



# Administrative Package Cover Page

**This file contains the following documents:**

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



# Portada de Paquete Administrativo

**Este archivo contiene los siguientes documentos:**

1. Resumen en lenguaje sencillo (PLS, por sus siglas en inglés) de la actividad propuesta
  - Inglés
  - Idioma alternativo (español)
2. Primer aviso (NORI, por sus siglas en inglés)
  - Inglés
  - Idioma alternativo (español)
3. Solicitud original



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

### PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

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

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

The City of Corpus Christi (CN600131858) operates Allison Wastewater Treatment Facility (RN101610079), an integrated fixed film activated sludge and conventional activated sludge facility. The facility is located at 4101 Allison Road approximately 1 mile north of Interstate Highway 37, in Corpus Christi, Nueces County, Texas 78410. This application is for a renewal to discharge at a combined annual average flow of 5,000,000 gallons per day of treated domestic wastewater via Outfall 001 and Outfall 002.

Discharges from the facility are expected to contain 5-day biochemical oxygen demand (BOD<sub>5</sub>), total suspended solids (TSS), ammonia nitrogen, zinc, and enterococci. Domestic wastewater is treated by a conventional activated sludge facility with aerobic digesters. Treatment units include mechanical bar screens, a grit chamber, aeration basins, aerobic digesters, final clarifiers, chlorine contact chambers, sludge drying beds, cloth filters, a pre-thickener, and a post-thickener.

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

### **AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES**

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

La Ciudad de Corpus Christi (CN600131858) opera planta de tratamiento de aguas residuales de Allsion (RN101610079), una instalación integrada de lodos activados de película fija e instalación de lodos activados convencionales. La instalación está ubicada en 4101 Allison Road aproximadamente 1 milla al norte de la autopista interestatal 37, en la ciudad de corpus christi, Condado de Nueces, Texas 78410. Esta solicitud es para una renovación para descargar a un caudal medio anual combinado de 5,000,000 de galones por día de aguas residuales domésticas tratadas a través del Emisario 001 y Emisario 002.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno (BOD<sub>5</sub>) de 5 días, sólidos suspendidos totales (TSS), nitrógeno amoniacal, zinc y enterococos. Aguas residuales domésticas. está tratado por una instalación convencional de lodos activados con digestores aeróbicos. Las unidades de tratamiento incluyen rejillas de barras mecánicas, desarenador, tanques de aireación, digestores aeróbicos, clarificadores finales, cámaras de contacto de cloro, lechos de secado de lodos, filtros de tela, un preespesante y un postespesante.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010401006

**APPLICATION.** City of Corpus Christi, P.O. Box 9277, Corpus Christi, Texas 78469, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010401006 (EPA I.D. No. TX0047082) to authorize the discharge of treated wastewater at a volume not to exceed an annual average flow of 5,000,000 gallons per day via Outfall 001 and 2,000,000 gallons per day via Outfall 002. The domestic wastewater treatment facility is located at 4101 Allison Road, in the city of Corpus Christi, in Nueces County, Texas 78410. The discharge route is from the plant site via Outfall 001 directly to the Nueces River Tidal and via Outfall 002 to South Lake; thence to the Nueces Bay. TCEQ received this application on September 4, 2024. The permit application will be available for viewing and copying at City of Corpus Christi Utilities Building, front desk, 2726 Holly Road, Corpus Christi, in Nueces 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=-97.566111,27.856944&level=18>

**ALTERNATIVE LANGUAGE NOTICE.** Alternative language notice in Spanish is available at:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

El aviso de idioma alternativo en español está disponible en

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

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

**PUBLIC COMMENT / PUBLIC MEETING.** You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a



public meeting if the Executive Director determines that there is a significant degree of public interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

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

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

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

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

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

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

**INFORMATION AVAILABLE ONLINE.** For details about the status of the application, visit the Commissioners' Integrated Database at [www.tceq.texas.gov/goto/cid](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 Corpus Christi at the address stated above or by calling Mr. Earl Richardson, Wastewater Treatment Plant Manager, at 361-826-1848.

Issuance Date: October 1, 2024

# Comisión de Calidad Ambiental del Estado de Texas



## AVISO DE RECIBO DE LA SOLICITUD Y EL INTENTO DE OBTENER PERMISO PARA LA CALIDAD DEL AGUA RENOVACION

### PERMISO NO. WQ0010401006

**SOLICITUD.** La Ciudad de Corpus Christi ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0010401006 (EPA I.D. No. TX0047082) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 5,000,000 de galones por día a través del Emisario 001 y 2,000,000 de galones por día a través del Emisario 002. La planta está ubicada 4101 Allison Road, Corpus Christi, en el Condado de Nueces, Texas. La ruta de descarga es del sitio de la planta a por el Emisario 001 directamente a la marea del río Nueces y por el Emisario 002 al Lago Sur; de allí a la Bahía de Nueces. La TCEQ recibió esta solicitud el 4 de septiembre de 2024. La solicitud para el permiso estará disponible para leerla y copiarla en 2726 Holly Road antes de la fecha de publicación de este aviso en el periódico. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.566111,27.856944&level=18>

**AVISO ADICIONAL.** El Director Ejecutivo de la TCEQ ha determinado que la solicitud es administrativamente completa y conducirá una revisión técnica de la solicitud. Después de completar la revisión técnica, el Director Ejecutivo puede preparar un borrador del permiso y emitirá una Decisión Preliminar sobre la solicitud. **El aviso de la solicitud y la decisión preliminar serán publicados y enviado a los que están en la lista de correo de las personas a lo largo del condado que desean recibir los avisos y los que están en la lista de correo que desean recibir avisos de esta solicitud. El aviso dará la fecha límite para someter comentarios públicos.**

**COMENTARIO PUBLICO / REUNION PUBLICA.** Usted puede presentar **comentarios públicos o pedir una reunión pública sobre esta solicitud.** El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

**OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO.** Después del plazo para presentar comentarios públicos, el Director Ejecutivo considerará todos los comentarios apropiados y preparará una respuesta a todo los comentarios públicos esenciales, pertinentes, o significativos. **A menos que la solicitud haya sido referida**

**directamente a una audiencia administrativa de lo contencioso, la respuesta a los comentarios y la decisión del Director Ejecutivo sobre la solicitud serán enviados por correo a todos los que presentaron un comentario público y a las personas que están en la lista para recibir avisos sobre esta solicitud. Si se reciben comentarios, el aviso también proveerá instrucciones para pedir una reconsideración de la decisión del Director Ejecutivo y para pedir una audiencia administrativa de lo contencioso.** Una audiencia administrativa de lo contencioso es un procedimiento legal similar a un procedimiento legal civil en un tribunal de distrito del estado.

**PARA SOLICITAR UNA AUDIENCIA DE CASO IMPUGNADO, USTED DEBE INCLUIR EN SU SOLICITUD LOS SIGUIENTES DATOS:** su nombre, dirección, y número de teléfono; el nombre del solicitante y número del permiso; la ubicación y distancia de su propiedad/actividad con respecto a la instalación; una descripción específica de la forma cómo usted sería afectado adversamente por el sitio de una manera no común al público en general; una lista de todas las cuestiones de hecho en disputa que usted presente durante el período de comentarios; y la declaración "[Yo/nosotros] solicito/solicitamos una audiencia de caso impugnado". Si presenta la petición para una audiencia de caso impugnado de parte de un grupo o asociación, debe identificar una persona que representa al grupo para recibir correspondencia en el futuro; identificar el nombre y la dirección de un miembro del grupo que sería afectado adversamente por la planta o la actividad propuesta; proveer la información indicada anteriormente con respecto a la ubicación del miembro afectado y su distancia de la planta o actividad propuesta; explicar cómo y porqué el miembro sería afectado; y explicar cómo los intereses que el grupo desea proteger son pertinentes al propósito del grupo.

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión. La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios. Si ciertos criterios se cumplen, la TCEQ puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.

**LISTA DE CORREO.** Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas de correos siguientes (1) la lista de correo permanente para recibir los avisos de el solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

**CONTACTOS E INFORMACIÓN A LA AGENCIA.** Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía

<http://www14.tceq.texas.gov/epic/eComment/> o por escrito dirigidos a la Comisión de Texas de Calidad Ambiental, Oficial de la Secretaría (Office of Chief Clerk), MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en Español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del la Ciudad de Corpus Christi a la dirección indicada arriba o llamando a Earl Richardson al (361) 826-1848.

Fecha de emission: 01 de octubre de 2024



**CITY OF CORPUS CHRISTI**

**ALLISON WASTEWATER TREATMENT FACILITY  
TEXAS POLLUTANT DISCHARGE ELIMINATION  
SYSTEM PERMIT RENEWAL APPLICATION  
PERMIT NO. WQ0010401006**

**SUBMITTED TO:  
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**



**PLUMMER**

**September 2024**

PROJECT #: 0537-062-091

**CITY OF CORPUS CHRISTI  
ALLISON WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION**

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**III. ATTACHMENTS**

<b><u>No.</u></b>	<b><u>Description</u></b>	<b><u>Reference</u></b>
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K	List of Facility Operators	Tech Rpt 1.0, Section 8
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M	Effluent Parameters Above the MAL	Wks 6.0 Section 2.C



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Corpus Christi

PERMIT NUMBER (If new, leave blank): WQ00 10401006

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

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

## For TCEQ Use Only

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





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
ADMINISTRATIVE REPORT 1.0**

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

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

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

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

Minor Amendment (for any flow) \$150.00 ☐

**Payment Information:**

Mailed      Check/Money Order Number: 543139  
Check/Money Order Amount: \$2,015.00  
Name Printed on Check: City of Corpus Christi

EPAY      Voucher Number: N/A

Copy of Payment Voucher enclosed?      Yes ☐

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

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

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

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

- ☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 10401006

EPA I.D. (TPDES only): TX 0047082

Expiration Date: 3/3/2025

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

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

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

City of Corpus Christi

*(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: 600131858

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: Molly, Drew

Title: Chief Operating Officer, Corpus Christi Water

Credential: P.E.

