE POINT

WASTEWATER TREATMENT PLANT BOUNDARY

TWO LAGOONS

28 MI. TO U.S. 87 AND 377

ELDORADO 45 MI.

JUNCTION 28 MI.

Mapped, edited, and published by the Geological Survey

Control by USGS and USC&GS

Topography by photogrammetric methods from aerial photographs taken 1969. Field checked 1970

Polyconic projection. 1927 North American datum
10,000-foot grid based on Texas coordinate system, central zone
1000-meter Universal Transverse Mercator grid ticks, zone 14, shown in blue

To place on the predicted North American Datum 1983, move the projection lines 14 meters south and 33 meters east as shown by dashed corner ticks

Revisions shown in purple compiled from aerial photographs taken 1983 and other sources. This information not field checked. Map edited 1987

UTM GRID AND 1987 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

SCALE 1:24000

CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

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

QUADRANGLE LOCATION

3099-334

ROAD CLASSIFICATION

Primary highway, hard surface
Light-duty road, hard or improved surface
Secondary highway, hard surface
Unimproved road
Interstate Route U. S. Route State Route

MENARD, TEX.
30099-H7-TF-024
1970
PHOTOREVISED 1987
DMA 6045 IV NE—SERIES V882

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

CHAPMAN DRAW QUADRANGLE
TEXAS—MENARD CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)

6046 II SE (EDEN SE)
6046 II SW (CALLAN)
6046 II SE (NEEDLE CREEK)
6045 IV NE (MENARD)
(SPOON DRAW) 6045 IV SE
(EAST ELM CREEK) 6045 I SW
(ROBBERS ROOST) 6045 I NE
(NEXT) 6045 I SE

99° 45′ — 99° 42′ 30″ — 99° 40′ — 99° 37′ 30″
31° 00′ — 30° 57′ 30″ — 30° 55′ — 30° 52′ 30″

429 000m E. — 430 — 431 — 432 — 433 — 434 — 435 — 436 — 437 — 438 — 439 — 440 000m E.
2 190 000 FEET — 2 220 000 FEET

3429 000m N. — 3428 — 3427 — 3426 — 3425 — 3424 — 3423 — 3422 — 3421 — 3420 — 3419 — 3418 — 3417 — 3416 000m N.
480 000 FEET — 450 000 FEET

CALLAN 4.5 MI.
BRADY 23 MI.
2 MI. TO U.S. 83
MENARD (U.S. 83) 2.2 MI.
1.5 MI. TO STATE 29
THREE MILES DOWNSTREAM

BM 2034
BM 1969
Well
Tank
Gravel Pit
Fivemile Crossing
Tennile Crossing
Hyman Hill
Taylor Branch
Mann Draw
Chapman Draw
160 Acre Draw
West Scalp Creek
East South Scalp Creek
Dismantled Creek
Calf Creek
San Saba River
MENARD IRRIGATION COMPANY CANAL

ROAD CLASSIFICATION

Primary highway, hard surface	Light-duty road, hard or improved surface
Secondary highway, hard surface	Unimproved road
Interstate Route	U. S. Route — State Route

Mapped, edited, and published by the Geological Survey

Control by USGS and USC&GS

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Revisions shown in purple compiled from aerial photographs taken 1983 and other sources. This information not field checked. Map edited 1987

SCALE 1:24 000
1 MILE
1000 0 1000 2000 3000 4000 5000 6000 7000 FEET
1 .5 0 1 KILOMETER

CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

UTM GRID AND 1987 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET
MN — GN — 0°21′ 6 MILS — 8° 142 MILS

TEXAS
QUADRANGLE LOCATION

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
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A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

3099-343

CHAPMAN DRAW, TEX.
30099-H6-TF-024
1970
PHOTOREVISED 1987
DMA 6045 I NW—SERIES V882

• INTERIOR—GEOLOGICAL SURVEY, RESTON, VIRGINIA—1987