



# **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

## **Summary of Application in Plain Language for TPDES or TLAP Permit Applications**

Permit No. - WQ0010355003  
CN - 602281123  
RN - 101609287

City of Nocona South Wastewater Treatment Facility

City of Nocona (CN602281123) operates City of Nocona South Wastewater Treatment Facility (RN101609287), a Wastewater Treatment Facility. The facility is located at 0.3 mile east of State Highway 175 (Montague Street) approximately 0.7 mile south of the intersection of State Highway 175 and U.S. Highway 82, in Nocona, Montague County, Texas 76255. This application is for renewal to discharge at a daily average flow not to exceed 0.224 million gallons per day of treated domestic wastewater via discharge pipe. Discharge from the facility are expected to contain carbonaceous biochemical oxygen demand (CBOD), total suspended solids (TSS), ammonia nitrogen (NH-N), and Escherichia coli. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7 Pollutant Analysis of Treated Effluent Worksheet 4.0 in the permit application package. Domestic wastewater is treated by extended aeration; bar screen, lift station, oxidation ditch, clarifier, chlorine contact chamber, final chamber, thence to discharge piping.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010355003

**APPLICATION.** City of Nocona, 102 Clay Street, Nocona, Texas 76255, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010355003 (EPA I.D. No. TX0042668) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 224,000 gallons per day. The domestic wastewater treatment facility is located 0.3 Mile East of South Highway 175 Montague Street approximately 0.7 Mile south of the intersection of south Highway 175 & U.S. Highway 82, in the city of Nocona, in Montague County, Texas 76255. The discharge route is from the plant site to Crooked Branch, thence to Salt Creek, thence to Red River above Lake Texoma. TCEQ received this application on July 31, 2025. The permit application will be available for viewing and copying at Nocona City Hall, Foyer, 102 Clay Street, Nocona, in Montague County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.722777,33.775555&level=18>

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

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

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

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

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

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

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

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

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

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

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



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

Further information may also be obtained from City of Nocona at the address stated above or by calling Mr. Lynn Henley, City Manager, at 940-825-3282.

Issuance Date: August 28, 2025



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
CHECKLIST**

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

APPLICANT NAME: City of Nocona

PERMIT NUMBER (If new, leave blank): WQ0010355003

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

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

**For TCEQ Use Only**

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
ADMINISTRATIVE REPORT 1.0**

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

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

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

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

Minor Amendment (for any flow) \$150.00 ☐

**Payment Information:**

Mailed      Check/Money Order Number: 68033  
Check/Money Order Amount: \$815.00  
Name Printed on Check: City of Nocona

EPAY      Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed?      Yes ☐

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

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

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

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

- ☒ Active      ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 10355003

EPA I.D. (TPDES only): TX 0042668

Expiration Date: Click to enter text.

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

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

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

City of Nocona

*(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: 602281123

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

Prefix: Mr.

Last Name, First Name: Henley, Lynn

Title: City Manager

Credential: Click to enter text.

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

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

Click to enter text.

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



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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

### C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. **See Attachment No. 1**

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

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

A. Prefix: Mr.

Last Name, First Name: Henley, Lynn

Title: City Manager

Credential: Click to enter text.

Organization Name: City of Nocona

Mailing Address: 100 Cooke Street

City, State, Zip Code: Nocona, Texas 76255

Phone No.: 940-825-3282

E-mail Address: lhenley@cityofnocona.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: Mr.

Last Name, First Name: Maroney, Kerry

Title: Professional Engineer

Credential: P.E.

Organization Name: Biggs and Mathews, Inc

Mailing Address: 2500 Brook Avenue

City, State, Zip Code: Wichita Falls, Texas 76301

Phone No.: 940-766-0156

E-mail Address: kdm@bmiwf.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

## Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr.

Last Name, First Name: Henley, Lynn

Title: City Manager

Credential: Click to enter text.

Organization Name: City of Nocona

Mailing Address: 100 Cooke Street

City, State, Zip Code: Nocona, Texas 76255

Phone No.: 940-825-3282

E-mail Address: lhenley@cityofnocona.com

B. Prefix: Mr. Last Name, First Name: Maroney, Kerry  
Title: Professional Engineer Credential: P.E.  
Organization Name: Biggs and Mathews, Inc.  
Mailing Address: 2500 Brook Avenue City, State, Zip Code: Wichita Falls, Texas 76301  
Phone No.: 940-766-0156 E-mail Address: kdm@bmiwf.com

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

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

Prefix: Mr. Last Name, First Name: Henley, Lynn  
Title: City Manager Credential: Click to enter text.  
Organization Name: City of Nocona  
Mailing Address: 100 Cooke Street City, State, Zip Code: Nocona, Texas 76255  
Phone No.: 940-825-3282 E-mail Address: lhenley@cityofnocona.com

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

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

Prefix: Mr. Last Name, First Name: Henley, Lynn  
Title: City Manager Credential: Click to enter text.  
Organization Name: City of Nocona  
Mailing Address: 100 Cooke Street City, State, Zip Code: Nocona, Texas 76255  
Phone No.: 940-825-3282 E-mail Address: lhenley@cityofnocona.com

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

### A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Henley, Lynn  
Title: City Manager Credential: Click to enter text.  
Organization Name: City of Nocona  
Mailing Address: 100 Cooke Street City, State, Zip Code: Nocona, Texas 76255  
Phone No.: 940-825-3282 E-mail Address: lhenley@cityofnocona.com

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

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

- ☐ E-mail Address  
☐ Fax  
☒ Regular Mail

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

Prefix: Mr. Last Name, First Name: Henley, Lynn

Title: City Manager Credential: Click to enter text.

Organization Name: City of Nocona

Mailing Address: 100 Cooke Street City, State, Zip Code: Nocona, Texas 76255

Phone No.: 940-825-3282 E-mail Address: lhenley@cityofnocona.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: Foyer

Physical Address of Building: 100 Cooke Street

City: Nocona County: Montague

Contact (Last Name, First Name): Henley, Lynn

Phone No.: 940-825-3282 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

#### F. Summary of Application in Plain Language Template

Complete the F. Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS, and include as an attachment.

Attachment: [See Attachment No.2](#)

#### G. Public Involvement Plan Form

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

Attachment: Click to enter text.

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 101609287

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 Nocona South Wastewater Treatment Facility

C. Owner of treatment facility: City of Nocona

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

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

Prefix: Mr.

Last Name, First Name: Henley, Lynn

Title: City Manager

Credential: Click to enter text.

Organization Name: City of Nocona

Mailing Address: 100 Cooke Street

City, State, Zip Code: Nocona, Texas 76255

Phone No.: 940-825-3282

E-mail Address: lhenley@cityofnocona.com

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

Attachment: Click to enter text.



E. Owner of effluent disposal site:

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

**Attachment:** Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

**Attachment:** Click to enter text.

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

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): Nocona

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

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

☐ Yes ☒ No

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

- ☐ Authorization granted      ☐ Authorization pending

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

**Attachment:** Click to enter text.

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

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

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

☐ Yes      ☐ No

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

NA

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

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

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

NA

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

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

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

☐ Yes      ☒ No

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

☐ Yes      ☐ No      ☒ Not Applicable

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

NA

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

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

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

### Section 13. Attachments (Instructions Page 33)

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

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

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

- Applicant's property boundary **See Attachment No. 3**
- Treatment facility boundary
- Labeled point of discharge for each discharge point (TPDES only)
- Highlighted discharge route for each discharge point (TPDES only)
- Onsite sewage sludge disposal site (if applicable)
- Effluent disposal site boundaries (TLAP only)
- New and future construction (if applicable)
- 1 mile radius information
- 3 miles downstream information (TPDES only)
- All ponds.

☐ Attachment 1 for Individuals as co-applicants

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

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

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

Permit Number: WQ0010355003

Applicant: City of Nocona

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code § 305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): Robert Fenoglio

Signatory title: Mayor

Signature: \_\_\_\_\_

(Use blue ink)

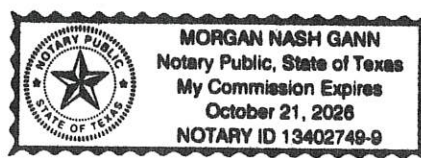
Date: \_\_\_\_\_

Subscribed and Sworn to before me by the said \_\_\_\_\_

on this 9<sup>th</sup> day of MAY, 20 25.

My commission expires on the 26<sup>th</sup> day of OCTOBER, 20 26.

\_\_\_\_\_  
Notary Public



[SEAL]

WICHITA

County, Texas

# DOMESTIC WASTEWATER PERMIT APPLICATION

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: [See Attachment No. 4](#)



# 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

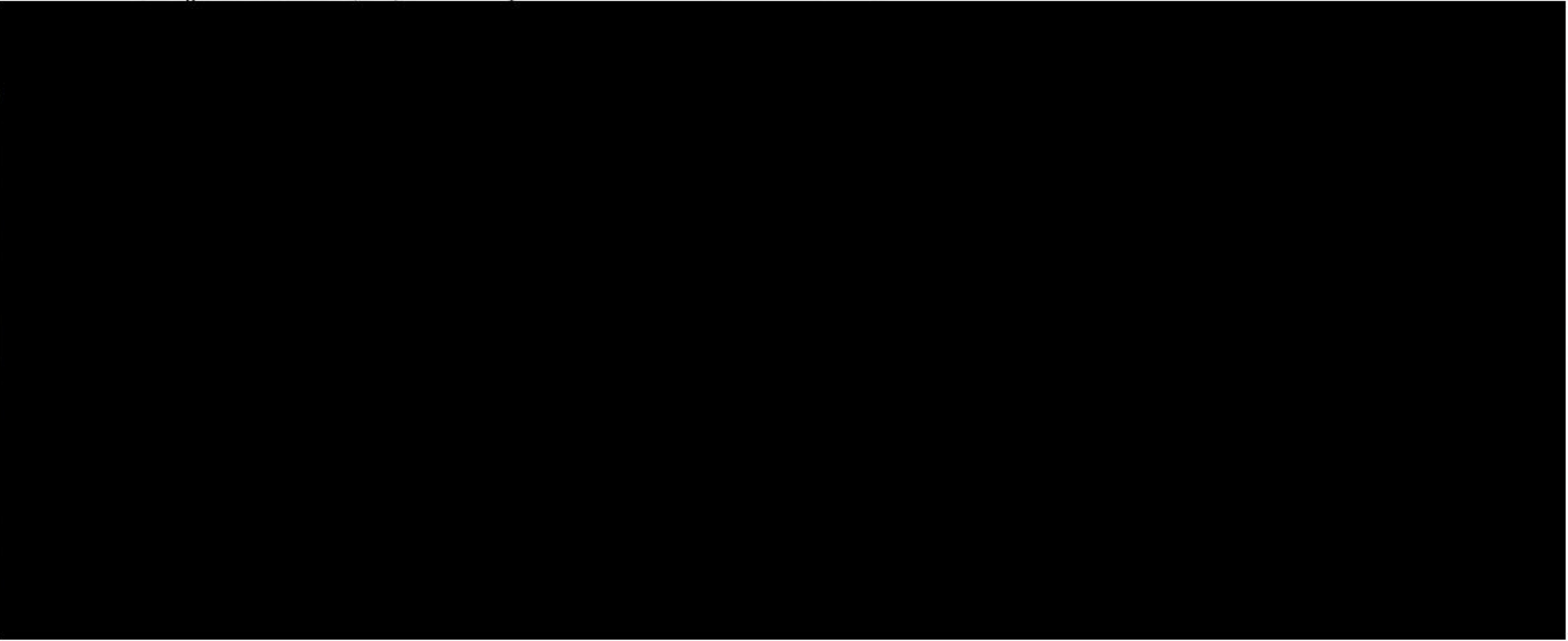
**Fee Code: WQP**      **Waste Permit No: 0010355003**

1. Check or Money Order Number: 68033
2. Check or Money Order Amount: \$815.00
3. Date of Check or Money Order: 5/8/2025
4. Name on Check or Money Order: City of Nocona
5. APPLICATION INFORMATION

Name of Project or Site: City of Nocona South Wastewater Treatment Facility

Physical Address of Project or Site: Located 0.3 mile east of State Highway 175 (Montague Steet), approximately 0.7 mile south of the intersection of State Highway 175 and U.S. Highway 82, in Montague County, Texas 76255.