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

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

N/A

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

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

CN: N/A

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: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

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

### 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 A

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

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

- A. Prefix: Mr. Last Name, First Name: Richardson, Earl  
Title: Wastewater Treatment Plant Manager Credential: N/A  
Organization Name: City of Corpus Christi  
Mailing Address: 2726 Holly Road City, State, Zip Code: Corpus Christi, TX 78415  
Phone No.: (361) 826-1848 E-mail Address: earlri@cctexas.com  
Check one or both: ☒ Administrative Contact ☒ Technical Contact
- B. Prefix: Ms. Last Name, First Name: Lewis, Ashley  
Title: Water Quality/Permitting Team Leader Credential: N/A  
Organization Name: Plummer Associates, Inc.  
Mailing Address: 8911 N Capital of Tx Hwy, Ste 1250 City, State, Zip Code: Austin, TX 78759  
Phone No.: (512) 687-2154 E-mail Address: alewis@plummer.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: Richardson, Earl  
Title: Wastewater Treatment Plant Manager Credential: N/A  
Organization Name: City of Corpus Christi  
Mailing Address: 2726 Holly Road City, State, Zip Code: Corpus Christi, TX 78415  
Phone No.: (361) 826-1848 E-mail Address: earlri@cctexas.com

B. Prefix: Mr. Last Name, First Name: Deng, Jiangang (Daniel)  
Title: Assistant Director of Wastewater Treatment Credential: P.E.  
Organization Name: City of Corpus Christi  
Mailing Address: 2726 Holly Road City, State, Zip Code: Corpus Christi, TX 78415  
Phone No.: (361) 826-1805 E-mail Address: jiangangD@cctexas.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: Richardson, Earl  
Title: Wastewater Treatment Plant Manager Credential: N/A  
Organization Name: City of Corpus Christi  
Mailing Address: 2726 Holly Road City, State, Zip Code: Corpus Christi, TX 78415  
Phone No.: (361) 826-1848 E-mail Address: earlri@cctexas.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: Richardson, Earl  
Title: Wastewater Treatment Plant Manager Credential: N/A  
Organization Name: City of Corpus Christi  
Mailing Address: 2726 Holly Road City, State, Zip Code: Corpus Christi, TX 78415  
Phone No.: (361) 826-1848 E-mail Address: earlri@cctexas.com

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

### A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Richardson, Earl  
Title: Wastewater Treatment Plant Manager Credential: N/A  
Organization Name: City of Corpus Christi  
Mailing Address: 2726 Holly Road City, State, Zip Code: Corpus Christi, TX 78415  
Phone No.: (361) 826-1848 E-mail Address: earlri@cctexas.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: Richardson, Earl

Title: Wastewater Treatment Plant Manager

Credential: N/A

Organization Name: City of Corpus Christi

Mailing Address: 2726 Holly Road

City, State, Zip Code: Corpus Christi, TX 78415

Phone No.: (361) 826-1848

E-mail Address: earlri@cctexas.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 of Corpus Christi Utilities Building

Location within the building: Front Desk

Physical Address of Building: 2726 Holly Road

City: Corpus Christi

County: Nueces

Contact (Last Name, First Name): Abigail Perez

Phone No.: (361) 826-1800 Ext.: N/A

**E. Bilingual Notice Requirements**

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

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

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☐ Yes

☒ No

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

☐ Yes

☒ No

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

#### F. Plain Language Summary Template

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

Attachment: B

#### G. Public Involvement Plan Form

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

Attachment: N/A

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 101610079

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):

Allison Wastewater Treatment Facility

C. Owner of treatment facility: City of Corpus Christi

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

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: City of Corpus Christi

Mailing Address: P.O. Box 9277

City, State, Zip Code: Corpus Christi, TX 78469

Phone No.: (361) 826-3278

E-mail Address: drewm@cctexas.com

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

Attachment: N/A

E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

**Attachment:** N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

**Attachment:** N/A

## Section 10. TPDES Discharge Information (Instructions Page 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:

N/A

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:

N/A

City nearest the outfall(s): Corpus Christi

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

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

**Attachment:** N/A

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

## 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 N/A – Not a TLAP

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

N/A – Not a TLAP

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

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

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

N/A – Not a TLAP

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

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

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

N/A



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

☒ Yes ☐ No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application: Tres Koenings, Alexandra Hughes; Plummer Associates, Inc.

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: N/A

Amount past due: N/A

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: N/A

Amount past due: N/A

## 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 C
- 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: See Table of Contents

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

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

Permit Number: WQ0010401006

Applicant: City of Corpus Christi


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): Drew Molly, P.E.

Signatory title: Chief Operating Officer, Corpus Christi Water

Signature: 

(Use blue ink)

Date: 8/26/24

Subscribed and Sworn to before me by the said Andrew Molly

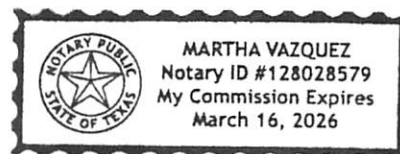
on this August day of 26, 2024.

My commission expires on the 16th day of March, 2026.

  
Notary Public

[SEAL]

Nueces  
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:** D



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

#### A. Existing/Interim I Phase

Design Flow (MGD): Outfall 001: 5.0 MGD; Outfall 002: 2.0 MGD

2-Hr Peak Flow (MGD): Outfall 001: 15.0 MGD; Outfall 002: 4.0 MGD

Estimated construction start date: Existing Phase

Estimated waste disposal start date: N/A – Existing Phase

#### B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

#### C. Final Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

#### D. Current Operating Phase

Provide the startup date of the facility: Approximately 1965

### Section 2. Treatment Process (Instructions Page 43)

#### A. Current Operating Phase

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

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

See Attachment E

## B. Treatment Units

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

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

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
<u>See Attachment F</u>		

## C. Process Flow Diagram

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

**Attachment:** G

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

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

- Latitude: Outfall 001: 27.859227; Outfall 002: 27.865294
- Longitude: Outfall 001: -97.565633; Outfall 002: -97.559404

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

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

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

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

**Attachment:** H

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

The Allison Wastewater Treatment Facility serves the northwest portion of Corpus Christi covering Annaville, Arlington Heights, and Calallen.

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
Allison WWTF Collection System	City of Corpus Christi	Publicly Owned	33,500
		Choose an item.	
		Choose an item.	
		Choose an item.	

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

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

☐ Yes ☒ No

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

☐ Yes ☐ No N/A

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

N/A

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

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

☐ Yes ☒ No

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

☐ Yes    ☐ No    N/A

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

N/A

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

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

### A. Summary transmittal

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

☒ Yes    ☐ No

If **yes**, provide the date(s) of approval for each phase: Existing Phase - 1985

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.**

A summary transmittal letter was submitted to TCEQ prior to the construction of upgraded facilities in accordance with Other Requirements provision (No. 6). The approval letter from TCEQ is provided as Attachment I.

### B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes    ☐ No

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

N/A – There are no Other Requirements or Special Provisions related to buffer zones in the existing permit.

### C. Other actions required by the current permit

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

☐ Yes    ☒ No

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

N/A – There are no Other Requirements or Special Provisions related to other actions in the existing permit.

#### 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.

N/A

##### 3. *Grit disposal*

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

☐ Yes    ☐ No    N/A

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.



N/A

#### 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.

N/A

### 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 x026 or TXRNE N/A

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

☐ Yes   ☐ No   N/A

#### 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   N/A

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

N/A

**4. Existing coverage in individual permit**

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

☐ Yes    ☐ No    N/A

**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.

N/A

**5. Zero stormwater discharge**

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

☐ Yes    ☐ No    N/A

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

N/A

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    N/A

**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.

N/A

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

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

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

If yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions.  
N/A

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

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

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the 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.

N/A

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

##### ***2. Acceptance of septic waste***

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No N/A

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

☐ Yes ☐ No N/A

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.

N/A

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

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

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

☐ Yes    ☒ No

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

N/A

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

Is the facility in operation?

☒ Yes    ☐ No    See Attachment I

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	4.9	4.9	1	Grab	6/6/2024; 6:00 A.M.
Total Suspended Solids, mg/l	3.8	3.8	1	Grab	6/6/2024; 6:00 A.M.

Ammonia Nitrogen, mg/l	8.27	8.27	1	Grab	6/6/2024; 6:00 A.M.
Nitrate Nitrogen, mg/l	2.87	2.87	1	Grab	6/6/2024; 6:00 A.M.
Total Kjeldahl Nitrogen, mg/l	10.2	10.2	1	Grab	6/6/2024; 6:00 A.M.
Sulfate, mg/l	233.1	233.1	1	Grab	6/6/2024; 6:00 A.M.
Chloride, mg/l	753.9	753.9	1	Grab	6/6/2024; 6:00 A.M.
Total Phosphorus, mg/l	1.3	1.3	1	Grab	6/6/2024; 6:00 A.M.
pH, standard units	7.3	7.3	1	Grab	6/7/2024; 7:30 A.M.
Dissolved Oxygen*, mg/l	6.9	6.9	1	Grab	6/7/2024; 7:30 A.M.
Chlorine Residual, mg/l	3.6	3.6	1	Grab	5/31/2024
<i>E.coli</i> (CFU/100ml) freshwater	<u>N/A</u>				
Enterococci (CFU/100ml) saltwater	5.2	5.2	1	Grab	6/7/2024; 8:00 A.M.
Total Dissolved Solids, mg/l	2142.5	2142.5	1	Grab	6/6/2024; 6:00 A.M.
Electrical Conductivity, µmohs/cm, †	<u>N/A</u>				
Oil & Grease, mg/l	2.2	2.2	1	Grab	6/7/2024; 8:00 A.M.
Alkalinity (CaCO <sub>3</sub> )*, mg/l	188.5	188.5	1	Grab	6/6/2024; 6:00 A.M.

\*TPDES permits only

†TLAP permits only

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

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

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

Facility Operator Name: See Attachment K

Facility Operator's License Classification and Level: See Attachment K

Facility Operator's License Number: See Attachment K

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

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

Check all that apply. See instructions for guidance

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

### B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☒ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☐ Higher Temperature Composting
- ☐ Heat Drying
- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☐ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage ( $< 2$  years)
- ☐ Long Term Storage ( $\geq 2$  years)
- ☐ Methane or Biogas Recovery

☐ Other Treatment Process:

### C. Biosolids Management

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

#### Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	On-Site Owner or Operator	Bulk		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): N/A

### D. Disposal site

Disposal site name: City of Corpus Christi Cefe Valenzuela Landfill

TCEQ permit or registration number: MSW Permit No. 2269

County where disposal site is located: Nueces

### E. Transportation method

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

Name of the hauler: City of Corpus Christi

Hauler registration number: 21970

Sludge is transported as a:

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

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

### A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No N/A

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 N/A

## B. Sludge processing authorization

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

Sludge Composting	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Marketing and Distribution of sludge	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Sludge Surface Disposal or Sludge Monofill	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Temporary storage in sludge lagoons	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

☐ Yes ☐ No N/A

## 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:** N/A
- USDA Natural Resources Conservation Service Soil Map:  
**Attachment:** N/A
- Federal Emergency Management Map:  
**Attachment:** N/A
- Site map:  
**Attachment:** N/A

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:** N/A

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:

N/A

## 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: N/A

Total Kjeldahl Nitrogen, mg/kg: N/A

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

Phosphorus, mg/kg: N/A

Potassium, mg/kg: N/A

pH, standard units: N/A

Ammonia Nitrogen mg/kg: N/A

Arsenic: N/A

Cadmium: N/A

Chromium: N/A

Copper: N/A

Lead: N/A

Mercury: N/A

Molybdenum: N/A

Nickel: N/A

Selenium: N/A

Zinc: N/A

Total PCBs: N/A

Provide the following information:

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

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

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

## 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    N/A

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

N/A

#### D. Site development plan

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

N/A

Attach the following documents to the application.

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

#### 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    N/A

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: N/A

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

### A. Additional authorizations

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

☒ Yes ☐ No

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

Domestic Reuse Authorization No. R10401006

### B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

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

### A. RCRA hazardous wastes

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

☐ Yes    ☒ No

**B. Remediation activity wastewater**

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

☐ Yes    ☒ No

**C. Details about wastes received**

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

**Attachment:** N/A

## Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

### CERTIFICATION:

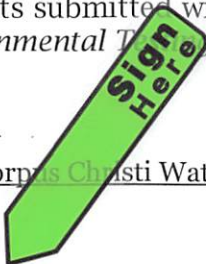
I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*.

Printed Name: Drew Molly, P.E.

Title: Chief Operating Officer, Corpus Christi Water

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

Date: 8/26/24



# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications. Outfall 001

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply: N/A

Distance and direction to the intake: N/A

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

Attachment: N/A

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

Does the facility discharge into tidally affected waters?

☒ Yes ☐ No

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

#### A. Receiving water outfall

Width of the receiving water at the outfall, in feet: 250

#### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☒ No

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

N/A

#### C. Sea grasses

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

☐ Yes ☒ No

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

N/A

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

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

☒ Yes    ☐ No

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

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

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

Name of the immediate receiving waters: N/A – Discharges to Classified Segment

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

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

Surface area, in acres: N/A

Average depth of the entire water body, in feet: N/A

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

- ☐ Man-made Channel or Ditch
- ☐ Open Bay
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Other, specify: N/A

#### 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: N/A

### C. Downstream perennial confluences

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

N/A

### 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.

N/A

### E. Normal dry weather characteristics

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

N/A

Date and time of observation: N/A

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☐ No

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

### A. Upstream influences

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

- |                                               |                                                        |
|-----------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Oil field activities | <input type="checkbox"/> Urban runoff                  |
| <input type="checkbox"/> Upstream discharges  | <input type="checkbox"/> Agricultural runoff           |
| <input type="checkbox"/> Septic tanks         | <input type="checkbox"/> Other(s), specify: <u>N/A</u> |



## B. Waterbody uses

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

- |                                                |                                                        |
|------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Livestock watering    | <input type="checkbox"/> Contact recreation            |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation        |
| <input type="checkbox"/> Fishing               | <input type="checkbox"/> Navigation                    |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply       |
| <input type="checkbox"/> Park activities       | <input type="checkbox"/> Other(s), specify: <u>N/A</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 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications. Outfall 002

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply: N/A

Distance and direction to the intake: N/A

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

Attachment: N/A

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

Does the facility discharge into tidally affected waters?

☒ Yes ☐ No

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

#### A. Receiving water outfall

Width of the receiving water at the outfall, in feet: 350

#### Oyster waters

Are there oyster waters in the vicinity of the discharge?

☒ Yes ☐ No

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

Approximately 0.4 miles downstream from Outfall 002.

#### Sea grasses

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

☐ Yes ☒ No

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

N/A

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

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

☐ Yes    ☒ No

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

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

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

Name of the immediate receiving waters: N/A - Discharges to Classified Segment

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

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

Surface area, in acres:

Average depth of the entire water body, in feet:

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

- ☐ Man-made Channel or Ditch
- ☐ Open Bay
- ☒ Tidal Stream, Bayou, or Marsh
- ☐ Other, specify:

#### 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). N/A

- ☐ 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: N/A

### Downstream perennial confluences

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

N/A

### 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.

The receiving water discharges to a saltwater marsh called South Lake, which then flows to Nueces Bay.

### Normal dry weather characteristics

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

Outfall 002 is located in Nueces Bay which is inaccessible. Satellite imagery shows that the Nueces Bay is normally flowing. Outfall 002 is not in use at this time.

Date and time of observation: N/A

Was the water body influenced by stormwater runoff during observations?

- ☐ Yes    ☐ No    N/A

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

### A. Upstream influences

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

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

### Waterbody uses

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

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

### Waterbody aesthetics

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

### Section 1. Toxic Pollutants (Instructions Page 78)

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

Grab ☐ Composite ☐

Date and time sample(s) collected: See Attachment J

The City of Corpus Christi will provide data at a later date.

**Table 4.0(1) – Toxics Analysis**

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

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

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



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

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

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

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

## Section 2. Priority Pollutants

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

Grab ☐ Composite ☐

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

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

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

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

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

**Table 4.0(2)B – Volatile Compounds**

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

**Table 4.0(2)C – Acid Compounds**

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

**Table 4.0(2)D – Base/Neutral Compounds**

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

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

**Table 4.0(2)E - Pesticides**

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

\* For PCBs, if all are non-detects, enter the highest non-detect preceded by a "<".

### Section 3. Dioxin/Furan Compounds

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

- ☐ 2,4,5-trichlorophenoxy acetic acid  
Common Name 2,4,5-T, CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid  
Common Name Silvex or 2,4,5-TP, CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate  
Common Name Erbon, CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate  
Common Name Ronnel, CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol  
Common Name TCP, CASRN 95-95-4
- ☐ hexachlorophene  
Common Name HCP, CASRN 70-30-4

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

N/A

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

☐ Yes    ☐ No

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

N/A



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

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

Grab ☐ Composite ☐

Date and time sample(s) collected: N/A

**Table 4.0(2)F – Dioxin/Furan Compounds**

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

### Section 1. Required Tests (Instructions Page 88)

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

7-day Chronic: See Attachment L

48-hour Acute: See Attachment L

### Section 2. Toxicity Reduction Evaluations (TREs)

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

☐ Yes ☒ No

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

N/A

### Section 3. Summary of WET Tests

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

**Table 5.0(1) Summary of WET Tests**

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal
	<u>See Attachment L</u>		

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

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

#### A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 2

Average Daily Flows, in MGD: 0.002

Significant IUs - non-categorical:

Number of IUs: 1

Average Daily Flows, in MGD: 0.50 - 0.75

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

#### B. Treatment plant interference

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

☐ Yes ☐ No

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

N/A

### C. Treatment plant pass through

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

☐ Yes ☐ No

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

N/A

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

☒ Yes ☐ No

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

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☐ No N/A - POTW already has an approved pretreatment program.

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

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

### E. Service Area Map

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

Attachment: H

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

### A. Substantial modifications

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

☐ Yes ☒ No

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

N/A

**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.

N/A

**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
<u>See Attachment M</u>				

**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.

N/A

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

**A. General information** N/A - POTW has an approved pretreatment program.

Company Name: N/A

SIC Code: N/A

Contact name: N/A

Address: N/A

City, State, and Zip Code: N/A

Telephone number: N/A

Email address: N/A

**B. Process information**

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

N/A

**C. Product and service information**

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

N/A

**D. Flow rate information**

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

Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

**E. Pretreatment standards**

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Category: Subcategories: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

**F. Industrial user interruptions**

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

☐ Yes ☐ No

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

N/A



**CITY OF CORPUS CHRISTI  
ALLISON WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION**

**TABLE OF ATTACHMENTS**

<b><u>No.</u></b>	<b><u>Description</u></b>	<b><u>Reference</u></b>
A	Core Data Form	Admin Rpt 1.0, Section 3.C
B	Plain Language Summary	Admin Rpt 1.0, Section 8.F
C	USGS Map	Admin Rpt 1.0, Section 13
D	Supplemental Permit Information Form	Admin Rpt, pg.14
E	Treatment Process Description	Tech Rpt 1.0, Section 2.A
F	List of Treatment Units	Tech Rpt 1.0, Section 2.B
G	Process Flow Diagram	Tech Rpt 1.0, Section 2.C
H	Site Drawing	Tech Rpt 1.0, Section 3
I	TCEQ Approval Letter	Tech Rpt 1.0, Section 6.A
J	Pollutant Analysis of Treated Effluent	Tech Rpt 1.0, Section 7; Wks 4.0 Section 1 & 2
K	List of Facility Operators	Tech Rpt 1.0, Section 8
L	Summary of WET Test Results	Wks 5.0 Section 3
M	Effluent Parameters Above the MAL	Wks 6.0 Section 2.C

**ATTACHMENT A**

**Core Data Form  
Admin Rpt 1.0, Section 3.C**



# 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 600131858		RN 101610079

## 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)					
<b>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).</b>					
<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 Corpus Christi					
<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)
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input 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>	P.O. Box 9277				
	<b>City</b>	Corpus Christi	<b>State</b>	TX	<b>ZIP</b> 78469 <b>ZIP + 4</b> 9277
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				drewm@cctexas.com	

<b>18. Telephone Number</b>	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b>
( 361 ) 826-3278		(   ) -

## 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.)								
Allison Wastewater Treatment Facility								
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)	4101 Allison Road							
	<b>City</b>	Corpus Christi	<b>State</b>	TX	<b>ZIP</b>	78410	<b>ZIP + 4</b>	3602
<b>24. County</b>	Nueces							

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

<b>25. Description to Physical Location:</b>										
<b>26. Nearest City</b>						<b>State</b>			<b>Nearest ZIP Code</b>	
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>										
<b>27. Latitude (N) In Decimal:</b>						<b>28. Longitude (W) In Decimal:</b>				
Degrees	Minutes		Seconds		Degrees	Minutes		Seconds		
<b>29. Primary SIC Code</b>		<b>30. Secondary SIC Code</b>		<b>31. Primary NAICS Code</b>		<b>32. Secondary NAICS Code</b>				
(4 digits)		(4 digits)		(5 or 6 digits)		(5 or 6 digits)				
4952				221320						
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)										
Treatment of domestic wastewater										
<b>34. Mailing Address:</b>	2726 Holly Road									
	<b>City</b>	Corpus Christi	<b>State</b>	TX	<b>ZIP</b>	78415	<b>ZIP + 4</b>	4112		
<b>35. E-Mail Address:</b>		drewm@cctexas.com								
<b>36. Telephone Number</b>			<b>37. Extension or Code</b>			<b>38. Fax Number (if applicable)</b>				
( 361 ) 826-1806						( 361 ) 826-4343				

**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.

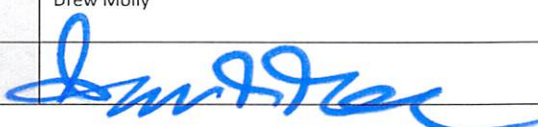
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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:
	WQ0010401006			

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

<b>40. Name:</b>	Alexandra Hughes	<b>41. Title:</b>	Scientist in Training II
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 512 ) 452-5905		( ) -	ahughes@plummer.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>	Corpus Christi Water	<b>Job Title:</b>	Chief Operator
<b>Name (In Print):</b>	Drew Molly	<b>Phone:</b>	( 361 ) 826- 3278
<b>Signature:</b>		<b>Date:</b>	8/26/24



**ATTACHMENT B**

**Plain Language Summary  
Admin Rpt 1.0, Section 8.F**



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

### PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

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

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

The City of Corpus Christi (CN600131858) operates Allison Wastewater Treatment Facility (RN101610079), an integrated fixed film activated sludge and conventional activated sludge facility. The facility is located at 4101 Allison Road approximately 1 mile north of Interstate Highway 37, in Corpus Christi, Nueces County, Texas 78410. This application is for a renewal to discharge at a combined annual average flow of 5,000,000 gallons per day of treated domestic wastewater via Outfall 001 and Outfall 002.