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.



# DOMESTIC WASTEWATER PERMIT APPLICATION 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 application 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 1/2 x 11 acceptable for Renewals and Amendments)

Current/Non-Expired, Executed Lease Agreement or Easement ☒ 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 Labels and Cross Reference List ☒ N/A ☐ Yes  
(See instructions for landowner requirements)

Electronic Application Submittal ☒ Yes  
(See application submittal requirements on page 23 of the instructions.)

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)

Summary of Application (in Plain Language) ☒ Yes

# **Domestic Administrative Report 1.0**

Core Data Form  
**Section 3(c) - Page 4 of 17**

**ATTACHMENT No. 1**





# TCEQ Core Data Form

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

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 602281123		RN 101609287

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership				
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)				
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>				
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>	
City of Nocona				
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)	<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)	
NA	NA	75-6000624	NA	
<b>11. Type of Customer:</b>		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited		
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual		
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:		
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>		
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following				
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:				
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant				
<b>15. Mailing Address:</b>	100 Cooke Street			
	<b>City</b>	Nocona	<b>State</b>	TX
		<b>ZIP</b>	76255	<b>ZIP + 4</b>
<b>16. Country Mailing Information</b> (if outside USA)		<b>17. E-Mail Address</b> (if applicable)		
		lhenley@cityofnocona.com		

<b>18. Telephone Number</b> ( 940 ) 825-3282	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b> (   ) -
---	------------------------------	--

### SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If "New Regulated Entity" is selected, a new permit application is also required.)								
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)								
City of Nocona South Wastewater Treatment Facility								
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)								
	City	Nocona	State	TX	ZIP	76255	ZIP + 4	
<b>24. County</b>	Montague							

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

<b>25. Description to Physical Location:</b>	Located 0.3 mile east of State Highway 175 (Montague Steet), approximately 0.7 mile south of the intersection of State Highway 175 and U.S. Highway 82, in Montague County, Texas 76255.								
<b>26. Nearest City</b>	Nocona				<b>State</b>	TX		<b>Nearest ZIP Code</b>	76255
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>									
<b>27. Latitude (N) In Decimal:</b>		33.7755			<b>28. Longitude (W) In Decimal:</b>		-97.7227		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds				
33N	46'	32"	-97W	43'	22"				
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)			<b>32. Secondary NAICS Code</b> (5 or 6 digits)			
4952			221320						
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)									
City Government									
<b>34. Mailing Address:</b>	100 Cooke Street								
	City	Nocona	State	TX	ZIP	76255	ZIP + 4		
<b>35. E-Mail Address:</b>	lhenley@cityofnocona.com								
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>		<b>38. Fax Number (if applicable)</b>						
( 940 ) 825-3282			(   ) -						

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

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0010355003			

## SECTION IV: Preparer Information

<b>40. Name:</b>	Kerry D. Maroney	<b>41. Title:</b>	Professional Engineer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 940 ) 766-0156		( ) -	kdm@bmiwf.com

## SECTION V: Authorized Signature

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

<b>Company:</b>	City of Nocona	<b>Job Title:</b>	Mayor
<b>Name (In Print):</b>	Robert Fenoglio	<b>Phone:</b>	( 940 ) 825- 3282
<b>Signature:</b>		<b>Date:</b>	5-9-22

## **Domestic Administrative Report 1.0**

Summary of Application in Plain Language  
**Section 8(f) - Page 7 of 17**

**ATTACHMENT No. 2**

## **Summary of Application in Plain Language for TPDES or TLAP Permit Applications**

Permit No. - WQ0010355003  
CN - 602281123  
RN - 101609287

City of Nocona South Wastewater Treatment Facility

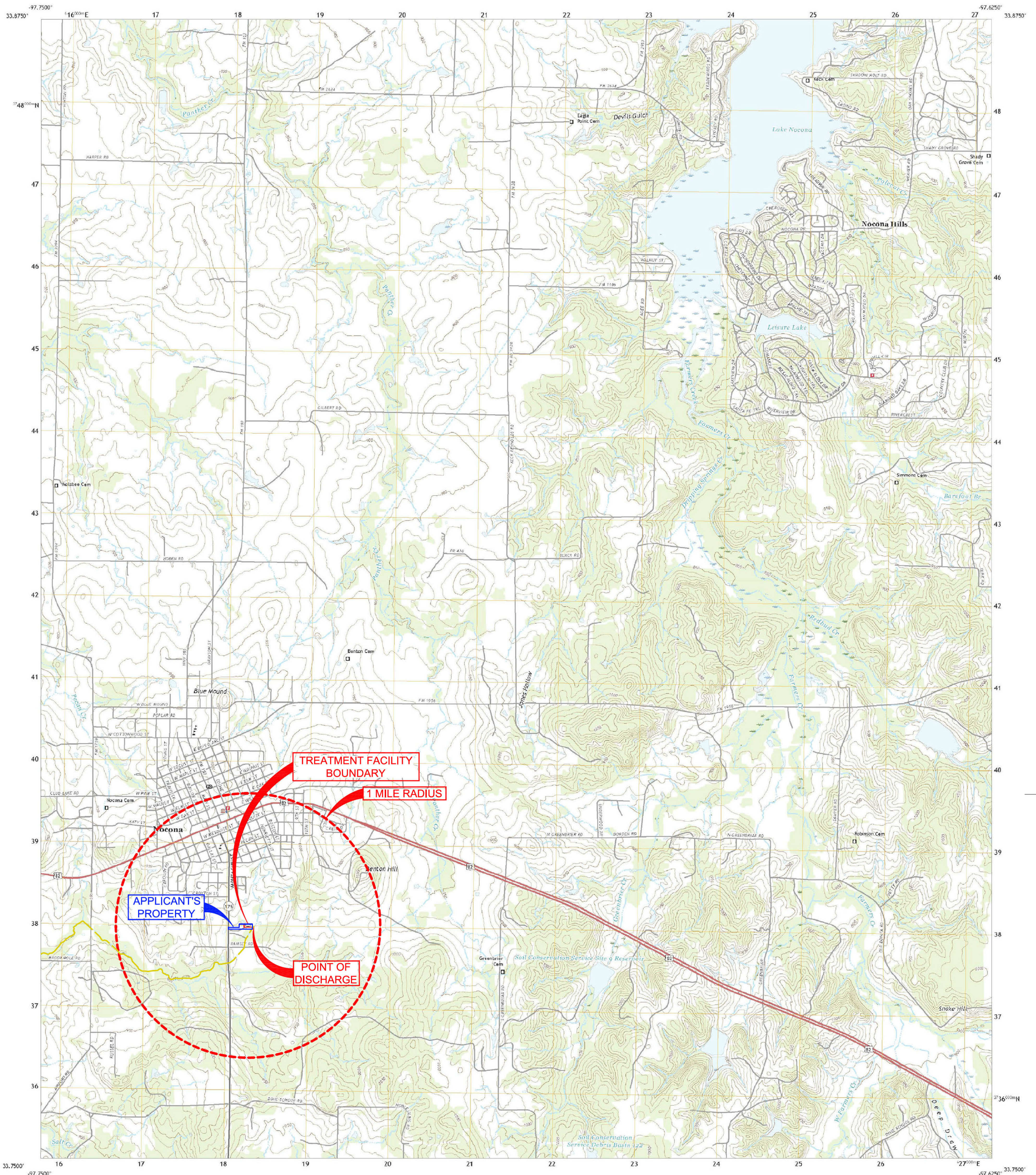
City of Nocona (CN602281123) operates City of Nocona South Wastewater Treatment Facility (RN101609287), a Wastewater Treatment Facility. The facility is located at 0.3 mile east of State Highway 175 (Montague Street) approximately 0.7 mile south of the intersection of State Highway 175 and U.S. Highway 82, in Nocona, Montague County, Texas 76255. This application is for renewal to discharge at a daily average flow not to exceed 0.224 million gallons per day of treated domestic wastewater via discharge pipe. Discharge from the facility are expected to contain carbonaceous biochemical oxygen demand (CBOD), total suspended solids (TSS), ammonia nitrogen (NH-N), and Escherichia coli. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7 Pollutant Analysis of Treated Effluent Worksheet 4.0 in the permit application package. Domestic wastewater is treated by extended aeration; bar screen, lift station, oxidation ditch, clarifier, chlorine contact chamber, final chamber, thence to discharge piping.

# **Domestic Administrative Report 1.0**

Location Information – Original USGS  
**Section 13 - Page 10 of 21**

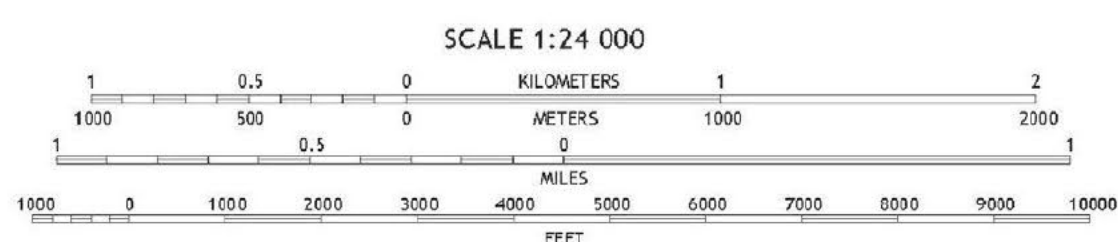
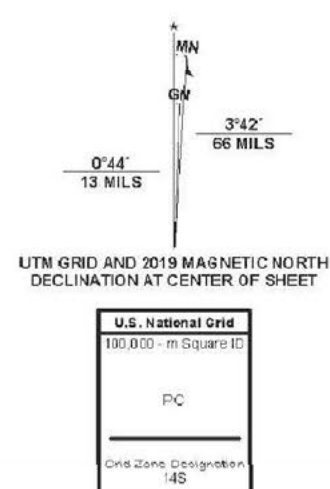
**ATTACHMENT No. 3**