Discharges from the facility are expected to contain 5-day biochemical oxygen demand (BOD<sub>5</sub>), total suspended solids (TSS), ammonia nitrogen, zinc, and enterococci. Domestic wastewater is treated by a conventional activated sludge facility with aerobic digesters. Treatment units include mechanical bar screens, a grit chamber, aeration basins, aerobic digesters, final clarifiers, chlorine contact chambers, sludge drying beds, cloth filters, a pre-thickener, and a post-thickener.

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

### **AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES**

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

La Ciudad de Corpus Christi (CN600131858) opera planta de tratamiento de aguas residuales de Allsion (RN101610079), una instalación integrada de lodos activados de película fija e instalación de lodos activados convencionales. La instalación está ubicada en 4101 Allison Road aproximadamente 1 milla al norte de la autopista interestatal 37, en la ciudad de corpus christi, Condado de Nueces, Texas 78410. Esta solicitud es para una renovación para descargar a un caudal medio anual combinado de 5,000,000 de galones por día de aguas residuales domésticas tratadas a través del Emisario 001 y Emisario 002.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno (BOD<sub>5</sub>) de 5 días, sólidos suspendidos totales (TSS), nitrógeno amoniacal, zinc y enterococos. Aguas residuales domésticas. está tratado por una instalación convencional de lodos activados con digestores aeróbicos. Las unidades de tratamiento incluyen rejillas de barras mecánicas, desarenador, tanques de aireación, digestores aeróbicos, clarificadores finales, cámaras de contacto de cloro, lechos de secado de lodos, filtros de tela, un preespesante y un postespesante.



**ATTACHMENT C**

**USGS Map  
Admin Rpt 1.0, Section 13**

TO CLASSIFIED SEGMENT NO. 2482,  
APPROXIMATELY 0.4 MILES DOWNSTREAM  
FROM OUTFALL 002

OUTFALL 002

OUTFALL 001 DIRECTLY TO  
NUECES RIVER TIDAL,  
CLASSIFIED SEGMENT NO. 2101

SAN PATRICIO CO  
NUECES CO

TREATMENT FACILITY  
BOUNDARY

APPLICANT'S PROPERTY  
BOUNDARY

Annaville

ONE MILE RADIUS

⊗ Monitor Wells

ATTACHMENT C  
CITY OF CORPUS CHRISTI  
ALLISON WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION  
USGS MAP

**ATTACHMENT D**

**Supplemental Permit Information Form  
Admin Rpt, pg.14**

# 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 Corpus Christi

Permit No. WQ00 10401006

EPA ID No. TX 0047082

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

Located at 4101 Allison Road, Corpus Christi in Nueces County, Texas 78410.

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: Earl Richardson

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

Title: Wastewater Treatment Plant Manager

Mailing Address: 2726 Holly Road

City, State, Zip Code: Corpus Christi, TX 78415

Phone No.: (361) 826-1848 Ext.: N/A Fax No.: N/A

E-mail Address: earlri@cctexas.com

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

N/A - Property owner and permittee are the same entity.

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.

Outfall 001 directly to the Nueces River Tidal in Segment No. 2101 of the Nueces River Basin and Outfall 002 to South Lake, thence to Nueces Bay in Segment 2482 of the Bays and Estuaries.

5. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report). See SPIF 1 and 2

Provide original photographs of any structures 50 years or older on the property. See SPIF 3

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

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

☐ Sealing caves, fractures, sinkholes, other karst features

☐ Disturbance of vegetation or wetlands

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

N/A

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

Existing disturbances are typical of a wastewater treatment facility.

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

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

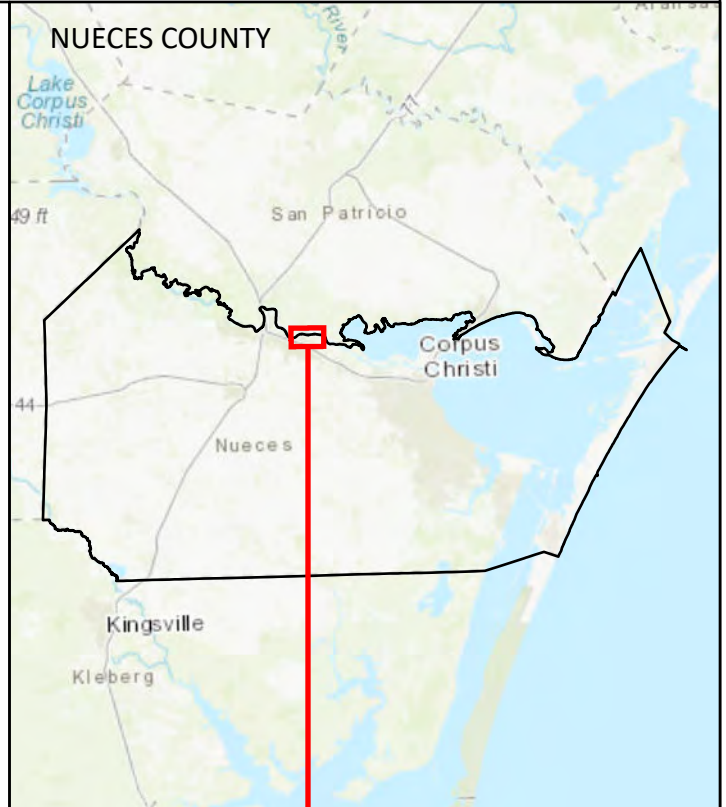
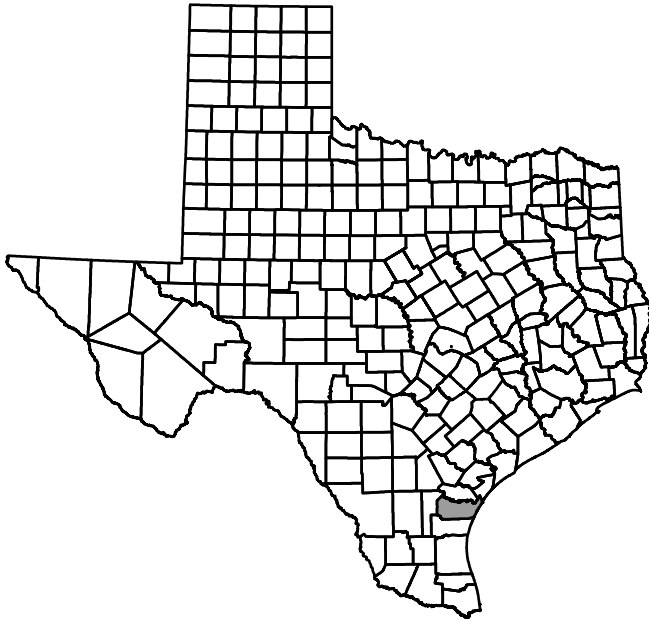
N/A

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

N/A



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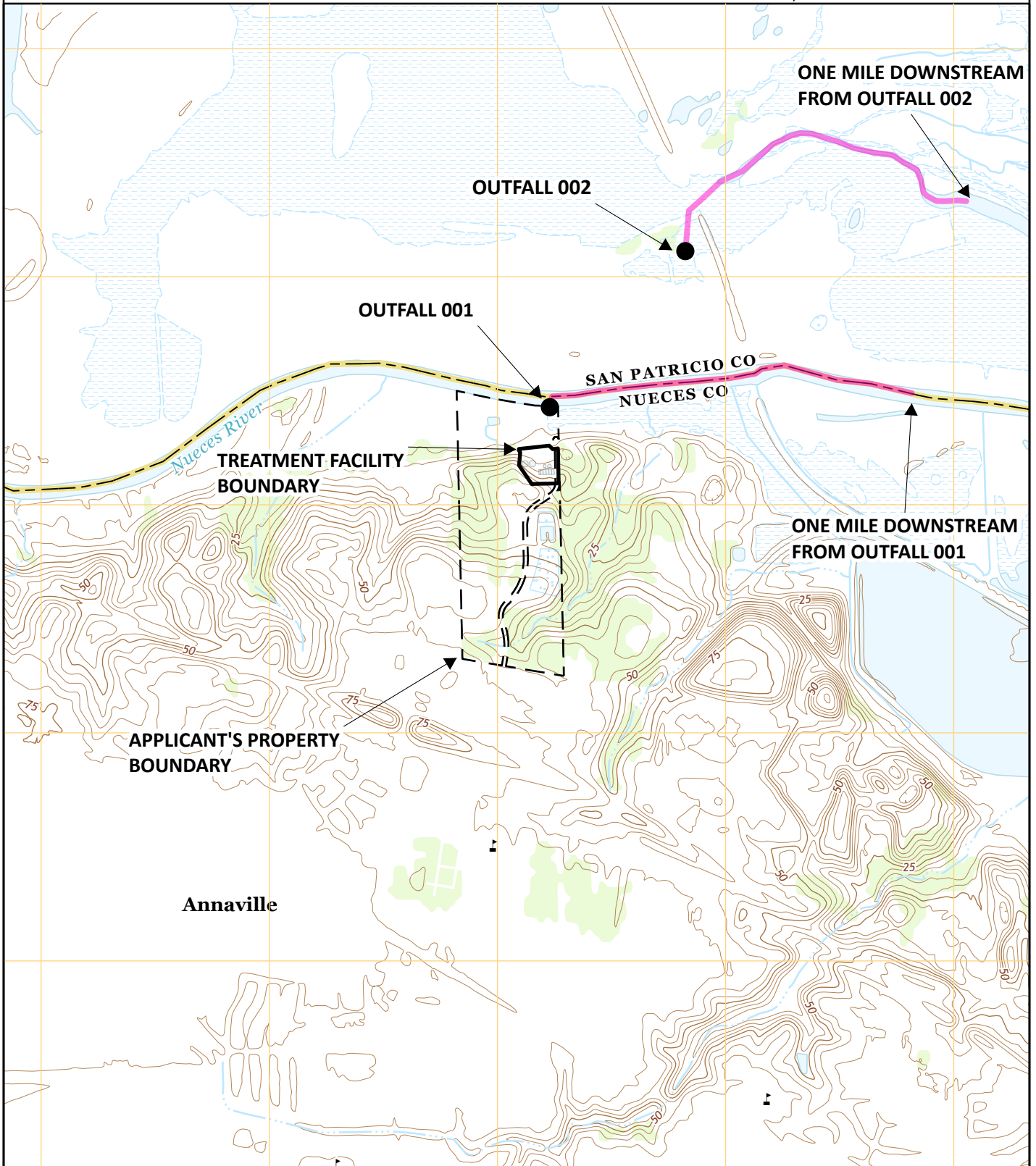


SP1F 1  
CITY OF CORPUS CHRISTI  
ALLISON WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION  
GENERAL LOCATION MAP





PLUMMER



SPIF 2  
CITY OF CORPUS CHRISTI  
ALLISON WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION  
USGS MAP



**SPIF 3**  
**CITY OF CORPUS CHRISTI**  
**ALLISON WASTEWATER TREATMENT FACILITY**  
**TPDES PERMIT RENEWAL APPLICATION**  
**PHOTOGRAPHS OF STRUCTURES 50 YEARS OR OLDER**



Photograph 1: Post-thickener



Photograph 2: Pre-thickener

**SPIF 3  
CITY OF CORPUS CHRISTI  
ALLISON WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION  
PHOTOGRAPHS OF STRUCTURES 50 YEARS OR OLDER**



Photograph 3: Influent lift station building



Photograph 4: Chlorine contact basins



**SPIF 3  
CITY OF CORPUS CHRISTI  
ALLISON WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION  
PHOTOGRAPHS OF STRUCTURES 50 YEARS OR OLDER**



Photograph 5: East aeration basin



Photograph 6: Drying beds

**SPIF 3**  
**CITY OF CORPUS CHRISTI**  
**ALLISON WASTEWATER TREATMENT FACILITY**  
**TPDES PERMIT RENEWAL APPLICATION**  
**PHOTOGRAPHS OF STRUCTURES 50 YEARS OR OLDER**



Photograph 7: Administration building

**ATTACHMENT E**

**Treatment Process Description  
Tech Rpt 1.0, Section 2.A**

**ATTACHMENT E**  
**CITY OF CORPUS CHRISTI**  
**ALLISON WASTEWATER TREATMENT FACILITY**  
**TPDES PERMIT RENEWAL APPLICATION**  
**TREATMENT PROCESS DESCRIPTION**

The Allison Wastewater Treatment Facility (WWTF) is a conventional activated sludge facility with aerobic digesters. The WWTF treats predominantly domestic wastewater generated from the northwestern portion of the City of Corpus Christi, with some industrial contributors. The Allison WWTF holds a Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010401006, which authorizes discharge of treated effluent via Outfall 001 and 002. The permit has one phase, which is the Existing Phase. The following provides a description of the treatment process for the Existing Phase.

The Allison WWTF has a permitted annual average flow of 5.0 million gallons per day (MGD), and a 2-hour peak flow of 15.0 MGD. The WWTF includes a newly constructed lift station, preliminary treatment with mechanical bar screens, grit chamber, and grit snail for screenings and grit removal. Screenings and grit are hauled to a permitted landfill for disposal. Screened wastewater flows are split into two trains for treatment in fine bubble aeration basins (East and West) and then two final clarifiers. After clarification, wastewater combines to flow through the cloth media filters. For disinfection, filtered effluent flows through the chlorine contact chambers where sodium hypochlorite is injected. Chlorinated effluent is dechlorinated using sodium bisulfite. The treated effluent is then discharged via pipe to Outfall 001 and Outfall 002.

Settled solids from the final clarifiers are either returned to the head of the aeration process as return activated sludge (RAS) or wasted to the pre-thickener as waste activated sludge (WAS). WAS may also be pumped directly to the aerobic digesters. From the pre-thickener, solids are sent to the aerobic digester and post-thickener. Final thickened sludge is hauled to a permitted landfill for disposal. All liquors and liquids from the solids processes are pumped to the influent lift station.

**ATTACHMENT F**

**List of Treatment Units  
Tech Rpt 1.0, Section 2.B**

**ATTACHMENT F**  
**CITY OF CORPUS CHRISTI**  
**ALLISON WASTEWATER TREATMENT FACILITY**  
**TPDES PERMIT RENEWAL APPLICATION**  
**LIST OF TREATMENT UNITS**

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Mechanical Bar Screens	2	3' W, ¼" spacing between bars
Grit Chamber	1	26' x 26' x 13.8'
Fine Bubble Aeration – East	6	70.7' x 13' x 13'
Fine Bubble Aeration – West	3	76' x 32' x 15'
Aerobic Digesters	5	4: 70.7' x 19.6' x 13' 1: 70.7' x 28.1' x 13'
Final Clarifiers	2	92' x 92' x 11'
Chlorine Contact Chambers	2	82' x 16' x 13.5'
Sludge Drying Beds	3	73.6' x 39.5' x 2'
Cloth Media Filters	2	16' x 71.75' x 8'
Pre-Thickener	1	55' x 55' x 10' SWD
Post-Thickeners	1	55' x 55' x 10' SWD