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

Images:.....NIP, October 2016 - November 2016  
Roads:.....U.S. Census Bureau, 2015 - 2018  
Names:.....GNIS, 1979 - 2021  
Hydrography:.....National Hydrography Dataset, 2005 - 2018  
Contours:.....National Elevation Dataset, 2019  
Boundaries:.....Multiple sources; see metadata file 2019 - 2021  
Wetlands:.....FWS National Wetlands Inventory Not Available



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



1	2	3
4	5	6
7	8	9

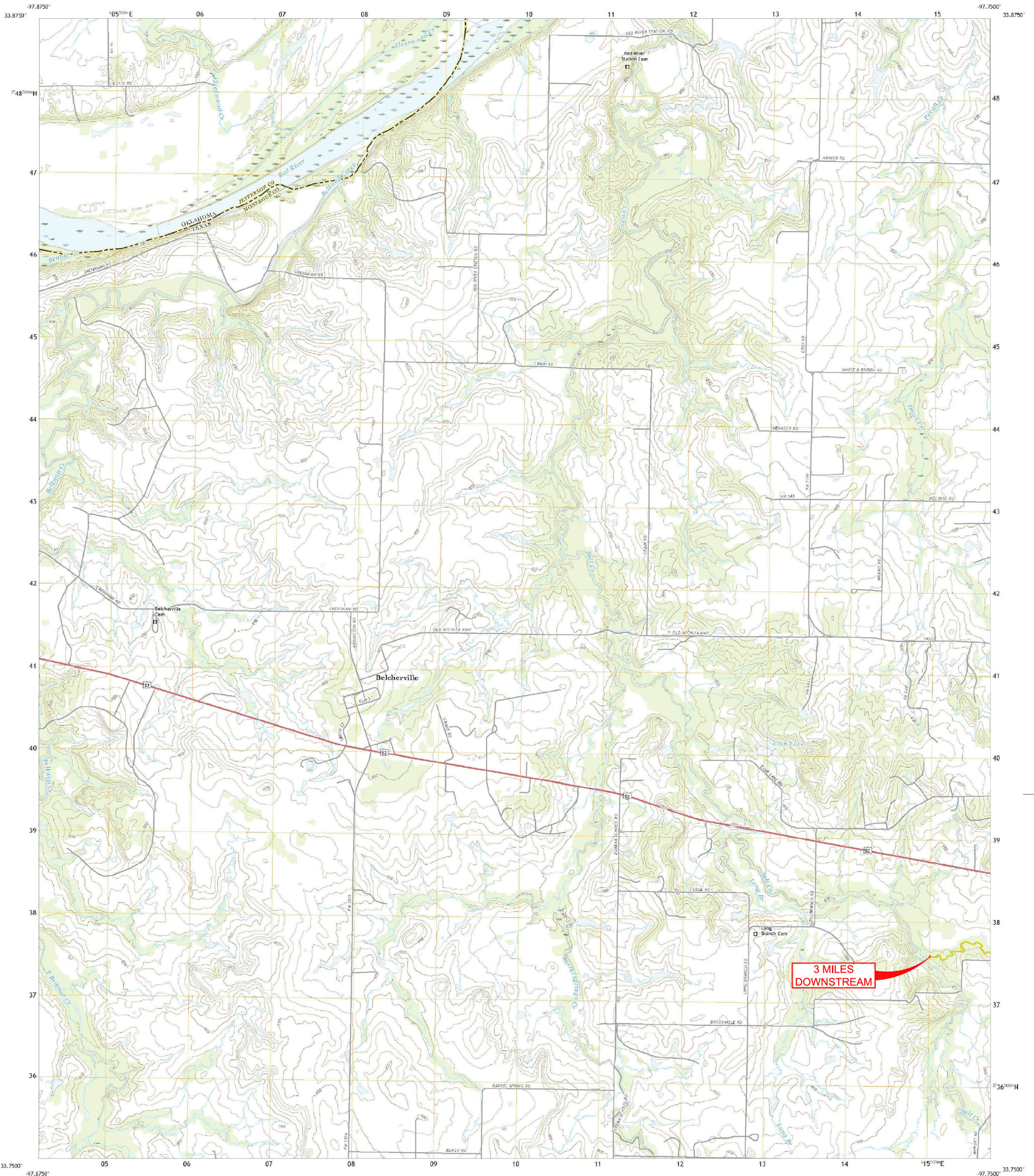
ADJOINING QUADRANGLES

1. Feetwood  
2. Prairie Valley School  
3. Spanish Fort  
4. Belcher  
5. Bonita  
6. Buzzard Roost Knob  
7. Montague  
8. Saint Jo

ROAD CLASSIFICATION	
Expressway	Local Connector
Secondary Hwy	Local Road
Ramp	4WD
Interstate Route	US Route
	State Route

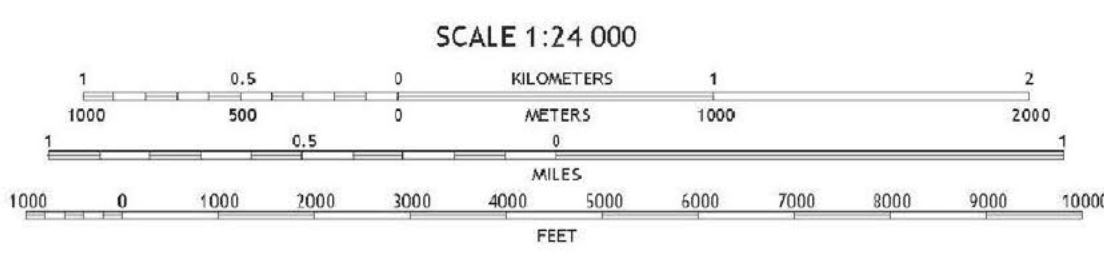
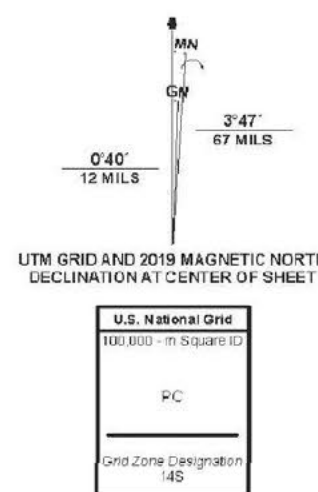
NOCONA, TX  
2022





Produced by the United States Geological Survey  
North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84). Projection and  
1 000-meter grid/Universal Transverse Mercator, Zone 14S  
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entering private land.

Images:.....NIP, September 2015 - July 2017  
Roads:.....U.S. Census Bureau, 2013 - 2018  
Names:.....GNIS, 1979 - 2018  
Hydrography:.....National Hydrography Dataset, 2006 - 2018  
Contours:.....National Elevation Dataset, 2019  
Boundaries:.....Multiple sources; see metadata file 2019 - 2021  
Public Land Survey System:.....BLM, 2021  
Wetlands:.....FWS National Wetlands Inventory, 1981



SCALE 1:24 000  
CONTOUR INTERVAL 10 FEET  
NORTH AMERICAN VERTICAL DATUM OF 1988  
This map was produced to conform with the  
National Geospatial Program US Topo Product Standard.



1	2	3
4	5	6
7	8	

ADJOINING QUADRANGLES

ROAD CLASSIFICATION  
Expressway  
Secondary Hwy  
Ramp  
Local Connector  
Local Road  
4WD  
US Route  
State Route

BELCHERVILLE, TX, OK  
2022



# **Supplemental Permit Information Form (SPIF)**

**Page 14 of 17**

**ATTACHMENT No. 4**

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

### FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

**TCEQ USE ONLY:**

Application type: \_\_\_\_ Renewal \_\_\_\_ Major Amendment \_\_\_\_ Minor Amendment \_\_\_\_ New

County: \_\_\_\_\_ Segment Number: \_\_\_\_\_

Admin Complete Date: \_\_\_\_\_

Agency Receiving SPIF:

\_\_\_\_ Texas Historical Commission

\_\_\_\_ U.S. Fish and Wildlife

\_\_\_\_ Texas Parks and Wildlife Department

\_\_\_\_ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: City of Nocona

Permit No. WQ00 10355003EPA ID No. TX 0042668

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

Located 0.3 mile east of State Highway 175 (Montague Steet), approximately 0.7 mile south of the intersection of State Highway 175 and U.S. Highway 82, in Montague County, Texas 76255

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: Lynn Henley

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

Title: City Manager

Mailing Address: 100 Cooke Street

City, State, Zip Code: Nocona, Texas 76255

Phone No.: 940-825-3282 Ext.:  Fax No.:

E-mail Address: lhenley@cityofnocona.com

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

NA

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

To Crooked Branch; thence to Salt Creek; thence to Red River above Lake Texoma in Segment No. 0204 of the Red River Basin

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

NA

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

NA

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

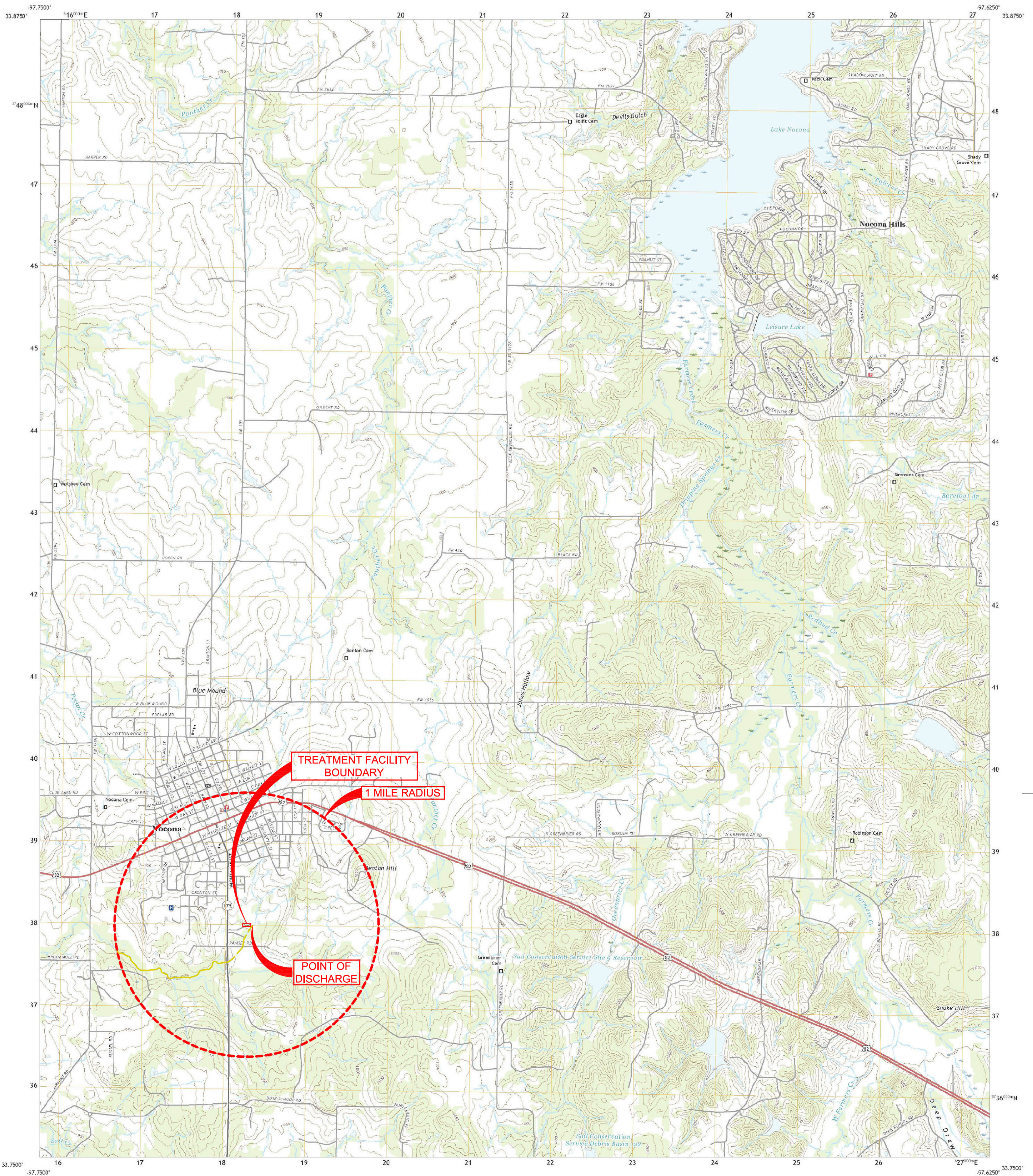
3. List construction dates of all buildings and structures on the property:

NA

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

NA

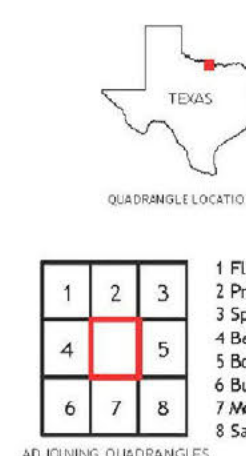
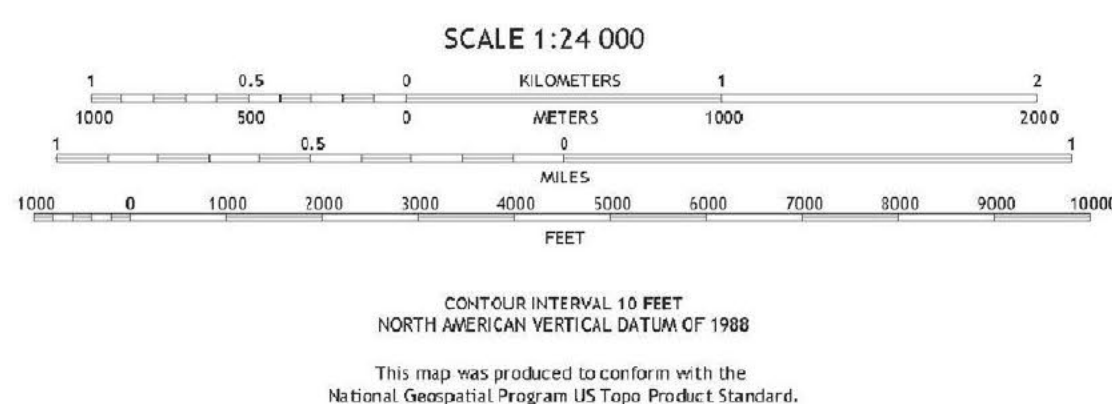
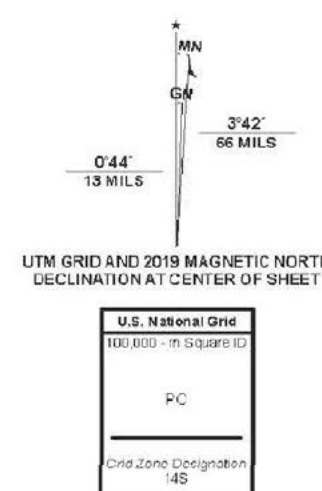




Produced by the United States Geological Survey  
North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84). Projection and  
1 000-meter grid: Universal Transverse Mercator, Zone 14S  
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Images:.....NIP, October 2016 - November 2016  
Roads:.....U.S. Census Bureau, 2015 - 2018  
Names:.....GNS, 1979 - 2021  
Hydrography:.....National Hydrography Dataset, 2006 - 2018  
Contours:.....National Elevation Dataset, 2019  
Boundaries:.....Multiple sources; see metadata file 2019 - 2021

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





**Copy of Application Fee Check**

**ATTACHMENT No. 5**





# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

---

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

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

### Section 1. Permitted or Proposed Flows (Instructions Page 42)

#### A. Existing/Interim I Phase

Design Flow (MGD): 0.224

2-Hr Peak Flow (MGD): 0.853

Estimated construction start date: Existing Facility

Estimated waste disposal start date: Existing Facility

#### B. Interim II Phase

Design Flow (MGD): NA

2-Hr Peak Flow (MGD): NA

Estimated construction start date: NA

Estimated waste disposal start date: NA

#### C. Final Phase

Design Flow (MGD): 0.224

2-Hr Peak Flow (MGD): 0.853

Estimated construction start date: NA

Estimated waste disposal start date: NA

#### D. Current Operating Phase

Provide the startup date of the facility: 1979

### Section 2. Treatment Process (Instructions Page 42)

#### A. Current Operating Phase

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



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

Extended aeration; bar screen, lift station, oxidation ditch, clarifier, chlorine contact chamber, final chamber, sludge drying beds.

## B. Treatment Units

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

**Table 1.0(1) - Treatment Units**

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Bar Screen	1	2' x 11' x 3.5'
Oxidation Ditch	1	400' x 20' tp. x 10' bot. x 5'
Clarifier	2	38' dia. X 10'
Chlorine Contact Chamber	1	16' x 8' x 4'
Final Chamber	1	19' x 9' x 7'
Drying Beds	1	5000± sq. ft.
Lift Station	1	5' x 10' x 11'

## C. Process Flow Diagram

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

Attachment: [See Attachment No. 1](#)

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

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

- Latitude: 33.775573
- Longitude: -97.721941

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

- Latitude: NA
- Longitude: NA

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

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

**Attachment: See Attachment No. 2**

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

City of Nocona

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

**Collection System Information**

Collection System Name	Owner Name	Owner Type	Population Served
Nocona Collection System	City of Nocona	Publicly Owned	3190
		Choose an item.	
		Choose an item.	
		Choose an item.	

**Section 4. Unbuilt Phases (Instructions Page 44)**

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

NA

**Section 5. Closure Plans (Instructions Page 44)**

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

NA

## Section 6. Permit Specific Requirements (Instructions Page 44)

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

### A. Summary transmittal

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

☐ Yes ☐ No

If yes, provide the date(s) of approval for each phase: Click to enter text.

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

NA

### 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.

NA

**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*.

NA

**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.

NA

**3. Grit disposal**

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

☐ Yes ☒ No

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

Describe the method of grit disposal.

NA

**4. Grease and decanted liquid disposal**

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

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

NA

**E. Stormwater management**

**1. Applicability**

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

**2. MSGP coverage**

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

☐ Yes ☒ No

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

TXR05 Click to enter text. or TXRNE Click to enter text.

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

☐ Yes ☒ No

**3. Conditional exclusion**

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

☐ Yes ☒ No



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

NA
----

**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.

NA
----

**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.

NA
----

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.

NA

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

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

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

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

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

☐ Yes ☒ No

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

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

NA

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

**2. Acceptance of septic waste**

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

NA

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

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

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

☐ Yes ☒ No

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

NA

## Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 49)

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	<2	<2	1	Grab	7/1/25 @ 1000
Total Suspended Solids, mg/l	<2.5	<2.5	1	Grab	7/1/25 @ 0955
Ammonia Nitrogen, mg/l	<0.05	<0.05	1	Grab	7/1/25 @ 0940
Nitrate Nitrogen, mg/l	16.1	16.1	1	Grab	7/1/25 @ 0925
Total Kjeldahl Nitrogen, mg/l	0.836	0.836	1	Grab	7/1/25 @ 0950
Sulfate, mg/l	59.2	59.2	1	Grab	7/1/25 @ 0925
Chloride, mg/l	121	121	1	Grab	7/1/25 @ 0925
Total Phosphorus, mg/l	2.20	2.20	1	Grab	7/1/25 @ 0920
pH, standard units	7.13	7.13	1	Grab	7/1/25 @ 0854
Dissolved Oxygen*, mg/l	6.33	6.33	1	Grab	7/1/25 @ 0854
Chlorine Residual, mg/l	1.46	1.46	1	Grab	7/1/25 @ 0858
<i>E.coli</i> (CFU/100ml) freshwater	<1	<1	1	Grab	7/1/25 @ 0935
Enterococci (CFU/100ml) saltwater	NA	NA	NA	NA	NA
Total Dissolved Solids, mg/l	500	500	1	Grab	7/1/25 @ 0945
Electrical Conductivity, $\mu$ mohs/cm, †	NA	NA	NA	NA	NA
Oil & Grease, mg/l	NA	NA	NA	NA	NA
Alkalinity (CaCO <sub>3</sub> )*, mg/l	NA	NA	NA	NA	NA

\*TPDES permits only

†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l	NA	NA	NA	NA	NA
Total Dissolved Solids, mg/l	NA	NA	NA	NA	NA
pH, standard units	NA	NA	NA	NA	NA

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Fluoride, mg/l	NA	NA	NA	NA	NA
Aluminum, mg/l	NA	NA	NA	NA	NA
Alkalinity (CaCO <sub>3</sub> ), mg/l	NA	NA	NA	NA	NA

## Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Winston Ezzell

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

Facility Operator's License Number: WW0061867

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

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

Check all that apply. See instructions for guidance

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

### B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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



- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage (< 2 years)
- ☐ Long Term Storage (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: Click to enter text.

### C. Sewage Sludge or Biosolids Management

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

#### Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

### D. Disposal site

Disposal site name: Buffalo Creek Landfill

TCEQ permit or registration number: MSW-1571A

County where disposal site is located: Wichita

### E. Transportation method

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

Name of the hauler: Progressive Waste Solutions

Hauler registration number: Truck # 22591

Sludge is transported as a:

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

## Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 52)

### A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☐ No

#### B. Sludge processing authorization

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

Sludge Composting ☐ Yes ☒ No

Marketing and Distribution of Biosolids ☐ Yes ☒ No

Sludge Surface Disposal or Sludge Monofill ☐ Yes ☒ No

Temporary storage in sludge lagoons ☐ Yes ☒ No

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

☐ Yes ☐ No

### Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

#### A. Location information

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

- Original General Highway (County) Map:

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

- USDA Natural Resources Conservation Service Soil Map:

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

- Federal Emergency Management Map:

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

- Site map:

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

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

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

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

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

[Click to enter text.](#)

#### **B. Temporary storage information**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

### C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

### E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

## Section 12. Authorizations/Compliance/Enforcement (Instructions Page 54)

### A. Additional authorizations

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

☒ Yes ☐ No

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

7/23/1999 Authorization for Reclaimed Water # R10355003

### 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:

NA

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

### A. RCRA hazardous wastes

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

☐ Yes ☒ No

### B. Remediation activity wastewater

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

☐ Yes ☒ No

### C. Details about wastes received

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

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



## Section 14. Laboratory Accreditation (Instructions Page 55)

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

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

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

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

### CERTIFICATION:

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

Printed Name: Justlyn Ferrol

Title: Lab Supervisor

Signature: \_\_\_\_\_



Date: 4-11-2025

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

Attachment: Click to enter text.

### Section 2. Discharge into Tidally Affected Waters (Instructions Page 63)

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

#### A. Receiving water outfall

Width of the receiving water at the outfall, in feet: NA

#### 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).

NA

#### 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).

NA

### Section 3. Classified Segments (Instructions Page 63)

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

☐ Yes ☒ No

If yes, this Worksheet is complete.

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

### Section 4. Description of Immediate Receiving Waters (Instructions Page 63)

Name of the immediate receiving waters: To Crooked Creek; thence to Salt Creek; thence to the Red River above Lake Texoma in Segment No. 0204 of the Red River Basin.

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

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

Surface area, in acres: Click to enter text.

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

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

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

#### B. Flow characteristics

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

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

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

- ☐ USGS flow records
- ☐ Historical observation by adjacent landowners
- ☒ Personal observation

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

**C. Downstream perennial confluences**

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

NA

**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.

NA

**E. Normal dry weather characteristics**

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

Small defined channel, mostly dry with some ponds, no flow.

Date and time of observation: 5/9/2025 @ 10:00am

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

**A. Upstream influences**

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

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

## B. Waterbody uses

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

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

## C. Waterbody aesthetics

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

## Section 1. All POTWs (Instructions Page 87)

### A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 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.

NA



**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.

NA

**D. Pretreatment program**

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

**Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87)**

**A. Substantial modifications**

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

☐ Yes ☒ No

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

NA

**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.

NA

**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
NA				
NA				
NA				
NA				
NA				
NA				

**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.

NA

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

#### A. General information

Company Name: NA

SIC Code: NA

Contact name: NA

Address: NA

City, State, and Zip Code: NA

Telephone number: NA

Email address: NA

#### 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).

NA

#### C. Product and service information

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

NA

#### D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: NA

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: NA

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: NA

Click or tap here to enter text. NA

Category: NA

Subcategories: NA

Category: NA

Subcategories: NA

Category: NA

Subcategories: NA

Category: NA

Subcategories: NA

**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.

NA

# **Domestic Technical Report 1.0**

Treatment Units – Flow Diagram  
**Section 2(c) - Page 2 of 66**

**ATTACHMENT No. 1**



# **Domestic Technical Report 1.0**

Site Drawing  
**Section 3 - Page 2 of 66**

**ATTACHMENT No. 2**





# **Domestic Technical Report 1.0**

## **Pollutant Analysis of Treated Effluent Section 7 - Page 9 of 66**

### **ATTACHMENT No. 3**



# RED RIVER AUTHORITY OF TEXAS

## Laboratory Analysis Report


Job ID : 25070106

3000 Hammon Rd. Wichita Falls, Texas 76310

Report To : Client Name: City of Nocona  
Attn: Winston Ezzell  
Client Address: 102 Clay St  
City, State, Zip: Nocona, TX, 76255

The Red River Authority Of Texas has analyzed the following samples, please see the attached sub report for subcontracted sample results :

Client Sample ID	Matrix	Lab Sample ID
South T. Phos	Wastewater	25070106.01
South	Wastewater	25070106.02
South E. Coli	Wastewater	25070106.03
South Ammonia	Wastewater	25070106.04
South TDS	Wastewater	25070106.05
South TKN	Wastewater	25070106.06
South TSS	Wastewater	25070106.07
South cBOD/pH	Wastewater	25070106.08

  
Released By: Justlyn Ferrol  
Title: Lab Supervisor  
Date: 07/21/2025



This Laboratory is NELAP accredited. State Lab ID: T104704274

**Release Statement:** I am the responsible party for the release of this laboratory data package. This data package has been reviewed by laboratory staff, and is complete and technically compliant with the requirements of the test methods employed, except where noted in the case narratives. By my signature, I affirm, to the best of my knowledge, all problems or anomalies observed by the laboratory as having the potential to affect the quality of the data have been identified by laboratory staff in the Laboratory Review process, and no information or data has been knowingly withheld that would affect the quality of the data presented. Furthermore, the enclosed test results only relate to the samples described herein.

This report is a government document, and shall not be reproduced or altered, in whole or in part, without the express permission of the Laboratory Supervisor or designee. This report contains 4 pages, excluding any attachments.

Date Received : 





## LABORATORY TERMS AND QUALIFIER DEFINITION

Job ID : 25070106

Date Of Report : 07/21/2025

>	Result is greater than the value reported	ND	Not Detected
<	Result is less than the value reported	NE	Not Enough sample
BB	Broken Bottle	NS	Not Scheduled for analysis
BRL	Below Reporting Limit	ppb	parts per billion
CAS #	Chemical Abstracts Service registry number	ppm	parts per million
Conc.	Concentration	Q	Qualifier
CtrlLimit	Control Limit	Qb	Quality control batch
DF	Dilution Factor	QC	Quality Control
EB	Empty Bottle	Rec	Recovery
IF	Instrument Failure	RPD	Relative Percent Difference
LA	Lab Accident	Rpt Limit	Reporting Limit
LCS	Laboratory Check Standard	SM	Sample Matrix / Interference
LCSD	Laboratory Check Standard Duplicate	SMCL	Secondary Maximum Contaminant Level
MB	Missing Bottle	Spk	Spike
MCL	Maximum Contaminant Level	surr	Surrogate
mg/L	milligram per liter	SX	Sample
MS	Matrix Spike	SX Dup	Sample Duplicate
MSD	Matrix Spike Duplicate	TIC	Tentatively Identified Compound
N	Analyte is not NELAC accredited	ug/L	microgram per liter
N/A	Not Applicable	us/cm	micro-siemens per centimeter
*	Quality control analyte is outside of specified acceptance criteria.		
B1	Analyte detected in the method blank at or above the method reporting limit.		
D	Results are reported from a diluted aliquot of the sample.		
H1	Sample was received properly, but analysis was performed past holding time.		
H2	Sample was received and analyzed past allowable holding time.		
J	The target analyte is detectable, but having greater quantitative uncertainty.		
R	Data is of unknown quality and is rejected because of quality assurance or quality control deficiencies.		
S	To indicate matrix or pre-digested spike sample recovery for an analysis is not within the specified control limit.		
SC	Sample failed one or more requisites of the sample condition checklist.		
URL	Upper Reporting Limit, compound detected for but not above reporting limit.		
Q	Sample inadequately dechlorinated and adjusted for pH		
HT	Holding Time in Hours. Used for E.Coli and Enterococcus analysis.		
BOD1	BOD value based on < 2 mg/L corrected DO depletion after 5 days.		
BOD2	Final DO value <1.0 after 5 days.		
BODR	BOD GGA recovery did not meet laboratory acceptance criteria.		
RS	Sample pH was unable to be adjusted to 6.0-8.0 SU prior to analysis.		
MPN	Most Probable Number		





# SAMPLE CONDITION CHECKLIST

Date: 07/21/2025 12:18 PM

<b>Client Name :</b> City of Nocona			
<b>Client Address :</b> 102 Clay St			
<b>Job ID :</b> 25070106	<b>Date Received :</b> 07/01/2025	<b>Time Received :</b> 10:37 AM	
<b>Temperature(°C) :</b> 10.5	<b>pH Paper ID :</b> N/A	<b>Water Presevative:</b> Ice	
<b>Thermometer ID :</b> 20	<b>Adjusted pH :</b> N/A	<b>IDEXX Bottle Lot Number:</b> N/A	<b>Water Lot Number:</b> 233923
<b>Comments : Include actions taken to resolve discrepancies/problem:</b>			
Observed: ____11.1____ Correction Factor: ____-0.6____ Actual: ____10.5____			

	Check Points	Yes	No	N/A
1	Chain of Custody Present?	✓		
2	Chain of Custody signed when relinquished and received?	✓		
3	Chain of Custody agrees with sample labels?	✓		
4	Samples in proper container/bottles?	✓		
5	Sample containers intact?	✓		
6	Sufficient sample volume for indicated tests?	✓		
7	All samples received within holding times?	✓		
8	Sample on ice?	✓		
9	Water - VOA vials have zero headspace?			✓
10	Water - pH acceptable upon receipt?	✓		
11	Water - Chemical preservative provided by RRA?	✓		
12	Water - pH adjusted?		✓	

CheckIn By : cclark

CheckIn Date : 07/01/2025

Received By : sburgett



RP25072104





RP25072104



**Red River Authority of Texas**  
Environmental Services Division Laboratory  
P.O. Box 240  
Wichita Falls, TX 76307-0240  
Telephone: (940) 723-1717 Fax: (940) 723-6529  
E-mail: lab@rra.texas.gov



## Sample Analysis Report

Sample ID:	25070106.01	Client ID:	South T. Phos	Sampler:	Dallas Williams
------------	-------------	------------	---------------	----------	-----------------

**Client:** City of Nocona

**COC No:** 25070106

**Study:**

**Sampled:** 07/01/2025 09:20 AM

**Project:** WWTP's

**Completed:** 07/18/2025

**Location:** South Plant

**Type:** Grab

**Matrix:** Wastewater

**Receiving Notation:**

**Analysis Notation:**

*No BOD information for QUA 25070307.05 used standard dechlor amount from SOP, Duplicate only for chloride and sulfate as there were dilution issues.*

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00665	Total Phosphorus-P	07/18/2025	12:00	2.20	mg/L		0.06	SM 4500 P E	Qb25072102	

COC = Chain of Custody

DF = Dilution Factor

LOQ = Limit of Quantitation





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E-mail: lab@rra.texas.gov



## Sample Analysis Report

Sample ID:	25070106.02	Client ID:	South	Sampler:	Dallas Williams
------------	-------------	------------	-------	----------	-----------------

Client: City of Nocona

COC No: 25070106

Study:

Sampled: 07/01/2025 09:25 AM

Project: WWTP's

Completed: 07/03/2025

Location: South Plant

Type: Grab

Matrix: Wastewater

### Receiving Notation:

### Analysis Notation:

*No BOD information for QUA 25070307.05 used standard dechlor amount from SOP, Duplicate only for chloride and sulfate as there were dilution issues.*

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00620	Nitrate as N	07/03/2025	13:12	16.1	mg/L	4	0.05	EPA 300.0	Qb25070302	
00940	Chloride	07/03/2025	13:12	121	mg/L	4	10	EPA 300.0	Qb25070302	
00945	Sulfate	07/03/2025	13:12	59.2	mg/L	4	10	EPA 300.0	Qb25070302	

COC = Chain of Custody

DF = Dilution Factor

LOQ = Limit of Quantitation



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## Sample Analysis Report

Sample ID:	25070106.03	Client ID:	South E. Coli	Sampler:	Dallas Williams
------------	-------------	------------	---------------	----------	-----------------

Client: City of Nocona

COC No: 25070106

Study:

Sampled: 07/01/2025 09:35 AM

Project: WWTP's

Completed: 07/01/2025

Location: South Plant

Type: Grab

Matrix: Wastewater

### Receiving Notation:

### Analysis Notation:

*No BOD information for QUA 25070307.05 used standard dechlor amount from SOP, Duplicate only for chloride and sulfate as there were dilution issues.*

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
31699	E. coli	07/01/2025	15:10	<1	MPN/100 mL	1	1	SM 9223 B	Qb25070213	

COC = Chain of Custody

DF = Dilution Factor

LOQ = Limit of Quantitation



**RP25072104**



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## Sample Analysis Report

Sample ID:	25070106.04	Client ID:	South Ammonia	Sampler:	Dallas Williams
------------	-------------	------------	---------------	----------	-----------------

Client: City of Nocona

COC No: 25070106

Study:

Sampled: 07/01/2025 09:40 AM

Project: WWTP's

Completed: 07/07/2025

Location: South Plant

Type: Grab

Matrix: Wastewater

### Receiving Notation:

### Analysis Notation:

*No BOD information for QUA 25070307.05 used standard dechlor amount from SOP, Duplicate only for chloride and sulfate as there were dilution issues.*

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00610	Nitrogen, Ammonia as N	07/07/2025	09:28	<0.05	mg/L	1	0.05	SM 4500 NH3 D	Qb25070703	

COC = Chain of Custody

DF = Dilution Factor

LOQ = Limit of Quantitation



**RP25072104**



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## Sample Analysis Report

Sample ID:	25070106.05	Client ID:	South TDS	Sampler:	Dallas Williams
------------	-------------	------------	-----------	----------	-----------------

**Client:** City of Nocona

**COC No:** 25070106

**Study:**

**Sampled:** 07/01/2025 09:45 AM

**Project:** WWTP's

**Completed:** 07/07/2025

**Location:** South Plant

**Type:** Grab

**Matrix:** Wastewater

### Receiving Notation:

### Analysis Notation:

*No BOD information for QUA 25070307.05 used standard dechlor amount from SOP, Duplicate only for chloride and sulfate as there were dilution issues.*

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
70300	Solids, Total Dissolved	07/07/2025	12:35	500	mg/L	1	50	SM 2540 C	Qb25070804	

COC = Chain of Custody

DF = Dilution Factor

LOQ = Limit of Quantitation





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## Sample Analysis Report

Sample ID:	25070106.07	Client ID:	South TSS	Sampler:	Dallas Williams
------------	-------------	------------	-----------	----------	-----------------

**Client:** City of Nocona

**COC No:** 25070106

**Study:**

**Sampled:** 07/01/2025 09:55 AM

**Project:** WWTP's

**Completed:** 07/02/2025

**Location:** South Plant

**Type:** Grab

**Matrix:** Wastewater

### Receiving Notation:

### Analysis Notation:

*No BOD information for QUA 25070307.05 used standard dechlor amount from SOP, Duplicate only for chloride and sulfate as there were dilution issues.*

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00530	Solids, Total Suspended	07/02/2025	15:52	<2.5	mg/L		2.5	SM 2540 D	Qb25070214	

COC = Chain of Custody

DF = Dilution Factor

LOQ = Limit of Quantitation



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E-mail: lab@rra.texas.gov



## Sample Analysis Report

Sample ID:	25070106.08	Client ID:	South cBOD/pH	Sampler:	Dallas Williams
------------	-------------	------------	---------------	----------	-----------------

Client: City of Nocona

COC No: 25070106

Study:

Sampled: 07/01/2025 10:00 AM

Project: WWTP's

Completed: 07/02/2025

Location: South Plant

Type: Grab

Matrix: Wastewater

### Receiving Notation:

### Analysis Notation:

*No BOD information for QUA 25070307.05 used standard dechlor amount from SOP, Duplicate only for chloride and sulfate as there were dilution issues.*

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00314	cBOD	07/02/2025	12:00	<2	mg/L	1	2	SM 5210 B	Qb25070702	
00400	pH	07/11/2025	12:09	7.4	S.U.		0.1	EPA 150.1	Qb25071106	H2

COC = Chain of Custody

DF = Dilution Factor

LOQ = Limit of Quantitation





# QUALITY CONTROL CERTIFICATE

Job ID : 25070106

Date : 07/21/2025 12:18 PM

Analysis : E. coli, MPN

Method : SM 9223 B

Reporting Units : MPN/100mL

QC Batch ID : Qb25070213

Created Date : 07/02/2025 03:52 PM

Created By : sburgett

Samples in This QC Batch :

## QC Type: Method Blank

Parameter	CAS #	Result	Units	DF	Rpt Limit	Q
E. coli		<1	MPN/100mL	1.0	1	

## QC Type: Spike

QCType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	E. coli	<2	<2	25070105.04	MPN/100						



## QUALITY CONTROL CERTIFICATE

Job ID : 25070106

Date : 07/21/2025 12:18 PM

Analysis : TSS

Method : SM 2540 D

Reporting Units : mg/L

QC Batch ID : Qb25070214

Created Date : 07/02/2025 03:56 PM

Created By : rlawrence

Samples in This QC Batch : 25070106.03

## QC Type: Method Blank

Parameter	CAS #	Result	Units	DF	Rpt Limit	Q
Solids, Total Suspended		<2.5	mg/L		2.5	

## QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
LCS	Solids, Total Suspe	199			mg/L			200	99.5	85-115	
LCSD	Solids, Total Suspe	199			mg/L	0.2	15	200	99.7	85-115	
Duplicate	Solids, Total Suspe	6.8	7.2	25062624.01	mg/L	5.7	10				
Duplicate	Solids, Total Suspe	18.0	17.0	25070205.02	mg/L	5.7	10				
LOQ	Solids, Total Suspe	2.2			mg/L			2.5	88.0	70-130	





## QUALITY CONTROL CERTIFICATE

Job ID : 25070106

Date : 07/21/2025 12:18 PM

Analysis : Anions

Method : EPA 300.0

Reporting Units : mg/L

QC Batch ID : Qb25070302

Created Date : 07/03/2025 02:08 PM

Created By : sburgett

Samples in This QC Batch : 25070106.07

## QC Type: Method Blank

Parameter	CAS #	Result	Units	DF	Rpt Limit	Q
Chloride		<5	mg/L	1	10	
Nitrate as N		<5	mg/L	1	10	
Sulfate		<5	mg/L	1	10	

## QC Type: Spike

QCType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
MS	Chloride	31.7	121	25070106.02	mg/L			8.0	93.8	80-120	
LOQ	Chloride	4.83			mg/L			5.0	96.5	70-130	
LCSD	Chloride	40.4			mg/L	0.1	15	40	101.1	90-110	
LCS	Chloride	40.5			mg/L			40	101.2	90-110	
Duplicate	Chloride	5820	5980	25070107.02	mg/L	2.7	15	0		85-115	
Duplicate	Nitrate as N	0	561	25070107.02	mg/L		15	0		85-115	
LCS	Nitrate as N	2.01			mg/L			2	100.4	90-110	
LCSD	Nitrate as N	2.00			mg/L	0.3	15	2	100.2	90-110	
LOQ	Nitrate as N	0.0492			mg/L			0.05	98.4	70-130	
MS	Nitrate as N	3.54	16.1	25070106.02	mg/L			0.4	81.5	80-120	
Duplicate	Sulfate	927	953	25070107.02	mg/L	2.8	15	0		85-115	
LCS	Sulfate	38.7			mg/L			40	96.9	90-110	
LCSD	Sulfate	38.7			mg/L	0.1	15	40	96.7	90-110	
LOQ	Sulfate	4.74			mg/L			5.0	94.8	70-130	
MS	Sulfate	19.2	59.2	25070106.02	mg/L			8.0	92.5	80-120	

## QC Type: Standard

QCType	Parameter	Result	Units	Spike Added	Rec	Rec CtrlLimit	Q
	Chloride	50.7		50	101.4	90-110	
	Nitrate as N	2.96		3	98.6	90-110	
	Sulfate	50.4		50	100.9	90-110	



# QUALITY CONTROL CERTIFICATE

Job ID : 25070106

Date : 07/21/2025 12:18 PM

Analysis : cBOD

Method : SM 5210 B

Reporting Units : mg/L

QC Batch ID : Qb25070702

Created Date : 07/07/2025 11:53 AM

Created By : jferrol

Samples in This QC Batch : 25070106.02

## QC Type: Method Blank

Parameter	CAS #	Result	Units	DF	Rpt Limit	Q
cBOD		<2	mg/L	1		

## QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrLimit	Spike Added	Rec	Rec CtrLimit	Q
Duplicate	cBOD	<2	<2	25070217.01	mg/L		30				
GGA	cBOD	192			mg/L			198		85-115	



## QUALITY CONTROL CERTIFICATE

Job ID : 25070106

Date : 07/21/2025 12:18 PM

Analysis : Nitrogen, Ammonia as N

Method : SM 4500 NH3 D

Reporting Units : mg/L

QC Batch ID : Qb25070703

Created Date : 07/07/2025 12:31 PM

Created By : sburgett

Samples in This QC Batch : 25070106.08

## QC Type: Method Blank

Parameter	CAS #	Result	Units	DF	Rpt Limit	Q
Nitrogen, Ammonia as N		<0.05	mg/L	1	0.05	

## QC Type: Spike

QCType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	Nitrogen, Ammonia	0.24	0.24	25070211.03	mg/L	0.8	15				
Duplicate	Nitrogen, Ammonia	0.11	0.11	25070303.04	mg/L	0.0	15				
LCS	Nitrogen, Ammonia	0.50			mg/L			0.5	99.2	85-115	
LCSD	Nitrogen, Ammonia	0.53			mg/L	6.4	15	0.5	105.8	85-115	
LOQ	Nitrogen, Ammonia	0.05			mg/L			0.05	106.8	70-130	
MS	Nitrogen, Ammonia	0.22	0.18	25070209.02	mg/L			0.0498	94.1	80-120	

## QC Type: Standard

QCType	Parameter	Result	Units	Spike Added	Rec	Rec CtrlLimit	Q
	Nitrogen, Ammonia	0.51					



# QUALITY CONTROL CERTIFICATE

Job ID : 25070106

Date : 07/21/2025 12:18 PM

Analysis : TDS

Method : SM 2540 C

Reporting Units : mg/L

QC Batch ID : Qb25070804

Created Date : 07/08/2025 11:56 AM

Created By : sburgett

Samples in This QC Batch : 25070106.04

## QC Type: Method Blank

Parameter	CAS #	Result	Units	DF	Rpt Limit	Q
Solids, Total Dissolved		<50.0	mg/L	1	50	

## QC Type: Spike

QCType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	Solids, Total Dissolv	506	500	25070106.05	mg/L	1.2	10				
LCS	Solids, Total Dissolv	986			mg/L			1000	98.6	85-115	
LCSD	Solids, Total Dissolv	984			mg/L	0.2	15	1000	98.4	85-115	
LOQ	Solids, Total Dissolv	50.0			mg/L			50	100.0	70-130	

Refer to the



RP25072104





## QUALITY CONTROL CERTIFICATE

**Job ID :** 25070106

**Date :** 07/21/2025 12:18 PM

**Analysis :** pH, Aqueous (Standard Units)

**Method :** EPA 150.1

**Reporting Units :** S.U.

**QC Batch ID :** Qb25071106

**Created Date :** 07/11/2025 12:15 PM

**Created By :** tgeorges

**Samples in This QC Batch :** 25070106.05

**QC Type:** Spike

QCType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	pH	6.5	6.6	25071107.03	S.U.	0.2	15	0			H2



## QUALITY CONTROL CERTIFICATE

Job ID : 25070106

Date : 07/21/2025 12:18 PM

Analysis : Total Phosphorus-P

Method : SM 4500 P E

Reporting Units : mg/L

QC Batch ID : Qb25072102

Created Date : 07/21/2025 09:17 AM

Created By : rlawrence

Samples in This QC Batch : 25070106.08

## QC Type: Method Blank

Parameter	CAS #	Result	Units	DF	Rpt Limit	Q
Total Phosphorus-P		<0.06	mg/L		0.06	

## QC Type: Spike

QCType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	Total Phosphorus-P	2.72	2.75	25071110.06	mg/L	0.9	15	0			
LCS	Total Phosphorus-P	0.49			mg/L			0.50	98.8	85-115	
LCSD	Total Phosphorus-P	0.52			mg/L	4.6	15	0.50	103.2	85-115	
LOQ	Total Phosphorus-P	0.07			mg/L			0.06	108.3	70-130	
MS	Total Phosphorus-P	4.18	3.41	25071110.05	mg/L			0.1905	116.8	80-120	

## QC Type: Standard

QCType	Parameter	Result	Units	Spike Added	Rec	Rec CtrlLimit	Q
	Total Phosphorus-P	1.04		1.10	94.9	80-120	

# Laboratory Analysis Report

Total Number of Pages: 7

Job ID : 25070467



10100 East Freeway, Suite 100, Houston, TX 77029 tel: 713-453-6060, fax: 713-453-6091, <http://www.ablabs.com>

---

**Client Project Name :**  
**Project #25070106 / South Plant**

<b>Report To :</b>	<b>Client Name:</b>	Red River Authority of Texas	<b>P.O.#:</b>
	<b>Attn:</b>	Justlyn Ferrol	<b>Sample Collected By:</b> D. Williams
	<b>Client Address:</b>	3000 Hammon Rd.	<b>Date Collected:</b> 07/01/25
	<b>City, State, Zip:</b>	Wichita Falls, Texas, 76310	

---

**A&B Labs has analyzed the following samples...**

Client Sample ID	Matrix	A&B Sample ID
25070106.06-West TKN	Water	25070467.01

A handwritten signature in blue ink, appearing to read 'S. S. D. Shanmugam'.

Released By: Dhamodharan Shanmugam

Title: Reporting Associate

Date: 7/15/2025



This Laboratory is NELAP (T104704213-23-31) accredited. Effective: 04/01/2025; Expires: 03/31/2026

Scope: Non-Potable Water, Drinking Water, Air, Solid, Biological Tissue, Hazardous Waste

I am the laboratory manager, or his/her designee, and I am responsible for the release of this data package. This laboratory data package has been reviewed and is complete and technically compliant with the requirements of the methods used, except where noted in the attached exception reports. I affirm, to the best of my knowledge that all problems/anomalies observed by this laboratory (and if applicable, any and all laboratories subcontracted through this laboratory) that might affect the quality of the data, have been identified in the Laboratory Review Checklist, and that no information or data have been knowingly withheld that would affect the quality of the data.

This report cannot be reproduced, except in full, without prior written permission of A&B Labs. Results shown relate only to the items tested. Results apply to the sample as received. Samples are assumed to be in acceptable condition unless otherwise noted. Blank correction is not made unless otherwise noted. Air concentrations reported are based on field sampling information provided by client. Soil samples are reported on a wet weight basis unless otherwise noted. Uncertainty estimates are available on request.

ab-q210-0321

Date Received : 07/03/2025 09:55

25.1.29187



# LABORATORY TERM AND QUALIFIER DEFINITION REPORT



Job ID : 25070467

Date: 7/15/2025

## General Term Definition

Back-Wt	Back Weight	Post-Wt	Post Weight
BRL	Below Reporting Limit	ppm	parts per million
cfu	colony-forming units	Pre-Wt	Previous Weight
Conc.	Concentration	Q	Qualifier
D.F.	Dilution Factor	RegLimit	Regulatory Limit
Front-Wt	Front Weight	RLU	Relative Light Unit
J	Estimation. Below calibration range but above MDL	RPD	Relative Percent Difference
LCS	Laboratory Check Standard	RptLimit	Reporting Limit
LCSD	Laboratory Check Standard Duplicate	SDL	Sample Detection Limit
LOD	Limit of detection adjusted for %M + DF	SQL	Sample Quantitation Limit
LOQ	Limit of Quantitation adjusted for %M + DF	surr	Surrogate
MS	Matrix Spike	T	Time
MSD	Matrix Spike Duplicate	TNTC	Too numerous to count
MW	Molecular Weight	UQL	Unadjusted Upper Quantitation Limit
MQL	Unadjusted Minimum Quantitation Limit		

## Qualifier Definition

M6	Sample concentration high, more than 4X spike concentration. Control limits do not apply. "The sample randomly selected as QC for this batch was not part of your project. Therefore, this sample matrix is not applicable to your project samples."
----	--



**LABORATORY TEST RESULTS**

Job ID : 25070467

Date 7/15/2025

Client Name: Red River Authority of Texas

Attn: Justlyn Ferrol

Project Name: Project #25070106 / South Plant

Client Sample ID: 25070106.06-West TKN

Job Sample ID: 25070467.01

Date Collected: 07/01/25

Sample Matrix Water

Time Collected: 09:50

Other Information:

Test Method	Parameter/Test Description	Result	Units	DF	Rpt Limit	Reg Limit	Q	Date Time	Analyst
EPA 351.2	Total Kjeldahl Nitrogen	0.836	mg/L	1.00	0.2			07/11/25 16:10	SKC
	TKN								

ab-q212-0321

# QUALITY CONTROL CERTIFICATE



**Job ID :** 25070467

**Date :** 7/15/2025

**Analysis :** Total Kjeldahl Nitrogen **Method :** EPA 351.2 **Reporting Units :** mg/L

**QC Batch ID :** Qb250711100 **Created Date :** 07/11/25 **Created By :** Srijan

**Samples in This QC Batch :** 25070467.01

**Sample Preparation :** PB25071152 **Prep Method :** EPA 351.2\_ **Prep Date :** 07/11/25 10:00 **Prep By :** Srijan

## QC Type: Blank Result

QCType	Parameter	CAS #	Result	Units	D.F.	RptLimit	Qual
Method Blank	TKN		BRL	mg/L	1.00	0.2	

## QC Type: LCS and LCSD

Parameter	LCS Spk Added	LCS Result	LCS % Rec	LCSD Spk Added	LCSD Result	LCSD % Rec	RPD	RPD CtrlLimit	%Recovery CtrlLimit	Qual
TKN	1	1.00	100	1	1.01	101	0.9	10	90-110	

## QC Type: MS1 and MSD1

**QC Sample ID:** 25070570.01

Parameter	Sample Result	MS1 Spk Added	MS1 Result	MS1 % Rec	MSD1 Spk Added	MSD1 Result	MSD1 % Rec	RPD	RPD CtrlLimit	%Rec CtrlLimit	Qual
TKN	0.612	1	1.51	90.2	1	1.52	91.2	0.7	10	90-110	

## QC Type: MS2 and MSD2

**QC Sample ID:** 25070933.10

Parameter	Sample Result	MS2 Spk Added	MS2 Result	MS2 % Rec	MSD2 Spk Added	MSD2 Result	MSD2 % Rec	RPD	RPD CtrlLimit	%Rec CtrlLimit	Qual
TKN	6.23	1	7.08	85.5	1	7.12	89.1	0.5	10	90-110	M6

ab-q213-0321

Refer to the Definition page for terms.



**RP25072104**





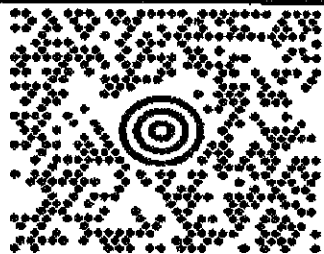
STACEY GREEN  
(940)723-8697  
RED RIVER AUTHORITY OF TEXAS  
3000 HAMMON RD  
WICHITA FALLS TX 76310

8 LBS

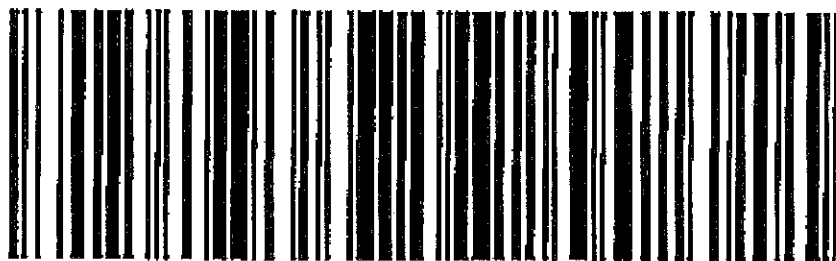
2 OF 2

DWT: 16,11,10

**SHIP TO:**  
ASHLEY HALL  
713-453-6060  
A & B LABS  
SUITE 100  
10100 EAST FREEWAY  
**HOUSTON TX 77029**

**TX 770 9-05****UPS NEXT DAY AIR**

TRACKING #: 1Z A72 76T 01 9380 0274

**1**

BILLING: P/P

Reference #1: 25070105, XX0106



XOL 25.06.28

NV45 27.0A 06/2025\*



## Sample Condition Checklist

A&B JobID : <b>25070467</b>		Date Received : <b>07/03/2025</b>		Time Received : <b>9:55AM</b>	
Client Name : <b>Red River Authority of Texas</b>					
Temperature : <b>4.5°C</b>		Sample pH : <b>&lt;2 TKN</b>			
Thermometer ID : <b>IR7</b>		pH Paper ID : <b>127328</b>			
Perservative :		Lot# :			

	Check Points	Yes	No	N/A
1.	Cooler Seal present and signed.	X		
2.	Sample(s) in a cooler.	X		
3.	If yes, ice in cooler.	X		
4.	Sample(s) received with chain-of-custody.	X		
5.	C-O-C signed and dated.	X		
6.	Sample(s) received with signed sample custody seal.			X
7.	Sample containers arrived intact. (If No comment)	X		
8.	Matrix:    Water    Soil    Liquid    Sludge    Solid    Cassette    Tube    Bulk    Badge    Food    Other <div style="display: flex; justify-content: space-around; font-size: small;"> <span><input checked="" type="checkbox"/></span> <span><input type="checkbox"/></span> <span><input type="checkbox"/></span> <span><input type="checkbox"/></span> <span><input type="checkbox"/></span> <span><input type="checkbox"/></span> <span><input type="checkbox"/></span> <span><input type="checkbox"/></span> <span><input type="checkbox"/></span> <span><input type="checkbox"/></span> <span><input type="checkbox"/></span> <span><input type="checkbox"/></span> </div>			
9.	Samples were received in appropriate container(s)	X		
10.	Sample(s) were received with Proper preservative	X		
11.	All samples were tagged or labeled.	X		
12.	Sample ID labels match C-O-C ID's.	X		
13.	Bottle count on C-O-C matches bottles found.	X		
14.	Sample volume is sufficient for analyses requested.	X		
15.	Samples were received within the hold time.	X		
16.	VOA vials completely filled.			X
17.	Sample accepted.	X		
18.	Has client been contacted about sub-out			X

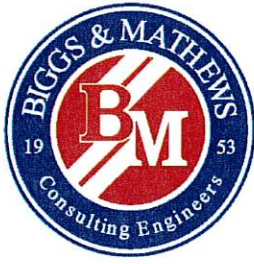
<b>Comments : Include actions taken to resolve discrepancies/problem:</b>
---

Brought by : FedEx

Received by : MClotfelter

Check in by/date : MClotfelter / 07/03/2025

ab-s005-1123



**BIGGS & MATHEWS INC.**  
Consulting Engineers

August 19, 2025

Brandon Maldonado  
Applications Review and Processing Team (MC148)  
Water Quality Division  
Texas Commission of Environmental Quality

Subject - Application to Renew Permit No.: WQ0010355003 (EPA ID No. TX0042668)  
Applicant Name: City of Nocona (CN602281123)  
Site Name: City of Nocona South WWTP (RN101609287)  
Type of Application: Renewal without changes

Dear Brandon Maldonado:

This letter is in response to an email that was received by Mr. Lynn Henley – City Manager of Nocona, Texas on August 14, 2025 regarding the renewal application for the City of Nocona's South WWTP.

Please see our responses/revisions in red...

1. Administrative Report 1.0

Section 8, Item D: Upon verification the provided location of “Nocona City Hall” could not be found at that address. Instead, the address led to “Nocona Water Department” and the correct address for city hall appears to be 102 Clay Street. Please confirm which location and address will be used for public viewing and then provide an updated Section 8, Item D if necessary.

The correct address for Nocona City Hall is 102 Clay Street, Nocona, Texas 76255.

Section 8, Item D has been updated, and the revised sheet is attached...

2. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.



**APPLICATION.** City of Nocona, 102 Clay Street, Nocona, Texas 76255, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010355003 (EPA I.D. No. TX0042668) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 224,000 gallons per day. The domestic wastewater treatment facility is located 0.3 miles east of State Highway 175 (Montague Street), approximately 0.7 miles south of the intersection of State Highway 175 and U.S. Highway 82, in Montague County, Texas 76255. The discharge route is from the plant site to Crooked Branch, thence to Salt Creek, thence to Red River above Lake Texoma in Segment No. 0204 of the Red River Basin. TCEQ received this application on July 31, 2025. The permit application will be available for viewing and copying at Nocona City Hall, Foyer, 102 Clay Street, Nocona, in Montague 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=-100.426944,34.545&level=18>

Further information may also be obtained from City of Nocona at the address stated above or by calling Mr. Lynn Henley, City Manager, at 940-825-3282.

**1. City of Nocona Address Update**

Administrative Report - Page 4 - Section 4 - Item A  
Administrative Report - Page 4 - Section 5 - Item A  
Administrative Report - Page 5 - Section 6  
Administrative Report - Page 5 - Section 7  
Administrative Report - Page 5 - Section 8 - Item A  
Administrative Report - Page 6 - Section 8 - Item C  
Administrative Report - Page 7 - Section 9 - Item D  
Core Data Form - Page 1 - Section II - Item 15  
Core Data Form - Page 2 - Section III - Item 34

Regards,  
BIGGS & MATHEWS, INC. (F-834)

  
Kerry D. Maroney, P.E.

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

### C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. **See Attachment No. 1**

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

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

A. Prefix: Mr.

Last Name, First Name: Henley, Lynn

Title: City Manager

Credential: Click to enter text.

Organization Name: City of Nocona

Mailing Address: 102 Clay Street

City, State, Zip Code: Nocona, Texas 76255

Phone No.: 940-825-3282

E-mail Address: lhenley@cityofnocona.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: Mr.

Last Name, First Name: Maroney, Kerry

Title: Professional Engineer

Credential: P.E.

Organization Name: Biggs and Mathews, Inc

Mailing Address: 2500 Brook Avenue

City, State, Zip Code: Wichita Falls, Texas 76301

Phone No.: 940-766-0156

E-mail Address: kdm@bmiwf.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

## Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr.

Last Name, First Name: Henley, Lynn

Title: City Manager

Credential: Click to enter text.

Organization Name: City of Nocona

Mailing Address: 102 Clay Street

City, State, Zip Code: Nocona, Texas 76255

Phone No.: 940-825-3282

E-mail Address: lhenley@cityofnocona.com

B. Prefix: Mr. Last Name, First Name: Maroney, Kerry  
Title: Professional Engineer Credential: P.E.  
Organization Name: Biggs and Mathews, Inc.  
Mailing Address: 2500 Brook Avenue City, State, Zip Code: Wichita Falls, Texas 76301  
Phone No.: 940-766-0156 E-mail Address: kdm@bmiwf.com

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

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

Prefix: Mr. Last Name, First Name: Henley, Lynn  
Title: City Manager Credential: Click to enter text.  
Organization Name: City of Nocona  
Mailing Address: 102 Clay Street City, State, Zip Code: Nocona, Texas 76255  
Phone No.: 940-825-3282 E-mail Address: lhenley@cityofnocona.com

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

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

Prefix: Mr. Last Name, First Name: Henley, Lynn  
Title: City Manager Credential: Click to enter text.  
Organization Name: City of Nocona  
Mailing Address: 102 Clay Street City, State, Zip Code: Nocona, Texas 76255  
Phone No.: 940-825-3282 E-mail Address: lhenley@cityofnocona.com

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

### A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Henley, Lynn  
Title: City Manager Credential: Click to enter text.  
Organization Name: City of Nocona  
Mailing Address: 102 Clay Street City, State, Zip Code: Nocona, Texas 76255  
Phone No.: 940-825-3282 E-mail Address: lhenley@cityofnocona.com



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

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

☐ E-mail Address

☐ Fax

☒ Regular Mail

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

Prefix: Mr.

Last Name, First Name: Henley, Lynn

Title: City Manager

Credential: Click to enter text.

Organization Name: City of Nocona

Mailing Address: 102 Clay Street

City, State, Zip Code: Nocona, Texas 76255

Phone No.: 940-825-3282

E-mail Address: lhenley@cityofnocona.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: Foyer

Physical Address of Building: 102 Clay Street

City: Nocona

County: Montague

Contact (Last Name, First Name): Henley, Lynn

Phone No.: 940-825-3282 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

☐ Yes

☒ No

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

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

☐ Yes

☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

#### F. Summary of Application in Plain Language Template

Complete the F. Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS, and include as an attachment.

**Attachment:** [See Attachment No.2](#)

#### G. Public Involvement Plan Form

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

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

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** 101609287

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 Nocona South Wastewater Treatment Facility

C. Owner of treatment facility: City of Nocona

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

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

Prefix: Mr.

Last Name, First Name: Henley, Lynn

Title: City Manager

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

Organization Name: City of Nocona

Mailing Address: 102 Clay Street

City, State, Zip Code: Nocona, Texas 76255

Phone No.: 940-825-3282

E-mail Address: lhenley@cityofnocona.com

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

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



# TCEQ Core Data Form

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

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 602281123		RN 101609287

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)			
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
City of Nocona					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b>	<b>10. DUNS Number</b> (if applicable)
NA		NA		(9 digits) 75-6000624	NA
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
<b>15. Mailing Address:</b>	102 Clay Street				
	City	Nocona	State	TX	ZIP 76255 ZIP + 4
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				lhenley@cityofnocona.com	



<b>18. Telephone Number</b> ( 940 ) 825-3282	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b> (   ) -
---	------------------------------	--

### SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.)							
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)							
City of Nocona South Wastewater Treatment Facility							
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)							
	City	Nocona	State	TX	ZIP	76255	ZIP + 4
<b>24. County</b>	Montague						

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

<b>25. Description to Physical Location:</b>	Located 0.3 mile east of State Highway 175 (Montague Steet), approximately 0.7 mile south of the intersection of State Highway 175 and U.S. Highway 82, in Montague County, Texas 76255.							
<b>26. Nearest City</b>	Nocona				<b>State</b>	TX	<b>Nearest ZIP Code</b>	76255
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
<b>27. Latitude (N) In Decimal:</b>		33.7755			<b>28. Longitude (W) In Decimal:</b>		-97.7227	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
33N	46'	32"	-97W	43'	22"			
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)			
4952			221320					
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)								
City Government								
<b>34. Mailing Address:</b>	102 Clay Street							
	City	Nocona	State	TX	ZIP	76255	ZIP + 4	
<b>35. E-Mail Address:</b>	lhenley@cityofnocona.com							
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>		<b>38. Fax Number (if applicable)</b>					
( 940 ) 825-3282			(   ) -					

## Brandon Maldonado

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**From:** Nash Gann <ngann@bmiwf.com>  
**Sent:** Tuesday, August 19, 2025 10:07 AM  
**To:** Brandon Maldonado  
**Cc:** Lyn Henley (lhenley@cityofnocona.com); Winston Ezzell (wezzell@cityofnocona.com); Kerry D. Maroney  
**Subject:** RE: Application to Renew Permit No. WQ0010355003 - Notice of Deficiency Letter  
**Attachments:** 20250819\_BMI Response to NOD1 - Nocona South WWTP.pdf.pdf

Mr. Maldonado,

Please find the attached response to your email sent to Lynn Henley (City Manager – Nocona, Texas) in regards to their permit application.

Per our phone conversation this morning, we have added an additional item (3) to our response to include all revised sheets needed to update the City of Nocona's contact information.

If you have any questions, please do not hesitate to contact us.

Thanks,

**Nash Gann**

Biggs & Mathews, Inc.  
2500 Brook Avenue  
Wichita Falls, TX 76301  
(940) 766-0156  
[ngann@bmiwf.com](mailto:ngann@bmiwf.com)

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**From:** Kerry D. Maroney <kdm@bmiwf.com>  
**Sent:** Thursday, August 14, 2025 4:55 PM  
**To:** Nash Gann <ngann@bmiwf.com>  
**Subject:** Fwd: Application to Renew Permit No. WQ0010355003 - Notice of Deficiency Letter

Sent from my iPhone

Begin forwarded message:

**From:** Brandon Maldonado <[Brandon.Maldonado@tceq.texas.gov](mailto:Brandon.Maldonado@tceq.texas.gov)>  
**Date:** August 14, 2025 at 3:52:54 PM CDT  
**To:** [lhenley@cityofnocona.com](mailto:lhenley@cityofnocona.com)  
**Cc:** "Kerry D. Maroney" <[kdm@bmiwf.com](mailto:kdm@bmiwf.com)>  
**Subject:** Application to Renew Permit No. WQ0010355003 - Notice of Deficiency Letter

Dear Mr. Henley

The attached Notice of Deficiency (NOD) letter sent on **August 14, 2025**, requests additional information needed to declare the application administratively complete. Please send complete response to my attention by **August 28, 2025**.

Please let me know if you have any questions.

Regards,

**Brandon Maldonado**  
Texas Commission on Environmental  
Quality  
Water Quality Division  
512-239-4331  
[Brandon.Maldonado@tceq.texas.gov](mailto:Brandon.Maldonado@tceq.texas.gov)

How is our customer service? Fill out our online customer satisfaction survey at  
[www.tceq.texas.gov/customersurvey](http://www.tceq.texas.gov/customersurvey)