**ATTACHMENT G**

**Process Flow Diagram  
Tech Rpt 1.0, Section 2.C**

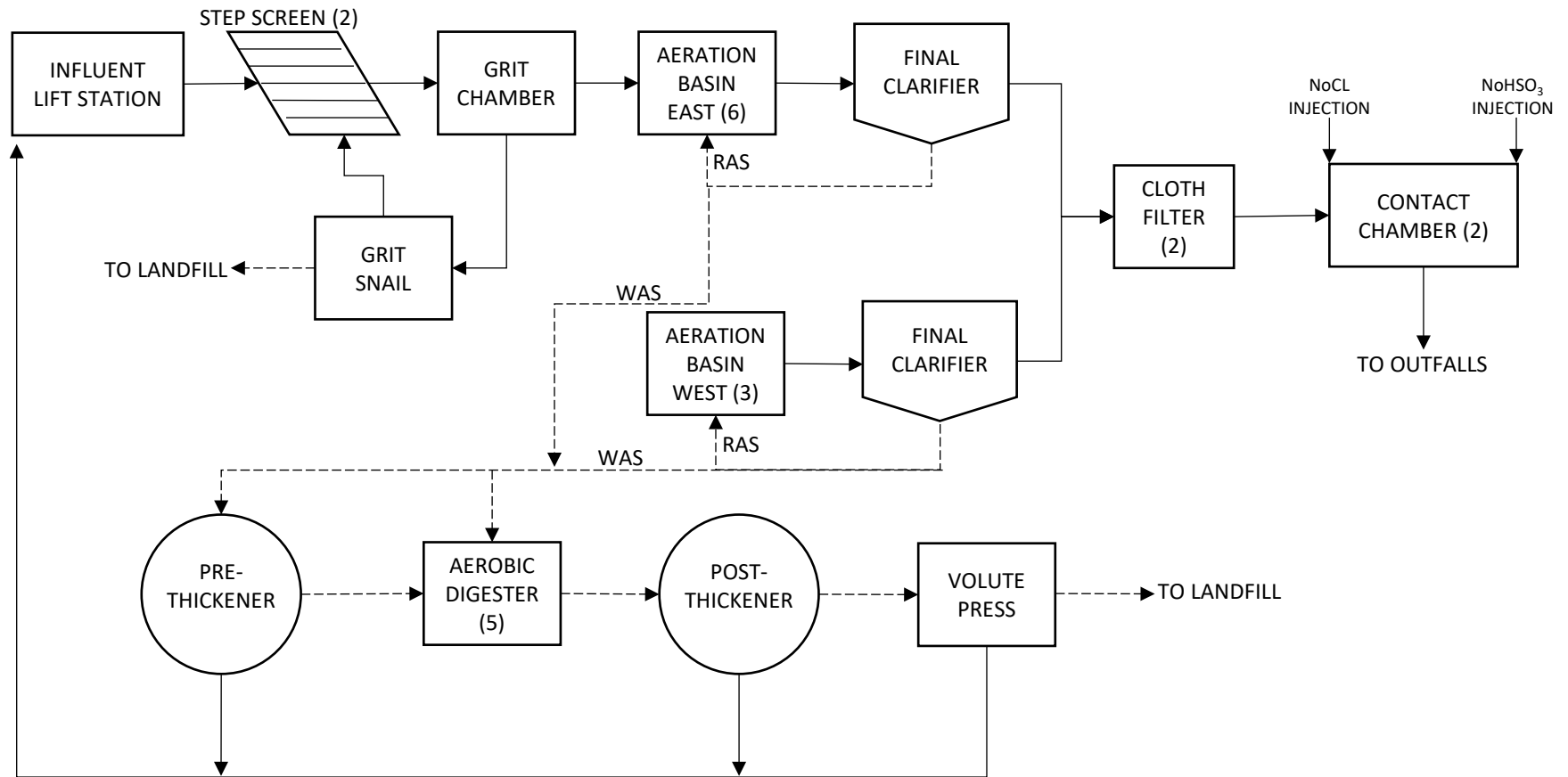


PLUMMER

LEGEND

—— FLOW STREAM, LIQUIDS

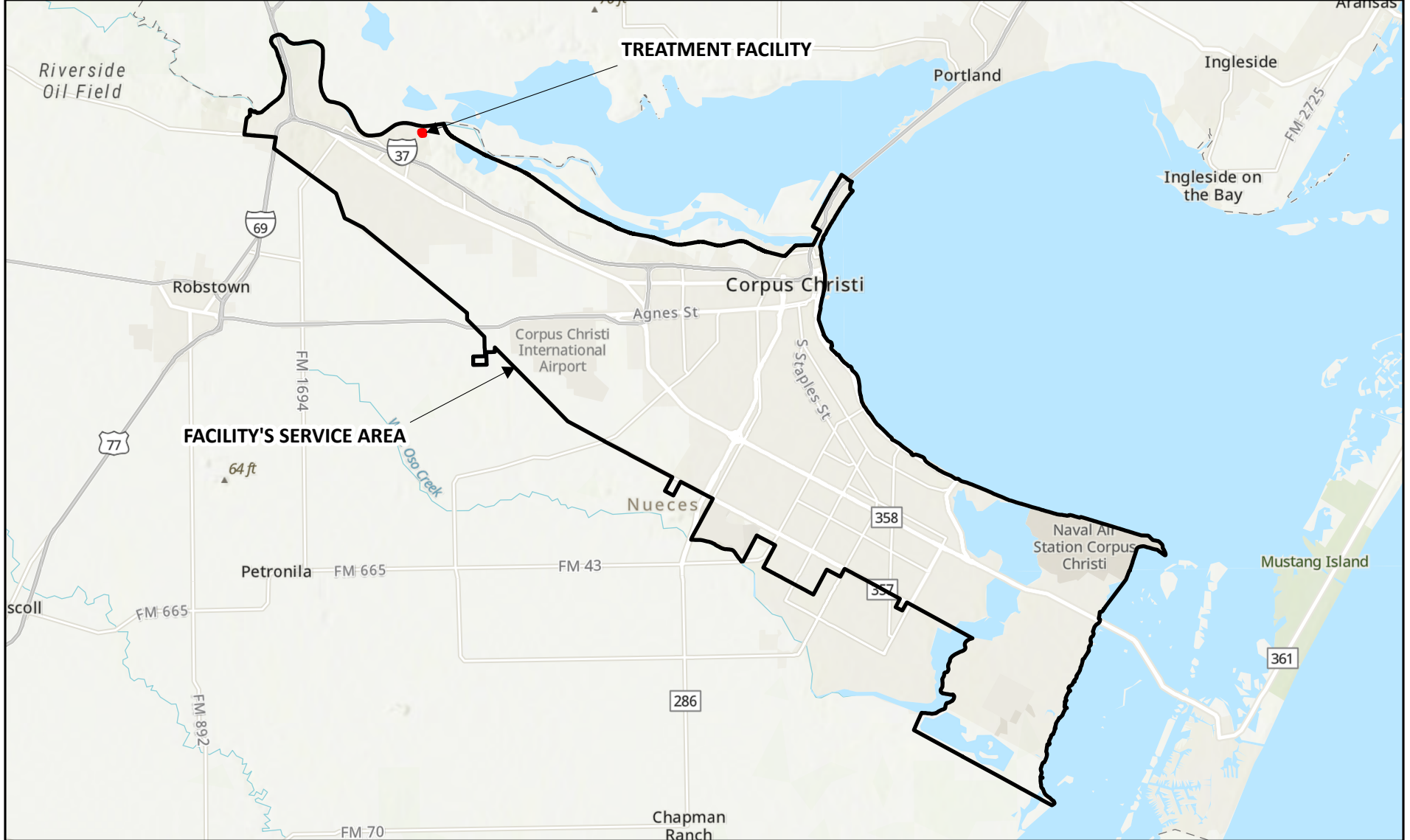
----- FLOW STREAM, SOLIDS



ATTACHMENT G  
CITY OF CORPUS CHRISTI  
ALLISON WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION  
PROCESS FLOW DIAGRAM

**ATTACHMENT H**

**Site Drawing  
Tech Rpt 1.0, Section 3**



ATTACHMENT H  
CITY OF CORPUS CHRISTI  
ALLISON WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION  
SITE DRAWING

**ATTACHMENT I**

**TCEQ Approval Letter  
Tech Rpt 1.0, Section 6.A**

Jon Niermann, *Chairman*  
Emily Lindley, *Commissioner*  
Bobby Janecka, *Commissioner*  
Toby Baker, *Executive Director*



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

*Protecting Texas by Reducing and Preventing Pollution*

November 21, 2022

Mark A. Maroney, P.E.  
Urban Engineering  
2725 Swantner Drive  
Corpus Christi, TX 78404

Re: City of Corpus Christi  
Allison WWTP Lift Station and Plant Improvements, City Project No. E10043  
Permit No. WQ0010401-006  
WWPR Log No. 0922/070  
CN600131858, RN101610079  
Nueces County

Dear Mr. Maroney:

Texas Commission on Environmental Quality (TCEQ) received the project summary transmittal letter dated September 20, 2022, and the subsequent submittal of additional project information.

The rules which regulate the design, installation and testing of domestic wastewater projects are found in 30 TAC, Chapter 217, of the Texas Commission on Environmental Quality (TCEQ) rules titled, Design Criteria for Wastewater Systems.

This project consists of Wastewater Treatment Plant (WWTP) and Lift Station Improvements. The Allison WWTP is regulated by TPDES Permit No. WQ0010401006, which allows an annual daily average flow of 5.0 MGD (2-hr peak flow of 10,416 gpm). The permitted effluent limitations are 20 mg/L of BOD, 20 mg/L of TSS, 12 mg/L of Ammonia Nitrogen, and 35 CFU or MPN of Enterococci per 100 mL for Outfall No. 001, and 20 mg/L of BOD, 20 mg/L of TSS, 4 mg/L of Ammonia Nitrogen, and 35 CFU or MPN of Enterococci per 100 mL for Outfall No. 002. The combined annual average flow from Outfall 001 and Outfall 002 shall not exceed 5.0 MGD.

The proposed WWTP and lift station improvements include:

- Plant Lift Station: Conversion from wet pit/dry pit type to submersible lift station.
- West Aeration Basins: Convert the treatment from activated sludge to the Integrated Fixed Film Activated Sludge (IFAS) process and replace air piping, isolation gates, valves, and weirs.
- East Aeration Basins: Replace air piping, isolation gates, stairs, valves, weirs, and convert to fine bubble aeration.
- Final Clarifiers: Replace existing scraper equipment completely with trough type hydraulic differential equipment.

- Waste Activated Sludge (WAS) pumps: Add WAS pumps at the Clarifiers to draw off and waste solids to the digestive system. Remove existing WAS airlift pumps from Aeration Basins.
- Effluent Filter: Remove existing equipment and convert to cloth media type filter to match that provided at the Whitecap WWTP.
- Chlorine Contact Chamber: Remove existing inoperable drain valves and provide new drain valves with electric actuators.
- Liquid sodium hypochlorite disinfection system: Replace existing chemical tanks and replace existing vacuum tube disinfection system with new peristaltic pumping system.
- Aerobic digester: Clean out basins, replace air bridge supports and refurbish aeration system.
- Pre- and post-thickeners: Replace existing scraper equipment and scum baffles in both units.
- Belt Press Building: Replace polymer system, refurbish existing building, and provide new gravity drain system for filtrate to the Plant Lift Station. Replace the two existing belt presses with two new Volute screw presses.
- New Blower-ERC Building: Construct new blower-ERC Building to house five new geared turbo blowers and two multi-stage centrifugal blowers. Turbo blowers to serve the aeration basins and the multi-stage to serve the Aerobic Digester.
- Maintenance Building: remove existing blowers and air piping and convert this building to the Maintenance Building.

The TCEQ review of the submitted project information seems to indicate that the project as designed, seems to meet at least the minimum requirements of 30 TAC Chapter 217: Design Criteria for Wastewater Systems. Based on the results of the TCEQ review, this project is conditionally approved for construction. The conditions are that all work be completed according to Chapter 217 requirements.

You must keep certain materials on file for the life of the project and provide them to TCEQ upon request. These materials include an engineering report, test results, a summary transmittal letter, and the final version of the project plans and specifications. These materials shall be prepared and sealed by a Professional Engineer licensed in the State of Texas and must show substantial compliance with Chapter 217. All plans and specifications must conform to any waste discharge requirements authorized in a permit by the TCEQ. Certain specific items which shall be addressed in the engineering report are discussed in §217.6(d). Additionally, the engineering report must include all constants, graphs, equations, and calculations needed to show substantial compliance with Chapter 217. The items which shall be included in the summary transmittal letter are addressed in §217.6(d)(1)-(9).

Any deviations from Chapter 217 shall be disclosed in the summary transmittal letter and the technical justifications for those deviations shall be provided in the engineering report. Any deviations from Chapter 217 shall be based on the best professional judgement of the licensed professional engineer sealing the materials and the engineer's judgement that the design would not result in a threat to public health or the environment.

Mark A. Maroney, P.E.

Page 3

November 21, 2022

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

Please be reminded of 30 TAC §217.7(a) of the rules which states, "Approval given by the executive director or other authorized review authority does not relieve an owner of any liability or responsibility with respect to designing, constructing, or operating a collection system or treatment facility in accordance with applicable commission rules and the associated wastewater permit".

If you have any questions, or if we can be of any further assistance, please call me at (512) 239-4924.

Sincerely,

A handwritten signature in black ink, appearing to read 'Baltazar', is written over the word 'Sincerely,'.

Baltazar Lucero-Ramirez, P.E.  
Wastewater Permits Section (MC 148)  
Water Quality Division  
Texas Commission on Environmental Quality

cc: TCEQ, Region 14 Office



**ATTACHMENT J**

**Pollutant Analysis of Treated Effluent  
Tech Rpt 1.0, Section 7;  
Wks 4.0 Section 1 & 2**

The City of Corpus Christi will provide analytical data at a later date.

**ATTACHMENT K**

**List of Facility Operators  
Tech Rpt 1.0, Section 8**

**ATTACHMENT K  
CITY OF CORPUS CHRISTI  
ALLISON WASTEWATER TREATMENT FACILITY  
TPDES PERMIT RENEWAL APPLICATION  
LIST OF FACILITY OPERATORS**

<b>Operator Name</b>	<b>License Class</b>	<b>License Number</b>
Aaron Herrera	Class D Wastewater	WW0068221
Darvin Davis	Class D Wastewater	WW0072736
Jose Montemayor	Class B Wastewater	WW0069548
Eric Torres	Class B Wastewater	WW0072959
Isac Mancilla	Class A Wastewater	WW0073468
Marcos Franco Jr	Class A Wastewater	WW0072522

**ATTACHMENT L**

**Summary of WET Test Results  
Wks 5.0 Section 3**

**ATTACHMENT L**  
**CITY OF CORPUS CHRISTI**  
**ALLISON WASTEWATER TREATMENT PLANT**  
**TPDES PERMIT RENEWAL**  
**SUMMARY OF WET TEST RESULTS**

**7-DAY CHRONIC TEST RESULTS**

Test Date	Test Species	IC25 Survival	IC25 Growth
06/16/2020	<i>Americamysis bahia</i>	>100%	>100%
06/16/2020	<i>Menidia beryllina</i>	>100%	>100%
08/11/2020	<i>Americamysis bahia</i>	>100%	>100%
08/11/2020	<i>Menidia beryllina</i>	>100%	>100%
10/13/2020	<i>Americamysis bahia</i>	>100%	>100%
10/13/2020	<i>Menidia beryllina</i>	>100%	>100%
1/26/2021	<i>Americamysis bahia</i>	40.89%	34.74%
1/26/2021	<i>Menidia beryllina</i>	>100%	59.62%
8/24/2021	<i>Americamysis bahia</i>	>100%	>100%
12/31/2021	<i>Americamysis bahia</i>	100% (ECHO)	100% (ECHO)
12/31/2021	<i>Menidia beryllina</i>	100% (ECHO)	0 (ECHO)
6/30/2022	<i>Americamysis bahia</i>	100% (ECHO)	100% (ECHO)
10/4/2022	<i>Americamysis bahia</i>	>100%	91.11%
12/31/2022	<i>Americamysis bahia</i>	100% (ECHO)	91.11% (ECHO)
12/31/2022	<i>Menidia beryllina</i>	100% (ECHO)	100% (ECHO)
2/21/2023	<i>Americamysis bahia</i>	>100%	>100%
2/21/2023	<i>Menidia beryllina</i>	>100%	>100%
6/30/2023	<i>Americamysis bahia</i>	100% (ECHO)	100% (ECHO)
9/26/2023	<i>Americamysis bahia</i>	>100%	>100%
12/31/2023	<i>Americamysis bahia</i>	100% (ECHO)	100% (ECHO)
12/31/2023	<i>Menidia beryllina</i>	100% (ECHO)	100% (ECHO)
1/23/2024	<i>Americamysis bahia</i>	>100%	>100%
1/23/2024	<i>Menidia beryllina</i>	>100%	>100%

**ATTACHMENT L**  
**CITY OF CORPUS CHRISTI**  
**ALLISON WASTEWATER TREATMENT PLANT**  
**TPDES PERMIT RENEWAL**  
**SUMMARY OF WET TEST RESULTS**

**24-HOUR ACUTE TEST RESULT**

Test Date	Test Species	LC50 Survival
08/11/2020	<i>Americamysis bahia</i>	>100%
08/11/2020	<i>Menidia beryllina</i>	>100%
12/31/2020	<i>Americamysis bahia</i>	Pass (ECHO)
12/31/2020	<i>Menidia beryllina</i>	Pass (ECHO)
1/26/2021	<i>Americamysis bahia</i>	>100%
1/26/2021	<i>Menidia beryllina</i>	>100%
6/30/2021	<i>Americamysis bahia</i>	Pass (ECHO)
6/30/2021	<i>Menidia beryllina</i>	Pass (ECHO)
8/24/2021	<i>Americamysis bahia</i>	>100%
8/24/2021	<i>Menidia beryllina</i>	>100%
12/31/2021	<i>Americamysis bahia</i>	Pass (ECHO)
12/31/2021	<i>Menidia beryllina</i>	Pass (ECHO)
6/30/2022	<i>Americamysis bahia</i>	Pass (ECHO)
6/30/2022	<i>Menidia beryllina</i>	Pass (ECHO)
10/4/2022	<i>Americamysis bahia</i>	>100%
10/4/2022	<i>Menidia beryllina</i>	>100%
12/31/2022	<i>Americamysis bahia</i>	Pass (ECHO)
12/31/2022	<i>Menidia beryllina</i>	Pass (ECHO)
2/21/2023	<i>Americamysis bahia</i>	>100%
2/21/2023	<i>Menidia beryllina</i>	>100%
6/30/2023	<i>Americamysis bahia</i>	Pass (ECHO)
6/30/2023	<i>Menidia beryllina</i>	Pass (ECHO)
9/26/2023	<i>Americamysis bahia</i>	>100%
9/26/2023	<i>Menidia beryllina</i>	>100%
12/31/2023	<i>Americamysis bahia</i>	Pass (ECHO)
12/31/2023	<i>Menidia beryllina</i>	Pass (ECHO)
1/23/2024	<i>Americamysis bahia</i>	>100%
1/23/2024	<i>Menidia beryllina</i>	>100%

**ATTACHMENT M**

**Effluent Parameters Above the MAL  
Wks 6.0 Section 2.C**

The City of Corpus Christi will provide analytical data at a later date.

## Candice Calhoun

---

**From:** Lewis, Ashley <alewis@plummer.com>  
**Sent:** Monday, September 23, 2024 2:02 PM  
**To:** Candice Calhoun; earlri@cctexas.com  
**Cc:** Garoutte, Alexandra; Koenings, Tres  
**Subject:** RE: Application to Renew Permit No. WQ0010401006 - City of Corpus Christi; Allison WWTP  
**Attachments:** 20240923\_NOD Response Ltr\_Compiled.pdf  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Hi Candice,

Attached is the response to the NOD for the above referenced permit application. The application fee check we discussed previously was dropped off directly at TCEQ's Cashier's Office this morning. Please let us know if you have any questions or need anything else.

Thanks,

**Ashley Lewis**

*Water Quality/Permitting Team Leader*  
Plummer

**P:** 512.452.5905

**D:** 512.687.2154

[www.plummer.com](http://www.plummer.com)

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**From:** Candice Calhoun <Candice.Calhoun@tceq.texas.gov>  
**Sent:** Wednesday, September 18, 2024 9:54 AM  
**To:** Lewis, Ashley <alewis@plummer.com>; earlri@cctexas.com  
**Cc:** Garoutte, Alexandra <ahughes@plummer.com>; Koenings, Tres <tkoenings@plummer.com>  
**Subject:** RE: Application to Renew Permit No. WQ0010401006 - City of Corpus Christi; Allison WWTP

**CAUTION:** This email originated from outside of Plummer. DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Good morning, Ms. Lewis,

Thank you for the update regarding the application fee.

As for the extension, we will still need to follow our process, which includes, if a full response is not provided by the 14-day deadline given, we are to issue a "30-day will return notice". I will need to let the 14-day timeline surpass, then on Tuesday, September 24, 2024, I can send it to my manager to issue the





## Water Quality Receipt Report

SEP-23-24 09:00 PM

### Paid In By: COREY MULLIN

<u>Acct.Name</u>	<u>Fee</u>	<u>Endorse. #</u>	<u>Ref#2</u>	<u>PayTyp</u>	<u>Check#</u>	<u>Card#</u>	<u>Tran.Date</u>	<u>Rec.Amnt</u>
WATER QUALITY	WQP	PI00789486	600355	IFCE	582EA0005		09-NOV-22	-\$300.00
PERMIT APPLICATION					12353			
NOTICE FEES WQP	PTGQ	PI00789487	600356	IFCE	582EA0005		09-NOV-22	-\$50.00
WATER QUALITY PMT					12353			
WATER QUALITY	WQP	PI00806798	606985	IFCE	582EA0005		29-DEC-22	-\$300.00
PERMIT APPLICATION					18189			
NOTICE FEES WQP	PTGQ	PI00806799	606986	IFCE	582EA0005		29-DEC-22	-\$50.00
WATER QUALITY PMT					18189			
WATER QUALITY	WQP	PI00864657	629354	IFCE	582EA0005		30-MAR-23	-\$300.00
PERMIT APPLICATION					39833			
NOTICE FEES WQP	PTGQ	PI00864658	629355	IFCE	582EA0005		30-MAR-23	-\$50.00
WATER QUALITY PMT					39833			
WATER QUALITY	WQP	PI00877890	640327	IFCE	582EA0005		16-MAY-23	-\$300.00
PERMIT APPLICATION					49373			
NOTICE FEES WQP	PTGQ	PI00877891	640328	IFCE	582EA0005		16-MAY-23	-\$50.00
WATER QUALITY PMT					49373			
WATER QUALITY	WQP	PI00924444	676143	IFCE	582EA0005		21-DEC-23	-\$300.00
PERMIT APPLICATION					82367			
NOTICE FEES WQP	PTGQ	PI00924445	676144	IFCE	582EA0005		21-DEC-23	-\$50.00
WATER QUALITY PMT					82367			
WATER QUALITY	WQP	PI00975650	717239	IFCE	582EA0006		16-AUG-24	-\$300.00
PERMIT APPLICATION					21562			
NOTICE FEES WQP	PTGQ	PI00975649	717240	IFCE	582EA0006		16-AUG-24	-\$50.00
WATER QUALITY PMT					21562			

### Paid In By: COREY PERKIN

<u>Acct.Name</u>	<u>Fee</u>	<u>Endorse. #</u>	<u>Ref#2</u>	<u>PayTyp</u>	<u>Check#</u>	<u>Card#</u>	<u>Tran.Date</u>	<u>Rec.Amnt</u>
WATER QUALITY	WQP	PI00958093	703663	IFCE	582EA0006		03-MAY-24	-\$300.00
PERMIT APPLICATION					08654			
NOTICE FEES WQP	PTGQ	PI00958092	703664	IFCE	582EA0006		03-MAY-24	-\$50.00
WATER QUALITY PMT					08654			

### Paid In By: COREY SMITH

<u>Acct.Name</u>	<u>Fee</u>	<u>Endorse. #</u>	<u>Ref#2</u>	<u>PayTyp</u>	<u>Check#</u>	<u>Card#</u>	<u>Tran.Date</u>	<u>Rec.Amnt</u>
WATER QUALITY	WQP	PI00954350	700849	IFCE	582EA0006		12-APR-24	-\$1600.00
PERMIT APPLICATION					05969			
NOTICE FEES WQP	PTGQ	PI00954349	001028	IFCE	582EA0006		12-APR-24	-\$50.00
WATER QUALITY PMT					05969			
NOTICE FEES WQP	PTGQ	PI00954348	700850	IFCE	582EA0006		12-APR-24	-\$15.00
WATER QUALITY PMT					05969			

### Paid In By: CORPUS CHRISTY, CITY OF

<u>Acct.Name</u>	<u>Fee</u>	<u>Endorse. #</u>	<u>Ref#2</u>	<u>PayTyp</u>	<u>Check#</u>	<u>Card#</u>	<u>Tran.Date</u>	<u>Rec.Amnt</u>
WATER QUALITY	WQP	M540602A	10401006	CK	543937		23-SEP-24	-\$2000.00
PERMIT APPLICATION								
NOTICE FEES WQP	PTGQ	M540602B	10401006	CK	543937		23-SEP-24	-\$15.00
WATER QUALITY PMT								



# PLUMMER

0537-062-01

September 23, 2024

Ms. Candice Calhoun  
Texas Commission on Environmental Quality  
Applications Review and Processing Team  
Building F, Room 2101  
12100 Park 35 Circle  
Austin, Texas 78753

Re: Application to Renew Permit No. WQ0010401006  
City of Corpus Christi (CN600131858)  
Allison Wastewater Treatment Facility (RN101610079)

Dear Ms. Calhoun:

On behalf of the City of Corpus Christi, Plummer Associates, Inc. (Plummer) provides the following responses to your Notice of Deficiency (NOD) letter dated September 9, 2024, regarding the application to renew the Texas Pollutant Discharge Elimination System (TPDES) permit for the above-referenced facility. The responses are provided in the order presented in your NOD letter. A copy of your NOD letter is provided as Enclosure A.

1. **Application Fee:** The application fee was submitted to the TCEQ's Cashier's Office on September 23, 2024. A copy of the payment submittal is included as Enclosure B.
2. **Notice of Receipt of Application and Intent to Obtain a Water Quality Permit (NORI):** Plummer has reviewed the proposed NORI language; no revisions are requested to the proposed language at this time.
3. **Spanish NORI:** The translated Spanish NORI is provided as Enclosure C.

Please feel free to contact me at [alewis@plummer.com](mailto:alewis@plummer.com) or (512) 687-2154, if you have any questions regarding this submittal.

Sincerely,

PLUMMER  
TBPE Firm Registration No. F-13

Ashley Lewis  
Water Quality/Permitting Team Leader

Enclosures (3)

cc: Mr. Earl Richardson, Wastewater Treatment Plant Manager, City of Corpus Christi

**ENCLOSURE A**  
**Notice of Deficiency Letter**  
**September 9, 2024**

Jon Niermann, *Chairman*  
Bobby Janecka, *Commissioner*  
Catarina R. Gonzales, *Commissioner*  
Kelly Keel, *Executive Director*



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

*Protecting Texas by Reducing and Preventing Pollution*

September 09, 2024

Mr. Earl Richardson  
Wastewater Treatment Plant Manager  
City of Corpus Christi  
2726 Holly Road  
Corpus Christi, Texas 78415

RE: Application to Renew Permit No.: WQ0010401006 (EPA I.D. No. TX0047082)  
Applicant Name: City of Corpus Christi (CN600131858)  
Site Name: Allison WWTP (RN101610079)  
Type of Application: Renewal

### VIA EMAIL

Dear Mr. Richardson:

We have received the application for the above referenced permit, and it is currently under review. Your attention to the following item(s) are requested before we can declare the application administratively complete. Please submit responses to the following items via email.

1. Application Fee on page 1 of the administrative report: We were unable to confirm the payment of the application processing fee. The filing fee for your application is \$2,015.00. Please submit payment to: TCEQ, Revenue Section (MC 214), P.O. Box 13088, Austin, Texas 78711-3088. Also, provide a copy of the check along with the response to this letter.
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 Corpus Christi, P.O. Box 9277, Corpus Christi, Texas 78469, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010401006 (EPA I.D. No. TX0047082) to authorize the discharge of treated wastewater at a volume not to exceed an annual average flow of 5,000,000 gallons per day via Outfall 001 and 2,000,000 gallons per day via Outfall 002. The domestic wastewater treatment facility is located at 4101 Allison Road, near the city of Corpus Christi, in Nueces County, Texas 78410. The discharge route is from the plant site via Outfall 001 directly to the Nueces River Tidal and via Outfall 002 to South Lake; thence to the Nueces Bay. TCEQ received this application on September 4, 2024. The permit application will be available for viewing and copying at City of Corpus Christi Utilities Building, front desk, 2726 Holly Road, Corpus Christi, in Nueces 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=-97.566111,27.856944&level=18>

Further information may also be obtained from City of Corpus Christi at the address stated above or by calling Mr. Earl Richardson, Wastewater Treatment Plant Manager, at 361-826-1848.

3. The application indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.

Please submit the complete response, addressed to my attention by September 23, 2024. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-4312 or by email at [candice.calhoun@tceq.texas.gov](mailto:candice.calhoun@tceq.texas.gov)

Sincerely,



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

cgc

Mr. Earl Richardson  
Page 3  
September 09, 2024  
Permit No. WQ0010401006

Enclosure(s)

Attachment 1 - Municipal Discharge Renewal Spanish NORI

cc: Ms. Ashley Lewis, Water Quality/Permitting Team Leader, Plummer Associates, Inc.,  
8911 North Capital of Texas Highway, Suite 1250, Austin, Texas 78759

**ENCLOSURE B**  
**Application Fee Submittal**



# PLUMMER

0537-062-01

September 23, 2024

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

Re: City of Corpus Christi  
Allison Wastewater Treatment Facility  
Application for a Renewal of Texas Pollutant Discharge Elimination System (TPDES)  
Permit No. WQ0010401006

To Whom It May Concern:

On behalf of the City of Corpus Christi, Plummer Associates, Inc. (Plummer) submits the application fee of \$2,015.00 for the above-referenced permit.

Please feel free to contact me at [alewis@plummer.com](mailto:alewis@plummer.com) or (512) 687-2154, if you have any questions regarding this submittal.

Sincerely,

PLUMMER  
TBPE Firm Registration No. F-13

Ashley Lewis  
Water Quality/Permitting Team Leader

Enclosures: Water Quality Permit Payment Submittal Form

cc: Mr. Earl Richardson, Wastewater Treatment Plant Manager, City of Corpus Christi

RECEIVED

SEP 23 2024

CENTER

CA



# 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:** WQ0010401006

1. Check or Money Order Number: 543937
2. Check or Money Order Amount: \$2,015
3. Date of Check or Money Order: 9/17/2024
4. Name on Check or Money Order: City of Corpus Christi

**5. APPLICATION INFORMATION**

Name of Project or Site: Allison Wastewater Treatment Facility

Physical Address of Project or Site: 4101 Allison Road, Corpus Christi, TX 78410

**ENCLOSURE C**  
**Spanish NORI**

# Comisión de Calidad Ambiental del Estado de Texas



## AVISO DE RECIBO DE LA SOLICITUD Y EL INTENTO DE OBTENER PERMISO PARA LA CALIDAD DEL AGUA RENOVACION

### PERMISO NO. WQ0010401006

**SOLICITUD.** La Ciudad de Corpus Christi ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0010401006 (EPA I.D. No. TX0047082) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 5,000,000 de galones por día a través del Emisario 001 y 2,000,000 de galones por día a través del Emisario 002. La planta está ubicada 4101 Allison Road, Corpus Christi, en el Condado de Nueces, Texas. La ruta de descarga es del sitio de la planta a por el Emisario 001 directamente a la marea del río Nueces y por el Emisario 002 al Lago Sur; de allí a la Bahía de Nueces. La TCEQ recibió esta solicitud el 4 de septiembre de 2024. La solicitud para el permiso estará disponible para leerla y copiarla en 2726 Holly Road antes de la fecha de publicación de este aviso en el periódico. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.566111,27.856944&level=18>

**AVISO ADICIONAL.** El Director Ejecutivo de la TCEQ ha determinado que la solicitud es administrativamente completa y conducirá una revisión técnica de la solicitud. Después de completar la revisión técnica, el Director Ejecutivo puede preparar un borrador del permiso y emitirá una Decisión Preliminar sobre la solicitud. **El aviso de la solicitud y la decisión preliminar serán publicados y enviado a los que están en la lista de correo de las personas a lo largo del condado que desean recibir los avisos y los que están en la lista de correo que desean recibir avisos de esta solicitud. El aviso dará la fecha límite para someter comentarios públicos.**

**COMENTARIO PUBLICO / REUNION PUBLICA.** Usted puede presentar **comentarios públicos o pedir una reunión pública sobre esta solicitud.** El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

**OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO.** Después del plazo para presentar comentarios públicos, el Director Ejecutivo considerará todos los comentarios apropiados y preparará una respuesta a todo los comentarios públicos esenciales, pertinentes, o significativos. **A menos que la solicitud haya sido referida**

**directamente a una audiencia administrativa de lo contencioso, la respuesta a los comentarios y la decisión del Director Ejecutivo sobre la solicitud serán enviados por correo a todos los que presentaron un comentario público y a las personas que están en la lista para recibir avisos sobre esta solicitud. Si se reciben comentarios, el aviso también proveerá instrucciones para pedir una reconsideración de la decisión del Director Ejecutivo y para pedir una audiencia administrativa de lo contencioso.** Una audiencia administrativa de lo contencioso es un procedimiento legal similar a un procedimiento legal civil en un tribunal de distrito del estado.

**PARA SOLICITAR UNA AUDIENCIA DE CASO IMPUGNADO, USTED DEBE INCLUIR EN SU SOLICITUD LOS SIGUIENTES DATOS:** su nombre, dirección, y número de teléfono; el nombre del solicitante y número del permiso; la ubicación y distancia de su propiedad/actividad con respecto a la instalación; una descripción específica de la forma cómo usted sería afectado adversamente por el sitio de una manera no común al público en general; una lista de todas las cuestiones de hecho en disputa que usted presente durante el período de comentarios; y la declaración "[Yo/nosotros] solicito/solicitamos una audiencia de caso impugnado". Si presenta la petición para una audiencia de caso impugnado de parte de un grupo o asociación, debe identificar una persona que representa al grupo para recibir correspondencia en el futuro; identificar el nombre y la dirección de un miembro del grupo que sería afectado adversamente por la planta o la actividad propuesta; proveer la información indicada anteriormente con respecto a la ubicación del miembro afectado y su distancia de la planta o actividad propuesta; explicar cómo y porqué el miembro sería afectado; y explicar cómo los intereses que el grupo desea proteger son pertinentes al propósito del grupo.

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión. La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios. Si ciertos criterios se cumplen, la TCEQ puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.

**LISTA DE CORREO.** Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas de correos siguientes (1) la lista de correo permanente para recibir los avisos de el solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

**CONTACTOS E INFORMACIÓN A LA AGENCIA.** Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía

**<http://www14.tceq.texas.gov/epic/eComment/> o por escrito dirigidos a la Comisión de Texas de Calidad Ambiental, Oficial de la Secretaría (Office of Chief Clerk), MC-105, P.O. Box 13087, Austin, Texas 78711-3087.** Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en Español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del la Ciudad de Corpus Christi a la dirección indicada arriba o llamando a Earl Richardson al (361) 826-1848.

Fecha de emission: