



# 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

# Domestic Wastewater

City of Dilley (CN600738298) operates Dolph Briscoe Prison Unit WWTP (RN101609048), a facility that serves the state prison unit in Dilley, Texas. The facility is located at approximately one mile southwest of the intersection of Interstate Highway 35 and State Highway 85, in Dilley, Frio County, Texas 78017. This application is for a renewal and major amendment to update the existing WWTP of the Dolph Briscoe Prison Unit. The proposed WWTP will be constructed in proximity to the existing WWTP and lagoons, which will be abandoned. Proposed main project components within the existing WWTP boundaries include a new headworks facility, one lift station, one 0.5 MGD sequencing batch reactor system, and sludge drying beds.

Discharges from the facility are expected to contain chlorine, suspended solids, and pH. Wastewater will be treated by the following process: Influent from the prison will be diverted from the main influent manhole into the new headworks facility. At this location, the influent will be screened from trash, rags and/or other solid materials. From here, the screened influent will travel to the headworks outflow basin and injected with Activated Sludge pumped from the sequencing batch reactor basins. From here, the screened influent shall be transferred via gravity to a proposed lift station. At this location, the screened influent will be pumped to the Sequence Reactor Batch (SBR) System to initiate the biological process. Within this same system both activated sludge and settled effluent are produced after the biological process is complete. The activated sludge can be either pumped back to the headworks for initial influent treatment or pumped to the new sludge drying beds where the sludge will be dried and transferred to a nearby landfill. As per the settled effluent, this would be pumped to the new chlorination/dichlorination basins for disinfection and finally transferred to the existing outfall structure.

# Aguas Residuales Domesticas

La Ciudad de Dilley (CN600738298) opera la Planta de Tratamiento de Aguas Residuales Domesticas (PTARD) de Dolph Briscoe Prison Unit (RN101609048), una planta que da servicio a la unidad de prisión estatal por nombre Dolph Briscoe Unit en Dilley, Texas. La planta está localizada aproximadamente una milla al suroeste de la intersección de la Carretera Interestatal 35 y la Carretera Estatal 83 en Dilley, Frio County, Texas 78017. Esta aplicación es para una renovación y una revisión mayor para actualizar el permiso existente PTARD de Dolph Briscoe Prison Unit. La PTARD propuesta sería construida en proximidad con la existente planta de tratamiento y las presas actualmente usadas para el tratamiento serian clausuradas. Los componentes principales de la propuesta dentro de los límites de la planta existente incluyen: una unidad de headworks, una estación de elevación, un sistema de reacción en secuencia con capacidad de 0.5 MGD, y una cama de lecho de secado de lodos.

La descarga de la planta espera tener cloro, solidos suspendidos y pH. Las aguas residuales serán tratadas de la siguiente manera: Influyente de la prisión será desviada de la toma principal a la unidad de headworks. En dicha locación el influyente será limpiado de basura, trapos, u otros materiales sólidos. De ahí, el influyente limpiado viajara a la estación de headworks e inyectado con la pompa de solidos active del reactor discontinuo de secuenciación. De ahí, el influyente limpiado será transferido vía gravedad hacia la estación de elevación. En dicha locación, el influyente limpiado será mandado a el sistema del reactor discontinuo de secuencia para iniciar el proceso biológico. Dentro de el mismo sistema ambos, lodos activados y el efluente establecido serán producidos después de completar el proceso biológico. El lodo activado puede ser mandado de Vuelta a la estación de headworks para el tratamiento de influyente inicial o mandado a la nueva cama de lecho de secado de lodos donde el lodo será secado y transferido a un vertedero cercano. En cuanto el eluyente establecido, este será mandado a la nueva cuenca de clorinacion/declorinación y finalmente transferido a la existente estructura de desagüe.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010404002

**APPLICATION.** City of Dilley, 116 East Miller Street, Dilley, Texas 78017, has applied to the Texas Commission on Environmental Quality (TCEQ) to amend Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010404002 (EPA I.D. No. TX0117218) to authorize an increase in the discharge of treated wastewater to a volume not to exceed a daily average flow of 500,000 gallons per day and to improve current wastewater treatment plant. The domestic wastewater treatment facility is located approximately 1 mile southwest of the intersection of Interstate Highway 35 and State Highway 85, in Frio County, Texas 78017. The discharge route is from the plant site to an unnamed tributary; thence to Cibolo Creek; thence to Frio River Above Choke Canyon Reservoir. TCEQ received this application on July 15, 2024. The permit application will be available for viewing and copying at Dilley City Hall, Lobby, 116 East Miller Street, Dilley, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.193888,28.655555&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.**

**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 Dilley at the address stated above or by calling Ms. Natasha Prado, City Secretary, at 830-965-1624.

Issuance Date: September 18, 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 MODIFICACION

### PERMISO NO. WQ0010404002

**SOLICITUD.** La Ciudad de Dilley con dirección 116 East Miller Street, Dilley, Texas 78071, ha aplicado a la Comisión sobre Calidad Ambiental de Texas (TCEQ) para enmendar su Sistema de Eliminación de Descarga de Contaminantes de Texas (TPDES) con Numero de Permiso WQ0010404002 (Numero de EPA I.D. TX0117218) para autorizar un incremento de descarga de aguas residuales tratadas a un volumen el cual no debe de exceder un promedio de flujo diario de 500,000 galones por día y para mejorar la planta de tratamiento de aguas residuales existente. La planta de tratamiento de aguas residuales domesticas está localizada aproximadamente 1 milla al suroeste de la intersección de la Carretera Interestatal 35 y la Carretera Estatal 85, en el Condado de Frio, Condado de Texas, Texas 78017. La ruta de descarga es desde el sitio de la planta hasta un afluente sin nombre; de allí al arroyo Cibolo; de allí al río Frio por encima del embalse de Choke Canyon. TCEQ recibió esta aplicación el 15 de Julio de 2024. La aplicación del permiso estará disponible para ver y copiar en la Ciudad de Dilley, Palacio Municipal, 116 East Miller Street, Lobby, Dilley, Texas antes de la fecha en la cual este aviso sea publicado en el periódico. La aplicación, incluyendo actualizaciones, y avisos asociados con ella estarán disponibles electrónicamente en la siguiente página de web: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. Este enlace es para un mapa electrónico de el sitio de la planta o la ubicación general de la instalación es proporcionada por cortesía y no es parte de la aplicación o aviso. Para la ubicación exacta, refiérase a la aplicación del permiso. <https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.193888,28.655555&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.

**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 Ciudad de Dilley a la dirección indicada arriba o llamando a Ms. Natasha Prado, secretaria de la Ciudad, al 830-965-1624.

Fecha de emisión 18 de septiembre de 2024

## Abesha Michael

---

**From:** miguel.martinez@premier-ce.com  
**Sent:** Thursday, August 15, 2024 5:11 PM  
**To:** Abesha Michael  
**Cc:** 'Armando Guerra'; rolivarez@cityofdilleytx.com  
**Subject:** Application to Amend Permit No. WQ0010404002 - Notice of Deficiency Letter  
**Attachments:** 1.Core Data Form.pdf; 2. Updated Administrative Report.pdf; 3. Plain Language Summary.pdf; 4. Public Involvement Plan.pdf; 5. Landowner's Map.pdf; 6. Landowner List.pdf; Landowner Labels 1.doc; Landowner Labels 2.doc

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Good afternoon Ms. Michael thank you for your comments on our application for renewal and major amendment on Permit No. WQ0010404002. Here is our email with our response to your previous comments as well as the attachments for corrections/updates indicated.

1. Section I, item 1, Reason for Submission, on page 1 of the Core Data Form (CDF): Thank you for addressing this item. However, the reason for submission shows "Renewal" only. Please check "Other" and indicate "Major Amendment" and submit a revised page 1 of the CDF. **Response: Core Data Form (CDF) has now been update as requested and is included in this email as an attached.**
2. Thank you for submitting the Domestic Wastewater Permit Application. However, the application has been submitted on an outdated form. According to TCEQ policy, outdated versions of the application forms cannot be used. Please resubmit all pages of the administrative report on the most current version of TCEQ form number TCEQ-10053 (01/09/2024) Municipal Wastewater Application Administrative Report. **Response: The latest version available of the Administrative Report with form number TCEQ-10053 has been completed and is included in this email as an attachment.**
3. Section 8, item D on page 7 of the application: Thank you for addressing the public viewing location. However, the Dilley City Hall is 116 East Miller Street, Dilley, Texas, not 101 South Commerce Street, Dilley, Texas. The 101 South Commerce Street is tax office. Please confirm and update this item and submit a revised page. **Response: Update has been made on the address of Dilley City Hall and it could be seen reflected on the Administrative Report.**
4. Section 8, items F & G on page 7 of the application: We are an able to location the plain language summary (PLS) and the Public Involvement Plan (PIP). Please use the current version of the application and complete the PLS and PIP. **Response: Plain Language Summary (PLS) and Public Involvement Plan (PIP) have now been completed and are included in this email as an attachment.**
5. Section 1, Affected Landowner Information on page 14 of the administrative report 1.1: Thank you for submitting the affected landowner map. However, the map is insufficient, it doesn't have a scale, and the landowner on the north side of the applicant property, after W HWY 85 is not delineated. If the W HWY 85 is not a divided highway the landowner(s) has to be delineated. Please submit a revised map (please use different color for the facility and applicant boundaries) and the cross-referenced mailing list and mailing labels accordingly. (please email the mailing labels in word format). **Response: Corrections**

and updates have been made and could be seen reflected on Administrative Report and Landowner's Map attachments included in this email. Updated cross-reference mailing list has been included as an attachment in this email. Mailing labels have been attached to this email in Word format as well.

6. 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 Dilley, 116 East Miller Street, Dilley, Texas 78017, has applied to the Texas Commission on Environmental Quality (TCEQ) to amend Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010404002 (EPA I.D. No. TX0117218) to authorize an increase in the discharge of treated wastewater to a volume not to exceed a daily average flow of 500,000 gallons per day and to improve current wastewater treatment plant. The domestic wastewater/water treatment facility is located approximately 1 mile southwest of the intersection of Interstate Highway 35 and State Highway 85, in Frio County, Texas County, Texas 78017. The discharge route is from the plant site to to an unnamed tributary; thence to Cibolo Creek; thence to Frio River Above Choke Canyon Reservoir (Pending RWA confirmation). TCEQ received this application on July 15, 2024. The permit application will be available for viewing and copying at City of Dilley, Tax Office, 101 South Commerce Street, Lobby, Dilley, in Frio County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application. <https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.193888,28.655555&level=18> Further information may also be obtained from City of Dilley at the address stated above or by calling Ms. Natasha Prado, City Secretary, at 830-965-1624.

**Response: Portion of the NORI has been revised and should read as follows:**

APPLICATION. City of Dilley, 116 East Miller Street, Dilley, Texas 78017, has applied to the Texas Commission on Environmental Quality (TCEQ) to amend Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010404002 (EPA I.D. No. TX0117218) to authorize an increase in the discharge of treated wastewater to a volume not to exceed a daily average flow of 500,000 gallons per day and to improve current wastewater treatment plant. The domestic wastewater/water treatment facility is located approximately 1 mile southwest of the intersection of Interstate Highway 35 and State Highway 85, in Frio County, Texas County, Texas 78017. The discharge route is from the plant site to an unnamed tributary; thence to Cibolo Creek; thence to Frio River Above Choke Canyon Reservoir (Pending RWA confirmation). TCEQ received this application on July 15, 2024. The permit application will be available for viewing and copying at City of Dilley, **City Hall, 116 East Miller Street**, Lobby, Dilley, in Frio County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application. <https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.193888,28.655555&level=18> Further information may also be obtained from City of Dilley at the address stated above or by calling Ms. Natasha Prado, City Secretary, at 830-965-1624.

Please let me know if there are any questions, comments, or concerns regarding our response and/or any of the attached documents included in this email and/or any other items in our permit renewal application.

Thanks,

Mikey

--

**Miguel Angel Martinez Jr., MBA** | Engineering Associate

**Premier Civil Engineering LLC**

Land Development, Planning, Transportation

Water-Waste Water, Surveying, Oil & Gas

1302 Calle del Norte, Ste. 2

Laredo, Texas 78041

main: 956.717.1199 | fax: 956.717.1196

[miguel.martinez@premier-ce.com](mailto:miguel.martinez@premier-ce.com)

[www.premier-ce.com](http://www.premier-ce.com)



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Dilley

PERMIT NUMBER (If new, leave blank): WQ00 10404002

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Affected Landowners Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Involvement Plan Form	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Design Calculations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
ADMINISTRATIVE REPORT 1.0**

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

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

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

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

Minor Amendment (for any flow) \$150.00 ☐

**Payment Information:**

Mailed      Check/Money Order Number: 63371  
Check/Money Order Amount: \$1,650.00  
Name Printed on Check: Texas Commission on Environmental Quality

EPAY      Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed?      Yes ☒

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

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

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

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

- ☒ Active      ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

e. For amendments or modifications, describe the proposed changes: Improve current wastewater treatment plant

f. For existing permits:

Permit Number: WQ00 10404002

EPA I.D. (TPDES only): TX 01172218

Expiration Date: September 20, 2026

### 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 Dilley

*(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: 600738298

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: Arredondo, Henry

Title: City Administrator

Credential: Click to enter text.

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

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

N/A

*(The legal name must be spelled exactly as filed with the TX SOS, with the County, or in the*

legal documents forming the entity.)

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

CN: 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. N/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: Guerra, Armando

Title: Engineering Manager

Credential: P.E.

Organization Name: Premier Engineering Surveying

Mailing Address: 1302 Calle del Norte Suite:2 City, State, Zip Code: Laredo, Texas 78041

Phone No.: (956)-286-5197

E-mail Address: armando.guerra@premier-ce.com

Check one or both:

☒

Administrative Contact

☐

Technical Contact

B. Prefix: Mr.

Last Name, First Name: Martinez Jr., Miguel Angel

Title: Engineering Associate

Credential: N/A

Organization Name: Premier Engineering Surveying

Mailing Address: 1302 Calle del Norte Suite:2 City, State, Zip Code: Laredo, Texas, 78041

Phone No.: (956)-337-8854

E-mail Address: miguel.martinez@premier-ce.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: Armando Guerra

Title: Engineering Manager

Credential: P.E.

Organization Name: Premier Engineering Surveying

Mailing Address: 1302 Calle del Norte Suite:2 City, State, Zip Code: Laredo, Texas, 78041

Phone No.: 956-286-5197

E-mail Address: armando.guerra@premier-ce.com

B. Prefix: Mr.

Last Name, First Name: Olivarez Jr., Rodolfo

Title: Public Works Director

Credential: N/A

Organization Name: City of Dilley

Mailing Address: PO Box 230

City, State, Zip Code: Dilley, Texas, 78017-0230

Phone No.: (830)-965-2081

E-mail Address: rolivarez@cityofdilleytexas.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: Olivarez Jr., Rodolfo

Title: Public Works Director

Credential: N/A

Organization Name: City of Dilley

Mailing Address: P.O. Box 230

City, State, Zip Code: Dilley, Texas, 78017-0230

Phone No.: (830)-965-2081

E-mail Address: rolivarez@cityofdilleytexas.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: Martinez, Adrian

Title: Wastewater Treatment Plant Operator

Credential: N/A

Organization Name: City of Dilley

Mailing Address: P.O. Box 230

City, State, Zip Code: Dilley, Texas, 78017-2030

Phone No.: (830)-457-4462

E-mail Address: amartinez@cityofdilleytexas.com

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

### A. Individual Publishing the Notices

Prefix: Mr.

Last Name, First Name: Guerra, Armando

Title: Engineering Manager

Credential: P.E.

Organization Name: Premier Engineering Surveying

Mailing Address: 1302 Calle del Norte Suite:2 City, State, Zip Code: Laredo, Texas, 78041

Phone No.: (956)-286-5197

E-mail Address: armando.guerra@premier-ce.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: Ms.

Last Name, First Name: Prado, Natasha

Title: City Secretary

Credential: N/A

Organization Name: City of Dilley

Mailing Address: P.O. Box 230

City, State, Zip Code: Dilley, Texas, 78017-0230

Phone No.: (830)-965-1624

E-mail Address: nprado@cityofdilleytx.com

**D. Public Viewing Information**

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

Public building name: City Hall

Location within the building: Lobby

Physical Address of Building: 116 East Miller Steet, Dilley, Texas, 78017-0230

City: Dilley

County: Frio

Contact (Last Name, First Name): Prado, Natasha

Phone No.: (830)-965-1624 Ext.: 4

**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?

#### F. Plain Language Summary Template

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

**Attachment:** Plain Language Summary

#### 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:** Public Involvement Plan

## 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 101609048

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

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

City of Dilley Dolph Briscoe Prison Unit Wastewater Treatment Facility

C. Owner of treatment facility: Click to enter text.

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 Dilley

Mailing Address: 116 East Miller Street

City, State, Zip Code: Dilley, Texas, 78017

Phone No.: (830)-965-1624

E-mail Address: cityadministrator@cityofdilleytx.com

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

**Attachment:** Click to enter text.

E. Owner of effluent disposal site:

Prefix: 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): Dilley

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

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

☐ Yes ☒ No

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

- ☐ Authorization granted      ☐ Authorization pending

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

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

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

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

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

☐ Yes      ☐ No

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

N/A

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

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

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

N/A

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

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

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

☐ Yes      ☒ No

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

☐ Yes      ☐ No      ☒ Not Applicable

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

N/A

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: 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
- 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: Exhibit 1 and Exhibit 1.1

Exhibit 1 Includes:

- Applicant's property boundary
- Treatment facility boundary
- Labeled point of discharge for each discharge point (TPDES only)
- Highlighted discharge route for each discharge point (TPDES only)
- 1 mile radius information
- 3 miles downstream information (TPDES only)
- All ponds

Exhibit 1.1 Includes:

- New and future construction

## Section 14. Signature Page (Instructions Page 39)

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

Permit Number: WQ0010404002

Applicant: City of Dilley

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): Henry Arredondo

Signatory title: City Administrator

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

(Use blue ink)

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

7-9-2024

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

Henry Arredondo

on this \_\_\_\_\_

09<sup>th</sup>

day of \_\_\_\_\_

July

, 20 24.

My commission expires on the \_\_\_\_\_

21<sup>st</sup>

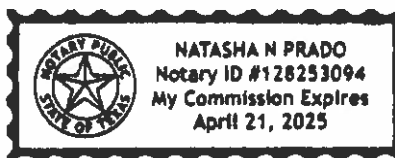
day of \_\_\_\_\_

April

, 20 25.

Natasha N. Prado

Notary Public



[SEAL]

Frio

County, Texas

# Domestic Wastewater

City of Dilley (CN600738298) operates Dolph Briscoe Prison Unit WWTP (RN101609048), a facility that serves the state prison unit in Dilley, Texas. The facility is located at approximately one mile southwest of the intersection of Interstate Highway 35 and State Highway 85, in Dilley, Frio County, Texas 78017. This application is for a renewal and major amendment to update the existing WWTP of the Dolph Briscoe Prison Unit. The proposed WWTP will be constructed in proximity to the existing WWTP and lagoons, which will be abandoned. Proposed main project components within the existing WWTP boundaries include a new headworks facility, one lift station, one 0.5 MGD sequencing batch reactor system, and sludge drying beds.

Discharges from the facility are expected to contain chlorine, suspended solids, and pH. Wastewater will be treated by the following process: Influent from the prison will be diverted from the main influent manhole into the new headworks facility. At this location, the influent will be screened from trash, rags and/or other solid materials. From here, the screened influent will travel to the headworks outflow basin and injected with Activated Sludge pumped from the sequencing batch reactor basins. From here, the screened influent shall be transferred via gravity to a proposed lift station. At this location, the screened influent will be pumped to the Sequence Reactor Batch (SBR) System to initiate the biological process. Within this same system both activated sludge and settled effluent are produced after the biological process is complete. The activated sludge can be either pumped back to the headworks for initial influent treatment or pumped to the new sludge drying beds where the sludge will be dried and transferred to a nearby landfill. As per the settled effluent, this would be pumped to the new chlorination/dichlorination basins for disinfection and finally transferred to the existing outfall structure.

# Aguas Residuales Domesticas

La Ciudad de Dilley (CN600738298) opera la Planta de Tratamiento de Aguas Residuales Domesticas (PTARD) de Dolph Briscoe Prison Unit (RN101609048), una planta que da servicio a la unidad de prisión estatal por nombre Dolph Briscoe Unit en Dilley, Texas. La planta está localizada aproximadamente una milla al suroeste de la intersección de la Carretera Interestatal 35 y la Carretera Estatal 83 en Dilley, Frio County, Texas 78017. Esta aplicación es para una renovación y una revisión mayor para actualizar el permiso existente PTARD de Dolph Briscoe Prison Unit. La PTARD propuesta sería construida en proximidad con la existente planta de tratamiento y las presas actualmente usadas para el tratamiento serian clausuradas. Los componentes principales de la propuesta dentro de los límites de la planta existente incluyen: una unidad de headworks, una estación de elevación, un sistema de reacción en secuencia con capacidad de 0.5 MGD, y una cama de lecho de secado de lodos.

La descarga de la planta espera tener cloro, solidos suspendidos y pH. Las aguas residuales serán tratadas de la siguiente manera: Influyente de la prisión será desviada de la toma principal a la unidad de headworks. En dicha locación el influyente será limpiado de basura, trapos, u otros materiales sólidos. De ahí, el influyente limpiado viajara a la estación de headworks e inyectado con la pompa de solidos active del reactor discontinuo de secuenciación. De ahí, el influyente limpiado será transferido vía gravedad hacia la estación de elevación. En dicha locación, el influyente limpiado será mandado a el sistema del reactor discontinuo de secuencia para iniciar el proceso biológico. Dentro de el mismo sistema ambos, lodos activados y el efluente establecido serán producidos después de completar el proceso biológico. El lodo activado puede ser mandado de Vuelta a la estación de headworks para el tratamiento de influyente inicial o mandado a la nueva cama de lecho de secado de lodos donde el lodo será secado y transferido a un vertedero cercano. En cuanto el eluyente establecido, este será mandado a la nueva cuenca de clorinacion/declorinación y finalmente transferido a la existente estructura de desagüe.



Texas Commission on Environmental Quality

## Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

### Section 1. Preliminary Screening

New Permit or Registration Application

New Activity - modification, registration, amendment, facility, etc. (see instructions)

**If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.**

### Section 2. Secondary Screening

Requires public notice,

Considered to have significant public interest, and

Located within any of the following geographical locations:

- Austin
- Dallas
- Fort Worth
- Houston
- San Antonio
- West Texas
- Texas Panhandle
- Along the Texas/Mexico Border
- Other geographical locations should be decided on a case-by-case basis

**If all the above boxes are not checked, a Public Involvement Plan is not necessary.  
Stop after Section 2 and submit the form.**

Public Involvement Plan not applicable to this application. Provide **brief** explanation.

### Section 3. Application Information

## Type of Application (check all that apply):

Air	Initial	Federal	Amendment	Standard Permit	Title V
Waste	Municipal Solid Waste	Industrial and Hazardous Waste			Scrap Tire
	Radioactive Material Licensing			Underground Injection Control	

## Water Quality

Texas Pollutant Discharge Elimination System (TPDES)  
Texas Land Application Permit (TLAP)  
State Only Concentrated Animal Feeding Operation (CAFO)  
Water Treatment Plant Residuals Disposal Permit  
Class B Biosolids Land Application Permit  
Domestic Septage Land Application Registration

# Water Rights New Permit

New Appropriation of Water  
New or existing reservoir

## Amendment to an Existing Water Right

Add a New Appropriation of Water

Add a New or Existing Reservoir

Major Amendment that could affect other water rights or the environment

## Section 4. Plain Language Summary

Provide a brief description of planned activities.

## Section 5. Community and Demographic Information

Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools.

**Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information.**

(City)

(County)

(Census Tract)

Please indicate which of these three is the level used for gathering the following information.

City

County

Census Tract

- (a) Percent of people over 25 years of age who at least graduated from high school
- (b) Per capita income for population near the specified location
- (c) Percent of minority population and percent of population by race within the specified location
- (d) Percent of Linguistically Isolated Households by language within the specified location
- (e) Languages commonly spoken in area by percentage
- (f) Community and/or Stakeholder Groups
- (g) Historic public interest or involvement

## Section 6. Planned Public Outreach Activities

(a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?

Yes      No

(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?

Yes      No

If Yes, please describe.

**If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.**

(c) Will you provide notice of this application in alternative languages?

Yes      No

**Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.**

If yes, how will you provide notice in alternative languages?

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

(d) Is there an opportunity for some type of public meeting, including after notice?

Yes      No

(e) If a public meeting is held, will a translator be provided if requested?

Yes      No

(f) Hard copies of the application will be available at the following (check all that apply):

TCEQ Regional Office

TCEQ Central Office

Public Place (specify)

## Section 7. Voluntary Submittal

For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.

Will you provide notice of this application, including notice in alternative languages?

Yes      No

What types of notice will be provided?

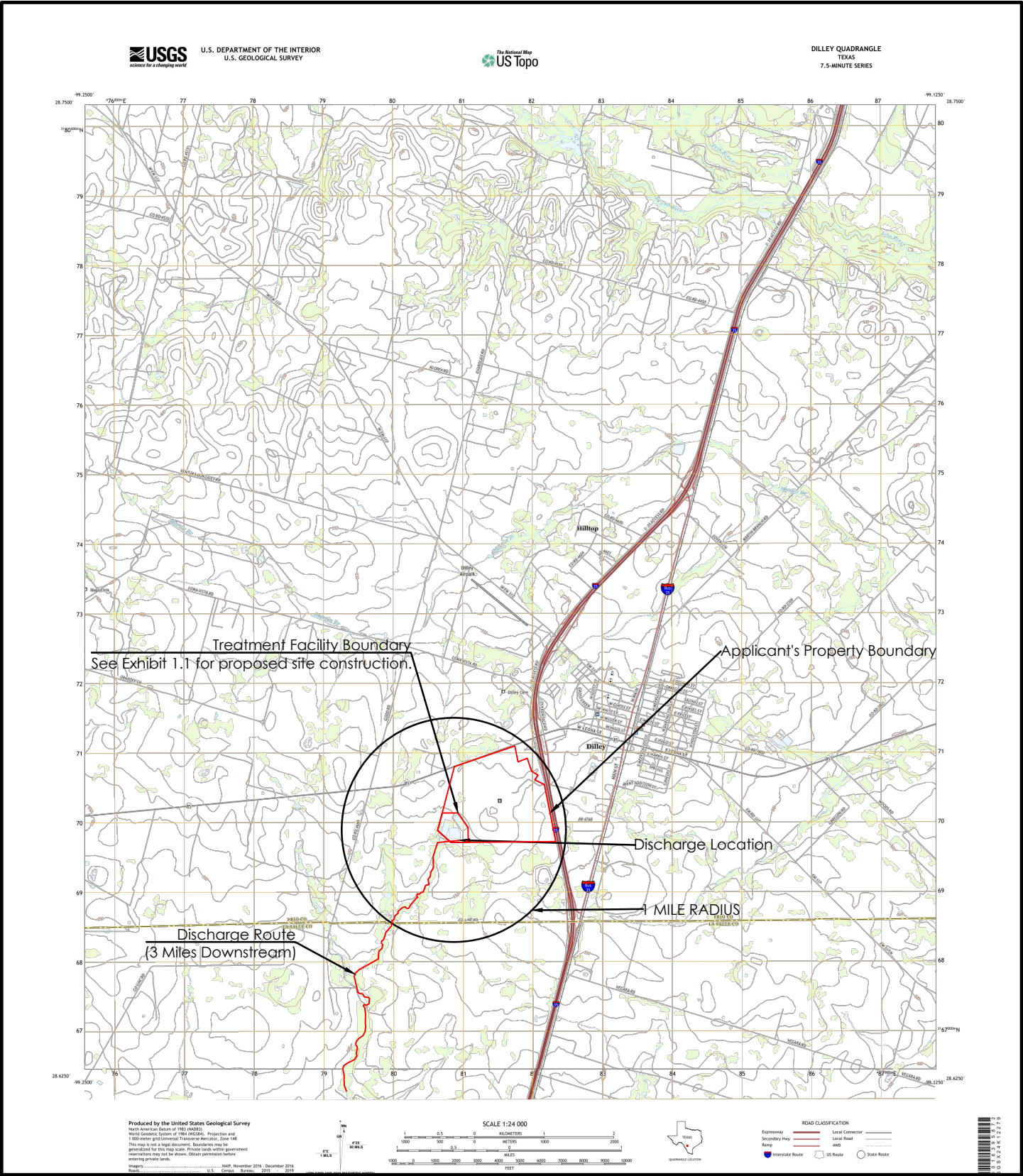
Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

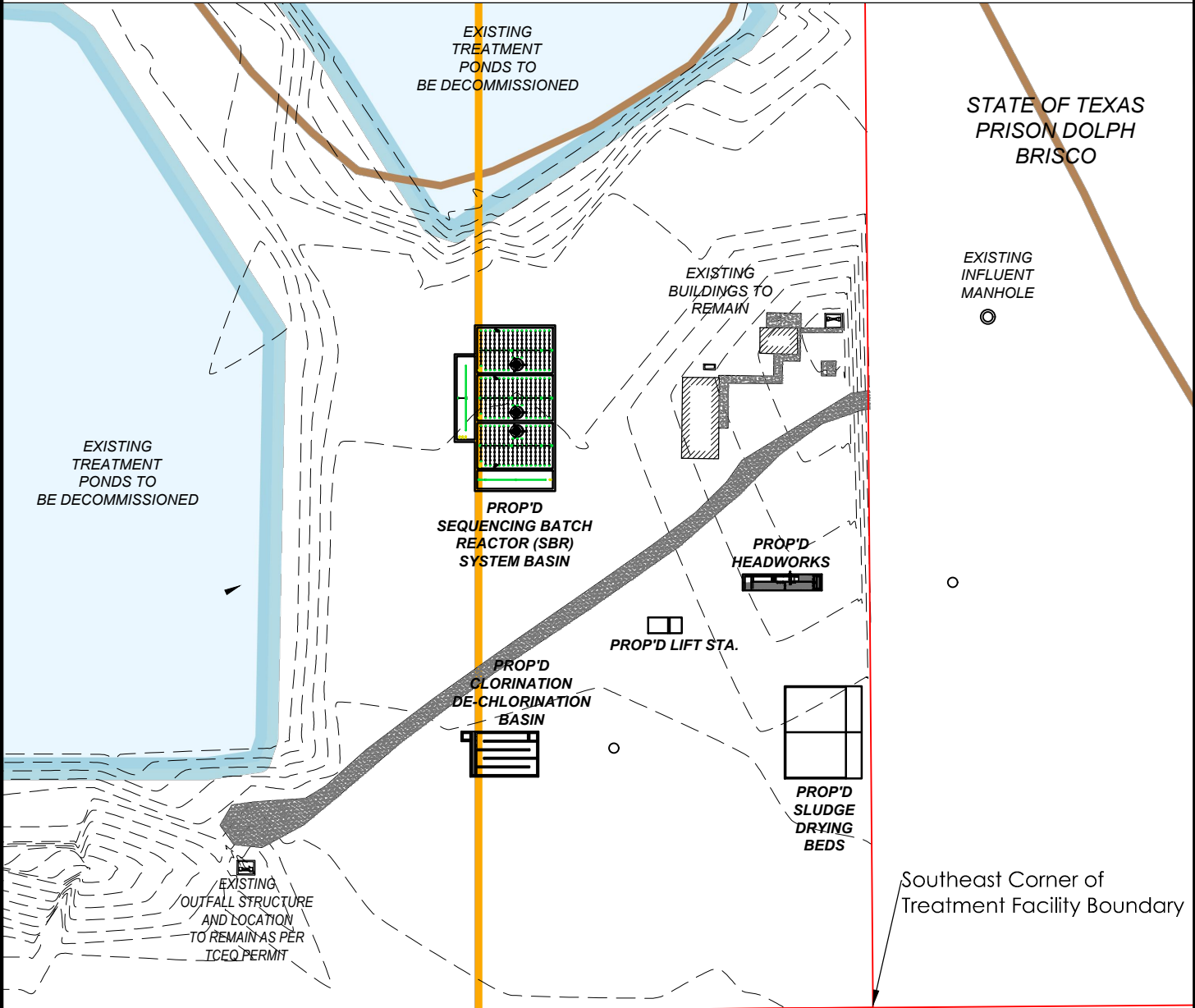
Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

Exhibit 1 - USGS Topographic Map for Administrative Report 1.0 Section 13



**PROPOSED IMPROVEMENTS SITE PLAN**  
**BRISCO PRISON WASTE WATER TREATMENT PLANT**  
**DILLEY, TEXAS**



KAD INVESTMENTS, LLC



1302 CALLE DEL NORTE, SUITE 2  
LAREDO, TEXAS 78041  
PH: (956) 717-1199 FAX: (956) 717-1196

premier-ce.com

LAND DEVELOPMENT • PLANNING • WATER • WASTEWATER • TRANSPORTATION • SURVEYING  
ENGINEERING REGISTRATION No. F-8019 SURVEY REGISTRATION No. 100097-00

# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

## Section 1. Affected Landowner Information (Instructions Page 36)

- A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:
- ☒ The applicant's property boundaries
  - ☒ The facility site boundaries within the applicant's property boundaries
  - ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
  - ☒ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
  - ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
  - ☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
  - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
  - ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
  - ☐ The property boundaries of all landowners surrounding the effluent disposal site
  - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
  - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- B. ☒ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. Indicate by a check mark in which format the landowners list is submitted:
- ☐ USB Drive
  - ☒ Four sets of labels
- D. Provide the source of the landowners' names and mailing addresses: Frio County Appraisal District
- E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
- ☐ Yes
  - ☒ No

If **yes**, provide the location and foreseeable impacts and effects this application has on the land(s):

N/A

## Section 2. Original Photographs (Instructions Page 38)

Provide original ground level photographs. Indicate with checkmarks that the following information is provided.

- ☐ At least one original photograph of the new or expanded treatment unit location
- ☒ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- ☐ At least one photograph of the existing/proposed effluent disposal site
- ☐ A plot plan or map showing the location and direction of each photograph

## Section 3. Buffer Zone Map (Instructions Page 38)

A. Buffer zone map. Provide a buffer zone map on 8.5 x 11-inch paper with all of the following information. The applicant's property line and the buffer zone line may be distinguished by using dashes or symbols and appropriate labels.

- The applicant's property boundary;
- The required buffer zone; and
- Each treatment unit; and
- The distance from each treatment unit to the property boundaries.

B. Buffer zone compliance method. Indicate how the buffer zone requirements will be met. Check all that apply.

- ☒ Ownership
- ☐ Restrictive easement
- ☐ Nuisance odor control
- ☐ Variance

C. Unsuitable site characteristics. Does the facility comply with the requirements regarding unsuitable site characteristic found in 30 TAC § 309.13(a) through (d)?

- ☐ Yes
- ☐ No

# **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:** SPIF

# 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: WQ0010404002**

1. Check or Money Order Number: [Click to enter text.](#)
2. Check or Money Order Amount: [Click to enter text.](#)
3. Date of Check or Money Order: [Click to enter text.](#)
4. Name on Check or Money Order: [Click to enter text.](#)
5. APPLICATION INFORMATION

Name of Project or Site: Dolph Briscoe Unit State Prison WWTP Improvements

Physical Address of Project or Site: 1459 TX-85, Dilley, TX, 78017

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

**Staple Check or Money Order in This Space**

# ATTACHMENT 1

## INDIVIDUAL INFORMATION

### Section 1. Individual Information (Instructions Page 41)

Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

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

Full legal name (Last Name, First Name, Middle Initial): N/A

Driver's License or State Identification Number: N/A

Date of Birth: N/A

Mailing Address: N/A

City, State, and Zip Code: N/A

Phone Number: N/A Fax Number: N/A

E-mail Address: N/A

CN: N/A

#### For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

## **Things to Know:**

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

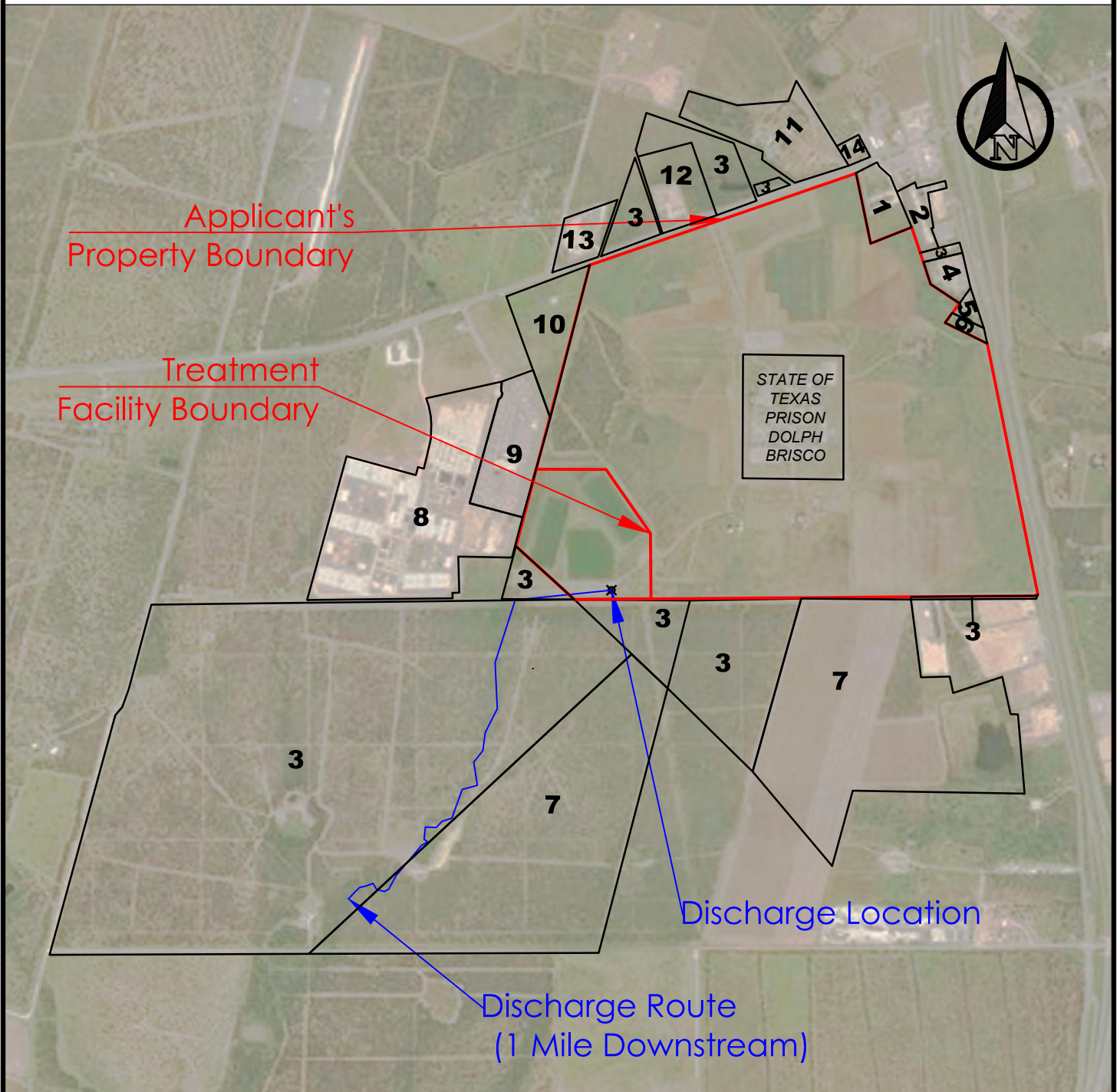
Landowners Cross Reference List ☐ N/A ☒ Yes  
*(See instructions for landowner requirements)*

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

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

Plain Language Summary ☒ Yes

**AFFECTED LANDOWNER MAP**  
**BRISCO PRISON WASTE WATER TREATMENT PLANT**  
**DILLEY, TEXAS**



SCALE: 1" = 1500'



1302 CALLE DEL NORTE, SUITE 2  
LAREDO, TEXAS 78041

PH: (956) 717-1199 FAX: (956) 717-1196

[premier-ce.com](http://premier-ce.com)

LAND DEVELOPMENT • PLANNING • WATER • WASTEWATER • TRANSPORTATION • SURVEYING  
ENGINEERING REGISTRATION No. F-8019 SURVEY REGISTRATION No. 100097-00

# Cross-referenced Landowner List

## Property Boundary Adjacent Owners:

1. **Owner: PSM HOSPITALITY LLC**  
**Mailing Address: 1511 CALEDONIA TRAIL SUGAR LAND TX 77479**  
**Owner ID: 1**
2. **Owner: PATEL SAMIR**  
**Mailing Address: 123 SAN BERNARD DR. IRVING TX 75039**  
**Owner ID: 2**
3. **Owner: KAD INVESTMENTS LLC**  
**Mailing Address: 12840 ATHERTON BLVD ANCHORAGE AK 99516**  
**Owner ID: 3**
4. **Owner: EAGLE OILFIELD SERVICES**  
**Mailing Address: 17544 S IH 35 DILLEY TX 78017**  
**Owner ID: 4**
5. **Owner: GALVAN RICKEY L & TAMMIE K**  
**Mailing Address: PO BOX 372 DILLEY TX 78017**  
**Owner ID: 5**
6. **Owner: MCCLAIN JOHN H & JACQUELYNN M**  
**Mailing Address: 17658 S IH 35 DILLEY TX 78017 9700**  
**Owner ID: 6**
7. **Owner: DRLH HOLDINGS LLC**  
**Mailing Address: 155 SCHEELE RD BOERNE TX 78015 8322**  
**Owner ID: 7**
8. **Owner: TARGET LOGISTICS MANAGEMENT, LLC**  
**Mailing Address: 16410 N ELDRIDGE PKWY TOMBALL TX 77377 9074**  
**Owner ID: 8**
9. **Owner: KM/SRD 1 LLC**  
**Mailing Address: 903 BASSE ROAD SAN ANTONIO TX 78212**  
**Owner ID: 9**
10. **Owner: GUGLIOTTI SAMMY AND**  
**Mailing Address: PO BOX 1691 UVALDE TX 78802**  
**Owner ID: 10**
11. **Owner: JUAN AND ENODELIA**  
**Mailing Address: 1160 HWY 85 W, DILLEY TX 78017**  
**Owner ID: 11**
12. **Owner: MURCO FARMS & LEASING LLC**  
**Mailing Address: 616 TENAHA ST CENTER TX 75935**  
**Owner ID: 12**

**13. Owner: T & C MANAGEMENT LLC**  
**Mailing Address: 616 TENAHA ST CENTER TX 75935**  
**Owner ID: 13**

**14. Owner: D & D DYNASTY LLC**  
**Mailing Address: PO BOX 452085 LAREDO TX 78045**  
**Owner ID: 14**

**1 Mile Downstream Adjacent Owners:**

**1. Owner: KAD INVESTMENTS LLC**  
**Mailing Address: 12840 ATHERTON BLVD ANCHORAGE AK 99516**  
**Owner ID: 3**

**2. Owner: DRLH HOLDINGS LLC**  
**Mailing Address: 155 SCHEELE RD BOERNE TX 78015 8322**  
**Owner ID: 7**

**JUAN AND ENODELIA  
1160 HWY 85 W  
DILLEY, TX 78017**

**JUAN AND ENODELIA  
1160 HWY 85 W  
DILLEY, TX 78017**

**MURCO FARMS & LEASING, LLC  
616 TENAHA ST.  
CENTER, TX 75935**

**MURCO FARMS & LEASING, LLC  
616 TENAHA ST.  
CENTER, TX 75935**

**T & C MANAGEMENT, LLC  
616 TENAHA ST.  
CENTER, TX 75935**

**T & C MANAGEMENT, LLC  
616 TENAHA ST.  
CENTER, TX 75935**

**D & D DYNASTY, LLC  
P.O. BOX 452085  
LAREDO, TX 78045**

**D & D DYNASTY, LLC  
P.O. BOX 452085  
LAREDO, TX 78045**

**KAD INVESTMENTS, LLC  
12840 ATHERTON BLVD.  
ANCHORAGE, AK 99516**

**KAD INVESTMENTS, LLC  
12840 ATHERTON BLVD.  
ANCHORAGE, AK 99516**

**DRLH HOLDINGS, LLC  
155 SCHEELE RD.  
BOERNE, TX 78015-8322**

**DRLH HOLDINGS, LLC  
155 SCHEELE RD.  
BOERNE, TX 78015-8322**

**PATEL SAMIR  
123 BERNARD DR.  
IRVING, TX 75039**

**PATEL SAMIR  
123 BERNARD DR.  
IRVING, TX 75039**

**JUAN AND ENODELIA  
1160 HWY 85 W  
DILLEY, TX 78017**

**JUAN AND ENODELIA  
1160 HWY 85 W  
DILLEY, TX 78017**

**MURCO FARMS & LEASING, LLC  
616 TENAHA ST.  
CENTER, TX 75935**

**MURCO FARMS & LEASING, LLC  
616 TENAHA ST.  
CENTER, TX 75935**

**T & C MANAGEMENT, LLC  
616 TENAHA ST.  
CENTER, TX 75935**

**T & C MANAGEMENT, LLC  
616 TENAHA ST.  
CENTER, TX 75935**

**D & D DYNASTY, LLC  
P.O. BOX 452085  
LAREDO, TX 78045**

**D & D DYNASTY, LLC  
P.O. BOX 452085  
LAREDO, TX 78045**

**KAD INVESTMENTS, LLC  
12840 ATHERTON BLVD.  
ANCHORAGE, AK 99516**

**KAD INVESTMENTS, LLC  
12840 ATHERTON BLVD.  
ANCHORAGE, AK 99516**

**DRLH HOLDINGS, LLC  
155 SCHEELE RD.  
BOERNE, TX 78015-8322**

**DRLH HOLDINGS, LLC  
155 SCHEELE RD.  
BOERNE, TX 78015-8322**

**PATEL SAMIR  
123 BERNARD DR.  
IRVING, TX 75039**

**PATEL SAMIR  
123 BERNARD DR.  
IRVING, TX 75039**

**EAGLE OILFIELD SERVICES  
17544 S IH 35  
DILLEY, TX 78017**

**EAGLE OILFIELD SERVICES  
17544 S IH 35  
DILLEY, TX 78017**

**GALVAN RICKY L & TAMMIE K  
PO BOX 372  
DILLEY, TX 78017**

**GALVAN RICKY L & TAMMIE K  
PO BOX 372  
DILLEY, TX 78017**

**MCCLAIN JOHN H & JACQUELYNN  
17658 S IH 35  
DILLEY, TX 78017**

**MCCLAIN JOHN H & JACQUELYNN  
17658 S IH 35  
DILLEY, TX 78017**

**TARGET LOGISTICS MANAGEMENT LLC  
16410 N ELDGRIDGE PKWY  
TOMBALL, TX 77377-9074**

**TARGET LOGISTICS MANAGEMENT LLC  
16410 N ELDGRIDGE PKWY  
TOMBALL, TX 77377-9074**

**KM/SRD 1 LLC  
903 BASSE ROAD  
SAN ANTONIO, TX 78212**

**KM/SRD 1 LLC  
903 BASSE ROAD  
SAN ANTONIO, TX 78212**

**GUGLIOTTI SAMMY AND  
PO BOX 1691  
UVALDE, TX 78802**

**GUGLIOTTI SAMMY AND  
PO BOX 1691  
UVALDE, TX 78802**

**PSM HOSPITALITY LLC  
1511 CALEDONIA TRAIL  
SUGAR LAND, TX 77479**

**PSM HOSPITALITY LLC  
1511 CALEDONIA TRAIL  
SUGAR LAND, TX 77479**

**EAGLE OILFIELD SERVICES  
17544 S IH 35  
DILLEY, TX 78017**

**EAGLE OILFIELD SERVICES  
17544 S IH 35  
DILLEY, TX 78017**

**GALVAN RICKY L & TAMMIE K  
PO BOX 372  
DILLEY, TX 78017**

**GALVAN RICKY L & TAMMIE K  
PO BOX 372  
DILLEY, TX 78017**

**MCCLAIN JOHN H & JACQUELYNN  
17658 S IH 35  
DILLEY, TX 78017**

**MCCLAIN JOHN H & JACQUELYNN  
17658 S IH 35  
DILLEY, TX 78017**

**TARGET LOGISTICS MANAGEMENT LLC  
16410 N ELDGRIDGE PKWY  
TOMBALL, TX 77377-9074**

**TARGET LOGISTICS MANAGEMENT LLC  
16410 N ELDGRIDGE PKWY  
TOMBALL, TX 77377-9074**

**KM/SRD 1 LLC  
903 BASSE ROAD  
SAN ANTONIO, TX 78212**

**KM/SRD 1 LLC  
903 BASSE ROAD  
SAN ANTONIO, TX 78212**

**GUGLIOTTI SAMMY AND  
PO BOX 1691  
UVALDE, TX 78802**

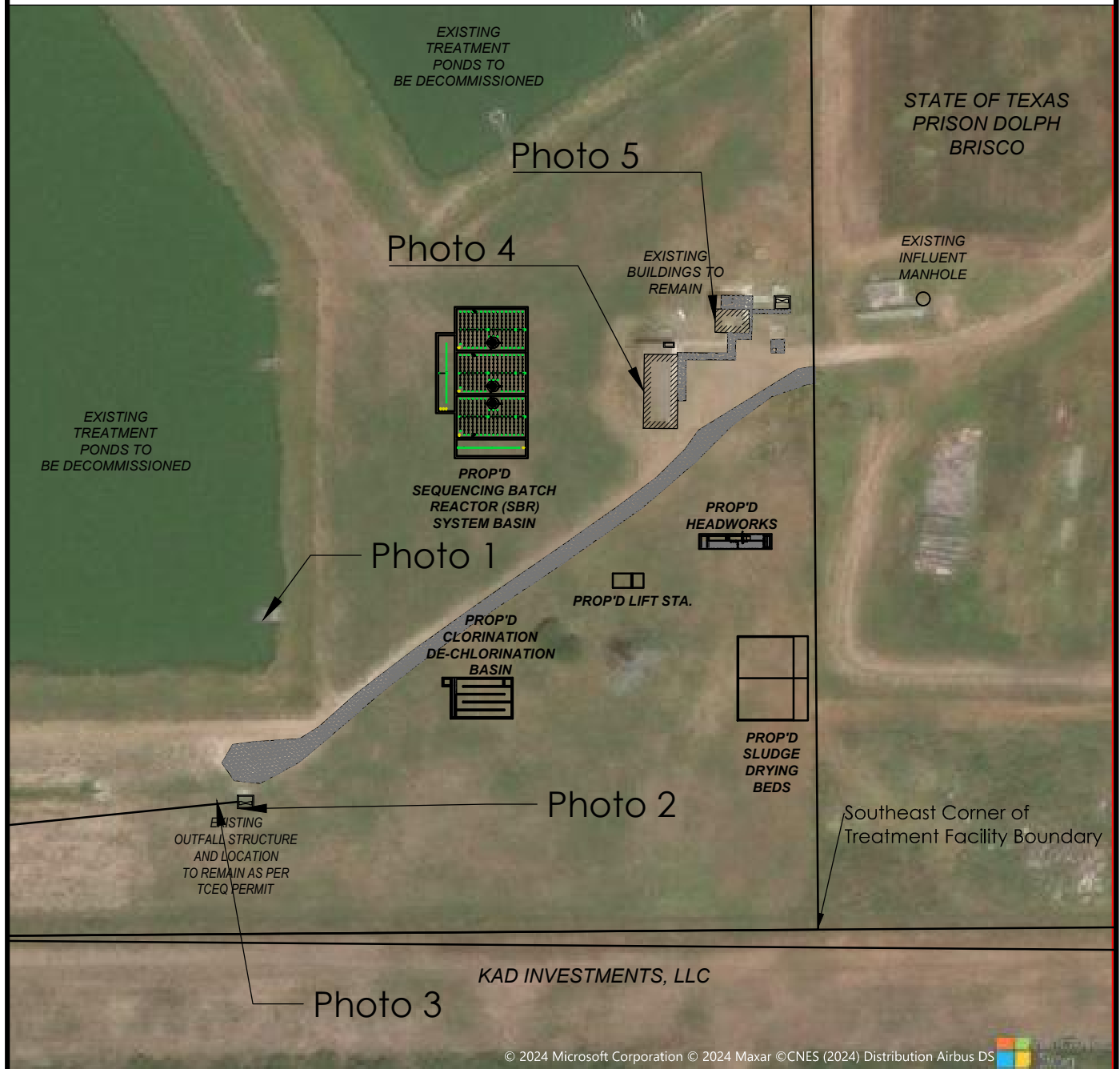
**GUGLIOTTI SAMMY AND  
PO BOX 1691  
UVALDE, TX 78802**

**PSM HOSPITALITY LLC  
1511 CALEDONIA TRAIL  
SUGAR LAND, TX 77479**

**PSM HOSPITALITY LLC  
1511 CALEDONIA TRAIL  
SUGAR LAND, TX 77479**

# Exhibit 3 - Photograph Location Map for Administrative Report 1.1 Section 2

## PHOTOGRAPH LOCATION MAP BRISCO PRISON WASTE WATER TREATMENT PLANT DILLEY, TEXAS



1302 CALLE DEL NORTE, SUITE 2  
LAREDO, TEXAS 78041  
PH: (956) 717-1199 FAX: (956) 717-1196

premier-ce.com

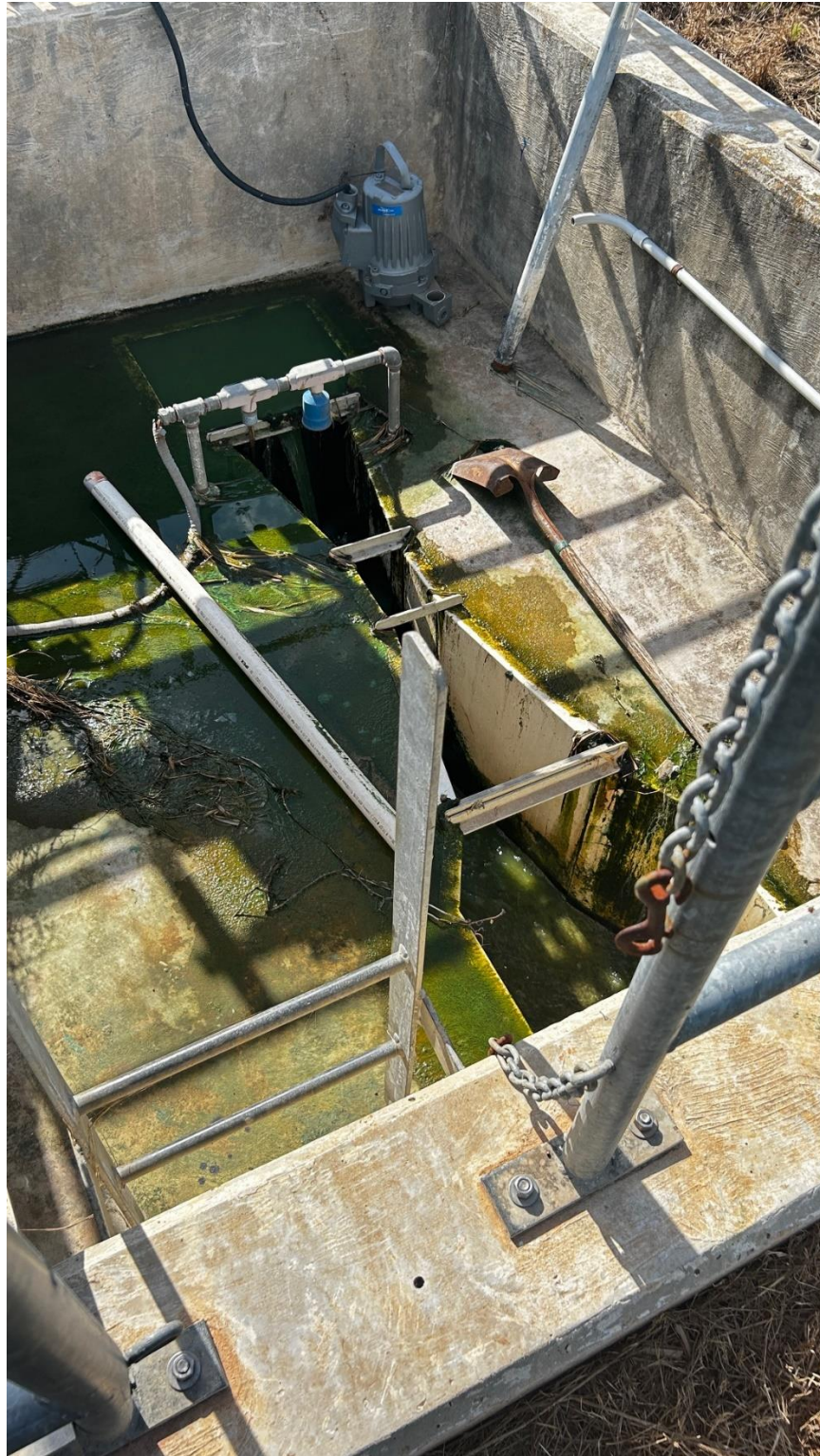
LAND DEVELOPMENT • PLANNING • WATER • WASTEWATER • TRANSPORTATION • SURVEYING  
ENGINEERING REGISTRATION No. F-8019 SURVEY REGISTRATION No. 100097-00

## Photographs Attachments



Photograph 1 – Existing treatment pond (to be decommissioned).

## Photographs Attachments



Photograph 2 – Existing effluent outflow box.

## Photographs Attachments



3

Photograph 3 – Existing effluent point of discharge (downstream).

## Photographs Attachments



Photograph 4 – Existing prison office.

## Photographs Attachments

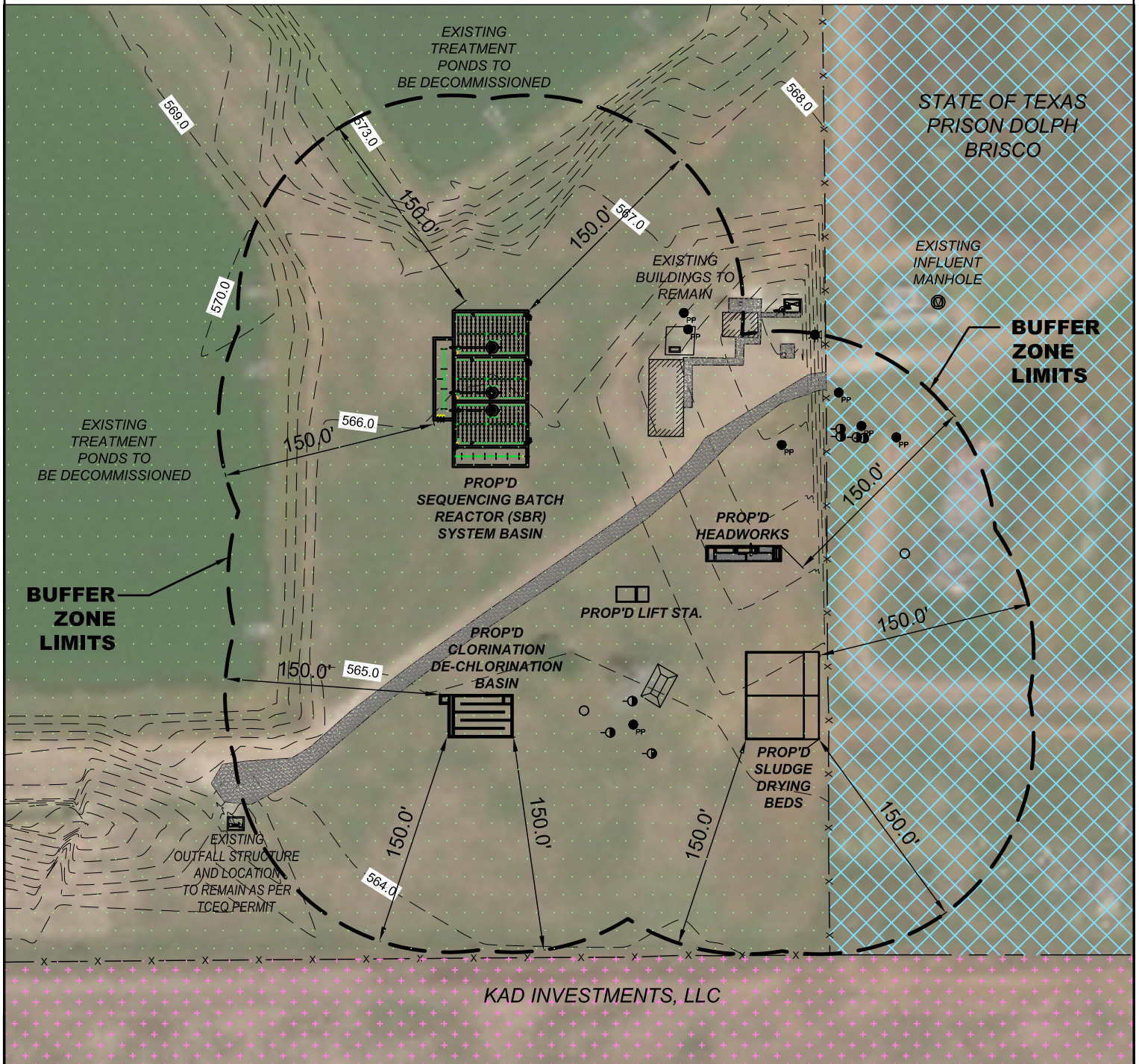


Photograph 5 – Existing prison list station pumps building.


# **BUFFER ZONE DIAGRAM**

## **BRISCO PRISON WASTE WATER TREATMENT PLANT**

### **DILLEY, TEXAS**



#### **BUFFER ZONE MAP KEY**

	SEWER PLANT AREA & PRISON PROPERTY LIMITS		PRISON PROPERTY LIMITS
	ADJACENT OWNER PROPERTY LIMITS		ADJACENT OWNER PROPERTY LIMITS



1302 CALLE DEL NORTE, SUITE 2

LAREDO, TEXAS 78041

PH: (956) 717-1199 FAX: (956) 717-1196

[premier-ce.com](http://premier-ce.com)

LAND DEVELOPMENT • PLANNING • WATER • WASTEWATER • TRANSPORTATION • SURVEYING  
ENGINEERING REGISTRATION NO. F-8019 SURVEY REGISTRATION NO. 100977-00

# 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 Dilley

Permit No. WQ00 10404002EPA ID No. TX 0117218

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

Located approximately one mile southwest of the intersection of Interstate Highway 35 and State Highway 85, in Frio County, Texas 78017

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: Armando Guerra

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

Title: Engineering Manager

Mailing Address: 1302 Calle Del Norte

City, State, Zip Code: Laredo, Texas, 78041

Phone No.: (956)-286-5197 Ext.:  Fax No.: (956)-717-1196

E-mail Address: armando.guerra@premier-ce.com

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

State of Texas

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

Discharge route goes directly to an unnamed tributary then to Cibolo Creek and Frio River Above Choke Canyon Reservoir in Segment No. 2117 of the Nueces River Basin. There are trees and/or native vegetation; some development evident (from fields, pastures, dwellings)

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

Existing Buildings: Prion Office and Prison Lift station pumps

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

Dolph Briscoe Unit is a Texas Department of Criminal Justice Prison Facility. Briscoe Unit was established in January 1992 in the city of Dilley TX. This prison unit currently holds approximately 4,000 inmates.



# 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 checked="" type="checkbox"/> Other <b>Major Amendment</b>	
<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 600738298		RN 101609048

## 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 checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<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 Dilley					
<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)	
N/A		174-6000685		74-6000685	
				<b>10. DUNS Number</b> (if applicable) WBGJJW2K3D	
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input 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>		116 E. Miller Street			
City		Dilley		State	TX
ZIP		78017		ZIP + 4	
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
N/A				cityadministrator@cityofdilleystx.com	

# Domestic Wastewater

City of Dilley (CN600738298) operates Dolph Briscoe Prison Unit WWTP (RN101609048), a facility that serves the state prison unit in Dilley, Texas. The facility is located at approximately one mile southwest of the intersection of Interstate Highway 35 and State Highway 85, in Dilley, Frio County, Texas 78017. This application is for a renewal and major amendment to update the existing WWTP of the Dolph Briscoe Prison Unit. The proposed WWTP will be constructed in proximity to the existing WWTP and lagoons, which will be abandoned. Proposed main project components within the existing WWTP boundaries include a new headworks facility, one lift station, one 0.5 MGD sequencing batch reactor system, and sludge drying beds.

Discharges from the facility are expected to contain chlorine, suspended solids, and pH. Wastewater will be treated by the following process: Influent from the prison will be diverted from the main influent manhole into the new headworks facility. At this location, the influent will be screened from trash, rags and/or other solid materials. From here, the screened influent will travel to the headworks outflow basin and injected with Activated Sludge pumped from the sequencing batch reactor basins. From here, the screened influent shall be transferred via gravity to a proposed lift station. At this location, the screened influent will be pumped to the Sequence Reactor Batch (SBR) System to initiate the biological process. Within this same system both activated sludge and settled effluent are produced after the biological process is complete. The activated sludge can be either pumped back to the headworks for initial influent treatment or pumped to the new sludge drying beds where the sludge will be dried and transferred to a nearby landfill. As per the settled effluent, this would be pumped to the new chlorination/dichlorination basins for disinfection and finally transferred to the existing outfall structure.

# Aguas Residuales Domesticas

La Ciudad de Dilley (CN600738298) opera la Planta de Tratamiento de Aguas Residuales Domesticas (PTARD) de Dolph Briscoe Prison Unit (RN101609048), una planta que da servicio a la unidad de prisión estatal por nombre Dolph Briscoe Unit en Dilley, Texas. La planta está localizada aproximadamente una milla al suroeste de la intersección de la Carretera Interestatal 35 y la Carretera Estatal 83 en Dilley, Frio County, Texas 78017. Esta aplicación es para una renovación y una revisión mayor para actualizar el permiso existente PTARD de Dolph Briscoe Prison Unit. La PTARD propuesta sería construida en proximidad con la existente planta de tratamiento y las presas actualmente usadas para el tratamiento serian clausuradas. Los componentes principales de la propuesta dentro de los límites de la planta existente incluyen: una unidad de headworks, una estación de elevación, un sistema de reacción en secuencia con capacidad de 0.5 MGD, y una cama de lecho de secado de lodos.

La descarga de la planta espera tener cloro, solidos suspendidos y pH. Las aguas residuales serán tratadas de la siguiente manera: Influyente de la prisión será desviada de la toma principal a la unidad de headworks. En dicha locación el influyente será limpiado de basura, trapos, u otros materiales sólidos. De ahí, el influyente limpiado viajara a la estación de headworks e inyectado con la pompa de solidos active del reactor discontinuo de secuenciación. De ahí, el influyente limpiado será transferido vía gravedad hacia la estación de elevación. En dicha locación, el influyente limpiado será mandado a el sistema del reactor discontinuo de secuencia para iniciar el proceso biológico. Dentro de el mismo sistema ambos, lodos activados y el efluente establecido serán producidos después de completar el proceso biológico. El lodo activado puede ser mandado de Vuelta a la estación de headworks para el tratamiento de influyente inicial o mandado a la nueva cama de lecho de secado de lodos donde el lodo será secado y transferido a un vertedero cercano. En cuanto el eluyente establecido, este será mandado a la nueva cuenca de clorinacion/declorinación y finalmente transferido a la existente estructura de desagüe.



Texas Commission on Environmental Quality

## Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

### Section 1. Preliminary Screening

New Permit or Registration Application

New Activity - modification, registration, amendment, facility, etc. (see instructions)

**If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.**

### Section 2. Secondary Screening

Requires public notice,

Considered to have significant public interest, and

Located within any of the following geographical locations:

- Austin
- Dallas
- Fort Worth
- Houston
- San Antonio
- West Texas
- Texas Panhandle
- Along the Texas/Mexico Border
- Other geographical locations should be decided on a case-by-case basis

**If all the above boxes are not checked, a Public Involvement Plan is not necessary.  
Stop after Section 2 and submit the form.**

Public Involvement Plan not applicable to this application. Provide **brief** explanation.

### Section 3. Application Information

#### Type of Application (check all that apply):

Air      Initial      Federal      Amendment      Standard Permit      Title V  
Waste      Municipal Solid Waste      Industrial and Hazardous Waste      Scrap Tire  
                Radioactive Material Licensing      Underground Injection Control

#### Water Quality

Texas Pollutant Discharge Elimination System (TPDES)  
Texas Land Application Permit (TLAP)  
State Only Concentrated Animal Feeding Operation (CAFO)  
Water Treatment Plant Residuals Disposal Permit  
Class B Biosolids Land Application Permit  
Domestic Septage Land Application Registration

#### Water Rights New Permit

New Appropriation of Water  
New or existing reservoir

#### Amendment to an Existing Water Right

Add a New Appropriation of Water  
Add a New or Existing Reservoir  
Major Amendment that could affect other water rights or the environment

### Section 4. Plain Language Summary

Provide a brief description of planned activities.

## Section 5. Community and Demographic Information

Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools.

**Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information.**

(City)

(County)

(Census Tract)

Please indicate which of these three is the level used for gathering the following information.

City

County

Census Tract

- (a) Percent of people over 25 years of age who at least graduated from high school
- (b) Per capita income for population near the specified location
- (c) Percent of minority population and percent of population by race within the specified location
- (d) Percent of Linguistically Isolated Households by language within the specified location
- (e) Languages commonly spoken in area by percentage
- (f) Community and/or Stakeholder Groups
- (g) Historic public interest or involvement

## Section 6. Planned Public Outreach Activities

(a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?

Yes      No

(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?

Yes      No

If Yes, please describe.

**If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.**

(c) Will you provide notice of this application in alternative languages?

Yes      No

**Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.**

If yes, how will you provide notice in alternative languages?

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

(d) Is there an opportunity for some type of public meeting, including after notice?

Yes      No

(e) If a public meeting is held, will a translator be provided if requested?

Yes      No

(f) Hard copies of the application will be available at the following (check all that apply):

TCEQ Regional Office

TCEQ Central Office

Public Place (specify)

## Section 7. Voluntary Submittal

For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.

Will you provide notice of this application, including notice in alternative languages?

Yes      No

What types of notice will be provided?

Publish in alternative language newspaper

Posted on Commissioner's Integrated Database Website

Mailed by TCEQ's Office of the Chief Clerk

Other (specify)

# Cross-referenced Landowner List

## Property Boundary Adjacent Owners:

1. **Owner: PSM HOSPITALITY LLC**  
**Mailing Address: 1511 CALEDONIA TRAIL SUGAR LAND TX 77479**  
**Owner ID: 1**
2. **Owner: PATEL SAMIR**  
**Mailing Address: 123 SAN BERNARD DR. IRVING TX 75039**  
**Owner ID: 2**
3. **Owner: KAD INVESTMENTS LLC**  
**Mailing Address: 12840 ATHERTON BLVD ANCHORAGE AK 99516**  
**Owner ID: 3**
4. **Owner: EAGLE OILFIELD SERVICES**  
**Mailing Address: 17544 S IH 35 DILLEY TX 78017**  
**Owner ID: 4**
5. **Owner: GALVAN RICKEY L & TAMMIE K**  
**Mailing Address: PO BOX 372 DILLEY TX 78017**  
**Owner ID: 5**
6. **Owner: MCCLAIN JOHN H & JACQUELYNN M**  
**Mailing Address: 17658 S IH 35 DILLEY TX 78017 9700**  
**Owner ID: 6**
7. **Owner: DRLH HOLDINGS LLC**  
**Mailing Address: 155 SCHEELE RD BOERNE TX 78015 8322**  
**Owner ID: 7**
8. **Owner: TARGET LOGISTICS MANAGEMENT, LLC**  
**Mailing Address: 16410 N ELDRIDGE PKWY TOMBALL TX 77377 9074**  
**Owner ID: 8**
9. **Owner: KM/SRD 1 LLC**  
**Mailing Address: 903 BASSE ROAD SAN ANTONIO TX 78212**  
**Owner ID: 9**
10. **Owner: GUGLIOTTI SAMMY AND**  
**Mailing Address: PO BOX 1691 UVALDE TX 78802**  
**Owner ID: 10**
11. **Owner: JUAN AND ENODELIA**  
**Mailing Address: 1160 HWY 85 W, DILLEY TX 78017**  
**Owner ID: 11**
12. **Owner: MURCO FARMS & LEASING LLC**  
**Mailing Address: 616 TENAHA ST CENTER TX 75935**  
**Owner ID: 12**

**13. Owner: T & C MANAGEMENT LLC**  
**Mailing Address: 616 TENAHA ST CENTER TX 75935**  
**Owner ID: 13**

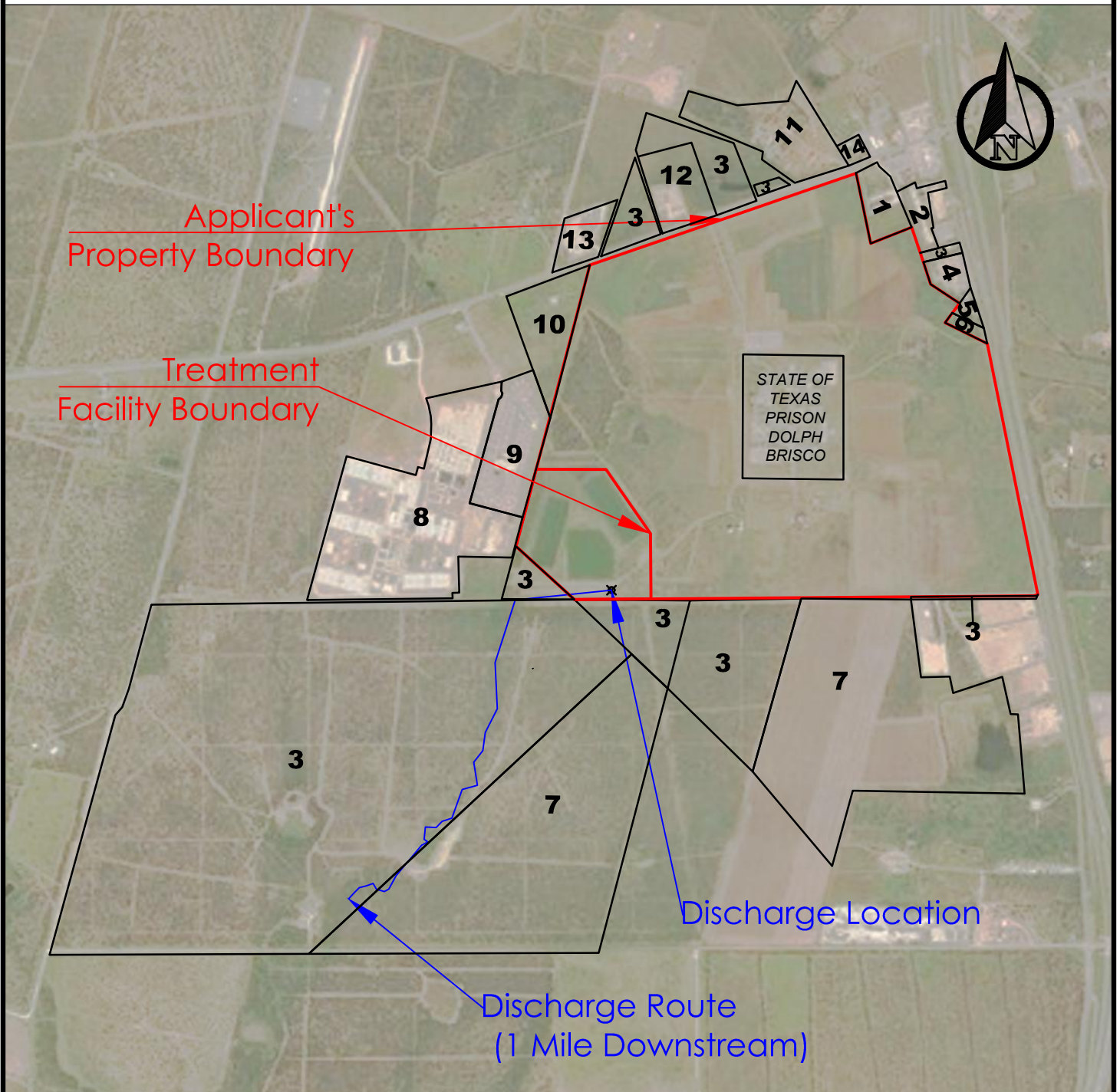
**14. Owner: D & D DYNASTY LLC**  
**Mailing Address: PO BOX 452085 LAREDO TX 78045**  
**Owner ID: 14**

**1 Mile Downstream Adjacent Owners:**

**1. Owner: KAD INVESTMENTS LLC**  
**Mailing Address: 12840 ATHERTON BLVD ANCHORAGE AK 99516**  
**Owner ID: 3**

**2. Owner: DRLH HOLDINGS LLC**  
**Mailing Address: 155 SCHEELE RD BOERNE TX 78015 8322**  
**Owner ID: 7**

**AFFECTED LANDOWNER MAP**  
**BRISCO PRISON WASTE WATER TREATMENT PLANT**  
**DILLEY, TEXAS**



SCALE: 1" = 1500'



1302 CALLE DEL NORTE, SUITE 2  
LAREDO, TEXAS 78041

PH: (956) 717-1199 FAX: (956) 717-1196

[premier-ce.com](http://premier-ce.com)

LAND DEVELOPMENT • PLANNING • WATER • WASTEWATER • TRANSPORTATION • SURVEYING  
ENGINEERING REGISTRATION No. F-8019 SURVEY REGISTRATION No. 100097-00



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION**

**CHECKLIST**

Complete and submit this checklist with the application.

APPLICANT: City of Dilley

PERMIT NUMBER: WQ0010404002

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

**APPLICATION FOR A DOMESTIC WASTEWATER PERMIT**

**ADMINISTRATIVE REPORT 1.0**

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

## Section 1. Application Fees (Instructions Page 29)

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <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 checked="" type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00 ☐

### Payment Information:

Mailed      Check/Money Order Number: 63371  
Check/Money Order Amount: \$1,650.00  
Name Printed on Check: Texas Commission on Environmental Quality

EPAY      Voucher Number:

Copy of Payment Voucher enclosed?      Yes ☒

## Section 2. Type of Application (Instructions Page 29)

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

For amendments or modifications, describe the proposed changes: Improve current wastewater treatment plant.

### For existing permits:

Permit Number: WQ0010404002

EPA I.D. (TPDES only): TX0117218

Expiration Date: September 20, 2026

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

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

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

City of Dilley

*(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: 600738298

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

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

First and Last Name: Henry Arredondo

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

Title: City Administrator

**B. Co-applclicant 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-applclicant 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-applclicant 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 (Mr., Ms., Miss): N/A

First and Last Name: N/A

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

Title: 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.

Attachment: N/A

## Section 4. Application Contact Information (Instructions Page 30)

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

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

First and Last Name: Armando Guerra

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

Title: Engineering Manager

Organization Name: Premier Engineering Surveying

Mailing Address: 1302 Calle del Norte, Ste: 2

City, State, Zip Code: Laredo, Texas 78041

Phone No.: 956-286-5197 Ext.:                      Fax No.: 956-717-1196

E-mail Address: armando.guerra@premier-ce.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

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

First and Last Name: Rodolfo Olivarez, Jr.

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

Title: Public Works Director

Organization Name: City of Dilley

Mailing Address: PO Box 230

City, State, Zip Code: Dilley, Texas 78017-0230

Phone No.: 830-965-2081 Ext.:                      Fax No.: 830-965-1920

E-mail Address: rolivarez@cityofdilleytx.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

## Section 5. Permit Contact Information (Instructions Page 30)

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

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

First and Last Name: Armando Guerra

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

Title: Engineering Manager

Organization Name: Premier Engineering Surveying

Mailing Address: 1302 Calle del Norte, Ste: 2

City, State, Zip Code: 78041

Phone No.: 956-286-5197 Ext.: [REDACTED] Fax No.: 956-717-1196

E-mail Address: armando.guerra@premier-ce.com

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

First and Last Name: Rodolfo Olivarez, Jr.

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

Title: Public Works Director

Organization Name: City of Dilley

Mailing Address: PO Box 230

City, State, Zip Code: Dilley, Texas 78017-0230

Phone No.: 830-965-2081 Ext.: [REDACTED] Fax No.: 830-965-1920

E-mail Address: rolivarez@cityofdilleytx.com

## Section 6. Billing Information (Instructions Page 30)

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

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

First and Last Name: Rodolfo Olivares Jr.

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

Title: Public Works Director

Organization Name: City of Dilley

Mailing Address: PO BOX 230

City, State, Zip Code: Dilley, Texas 78017-0230

Phone No.: 830-965-2081 Ext.: [REDACTED] Fax No.: 830-965-1920

E-mail Address: rolivarez@cityofdilleytx.com

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

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

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

First and Last Name: Adrian Martinez

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

Title: Wastewater Treatment Plant Operator

Organization Name: City of Dilley

Mailing Address: OP Box 230

City, State, Zip Code: Dilley, Texas 78017-0230

Phone No.: 830-457-4462 Ext.: [REDACTED] Fax No.: 830-965-1920

E-mail Address: amartinez@cityofdilleytx.com

DMR data is required to be submitted electronically. Create an account at:

<https://www.tceq.texas.gov/permitting/netdmr/netdmr.html>.

## Section 8. Public Notice Information (Instructions Page 31)

### A. Individual Publishing the Notices

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

First and Last Name: Armando Guerra

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

Title: Engineering Manager

Organization Name: Premier Engineering Surveying

Mailing Address: 1302 Calle del Norte Ste: 2

City, State, Zip Code: Laredo, Texas 78041

Phone No.: 956-286-5197 Ext.: [REDACTED] Fax No.: 956-717-1196

E-mail Address: armando.guerra@premier-ce.com

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

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

☒ E-mail Address

☐ Fax

☒ Regular Mail

### C. Contact person to be listed in the Notices

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

First and Last Name: Natasha Prado

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

Title: City Secretary

Organization Name: City of Dilley

Phone No.: 830-965-1624 Ext.: 4

E-mail: nprado@cityofdilleystx.com

#### D. Public Viewing Information

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

Public building name: City Hall

Location within the building: Lobby

Physical Address of Building: 101 South Commerce Street

City: Dilley

County: Frio

Contact Name: Natasha Prado

Phone No.: 830-965-1624 Ext.: 4

#### E. Bilingual Notice Requirements:

This information **is required** for **new, major amendment, and renewal applications**. It is not required for minor amendment or minor modification 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?

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

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN101609048

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

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

City of Dilley Dolph Briscoe Prison Unit Wastewater Treatment Facility

- C. Owner of treatment facility: City of Dilley

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

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

Prefix (Mr., Ms., Miss): City of Dilley

First and Last Name:

Mailing Address: 116 E Miller St

City, State, Zip Code: Dilley, TX 78017

Phone No.: (830)-965-1624

E-mail Address: cityadministrator@cityofdilleystx.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:**

- E. Owner of effluent disposal site:

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

First and Last 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 of sewage sludge disposal site (if authorization is requested for sludge disposal on property owned or controlled by the applicant):

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

First and Last Name: [REDACTED]

Mailing Address: [REDACTED]

City, State, Zip Code: [REDACTED]

Phone No.: [REDACTED] E-mail Address: [REDACTED]

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: [REDACTED]

## Section 10. TPDES Discharge Information (Instructions Page 34)

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

☒ Yes ☐ No

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

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): Dilley

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

Outfall Latitude: 28.6546767

Longitude: -099.1949377

- 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:** [REDACTED]

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

N/A

## Section 11. TLAP Disposal Information (Instructions Page 36)

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

☐ Yes      ☐ No

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

N/A

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

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

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

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

N/A

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

N/A

## Section 12. Miscellaneous Information (Instructions Page 37)

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

☐ Yes      ☒ No

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

☐ Yes      ☐ No      ☒ Not Applicable

If No, or if a new onsite sludge disposal authorization is being requested in this permit

application, provide an accurate location description of the sewage sludge disposal site.

N/A

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

☐ Yes ☒ No

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

N/A

- D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

Account number: 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 38)

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

- ☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- ☒ Original full-size USGS Topographic Map with the following information:
- Applicant's property boundary
  - Treatment facility boundary
  - Labeled point of discharge for each discharge point (TPDES only)
  - Highlighted discharge route for each discharge point (TPDES only)
  - Onsite sewage sludge disposal site (if applicable)
  - Effluent disposal site boundaries (TLAP only)
  - New and future construction (if applicable)
  - 1 mile radius information
  - 3 miles downstream information (TPDES only)
  - All ponds.

- ☐ Attachment 1 for Individuals as co-applicants
- ☐ Other Attachments. Please specify: Exhibit 1 and Exhibit 1.1

Exhibit 1 Includes:

- Applicant's property boundary
- Treatment facility boundary
- Labeled point of discharge for each discharge point (TPDES only)
- Highlighted discharge route for each discharge point (TPDES only)
- 1 mile radius information
- 3 miles downstream information (TPDES only)
- All ponds

Exhibit 1.1 Includes:

- New and future construction

## Section 14. Signature Page (Instructions Page 39)

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

Permit Number: WQ0010404002

Applicant: City of Dilley

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): Henry Arredondo

Signatory title: City Administrator

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

(Use blue ink)

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

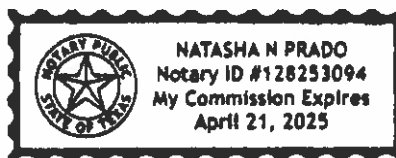
7-9-2024

Subscribed and Sworn to before me by the said Henry Arredondo

on this 09<sup>th</sup> day of July, 20 24.

My commission expires on the 21<sup>st</sup> day of April, 20 25.

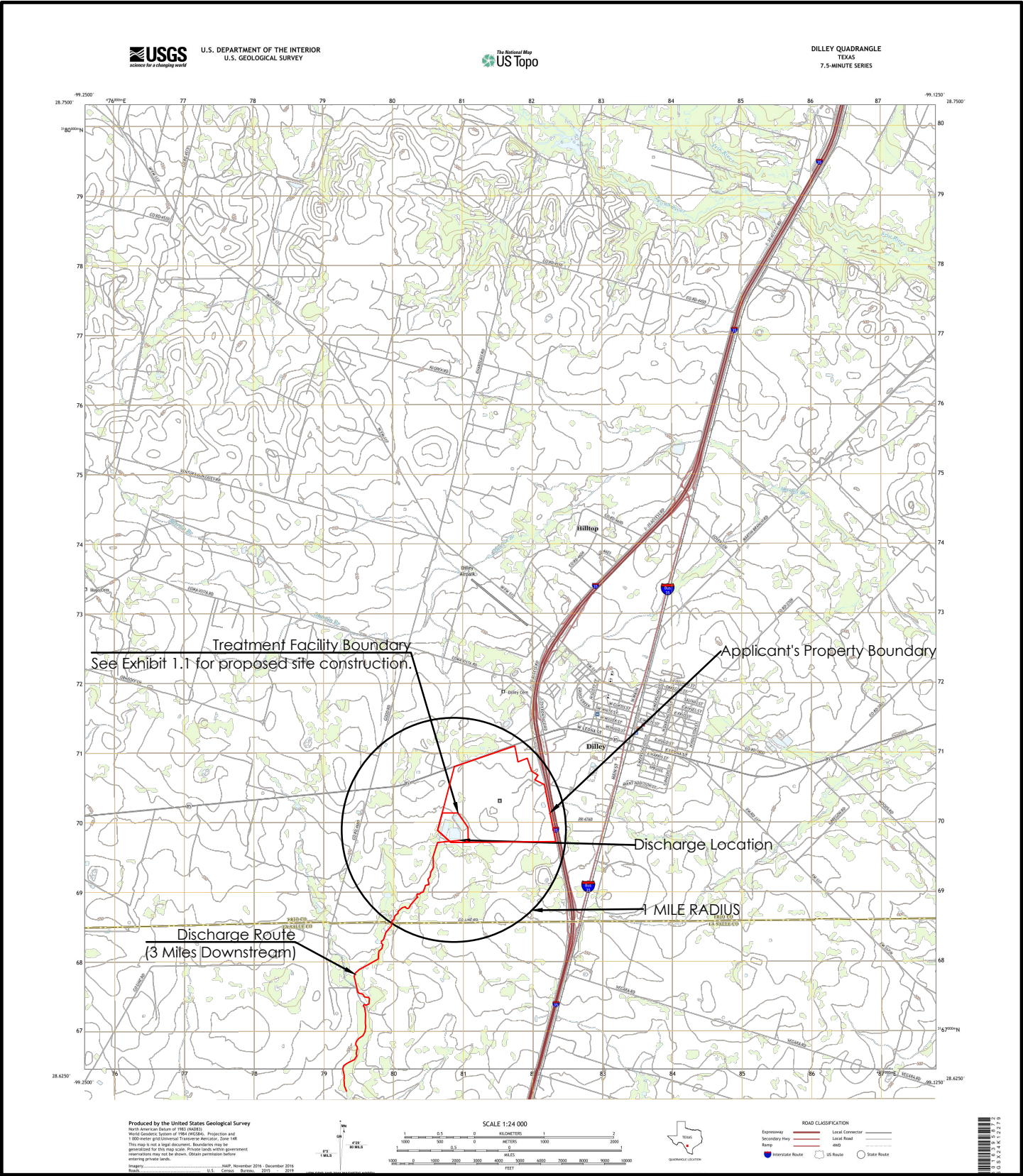
Natasha N. Prado  
Notary Public



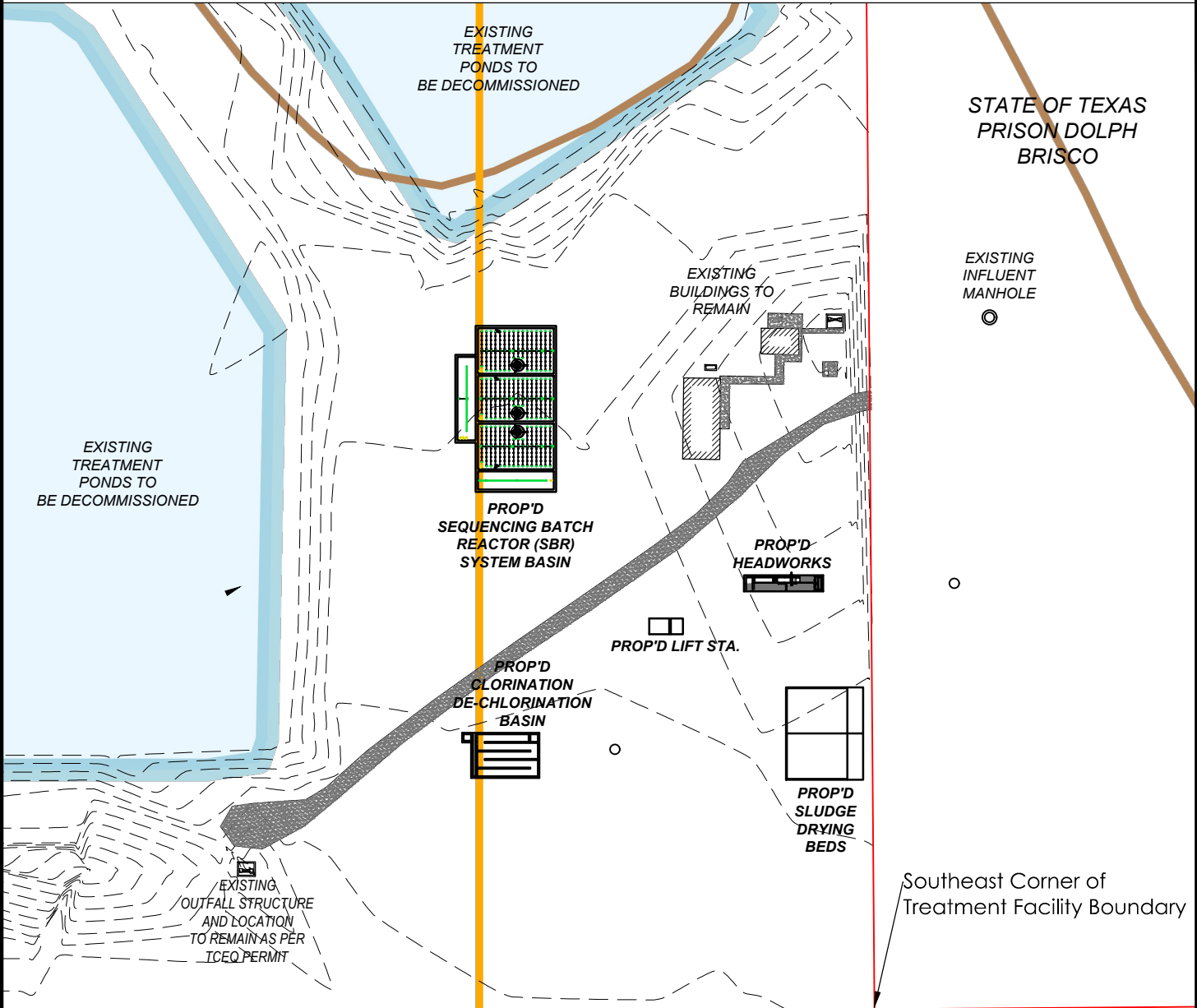
[SEAL]

Frio  
County, Texas

Exhibit 1 - USGS Topographic Map for Administrative Report 1.0 Section 13



**PROPOSED IMPROVEMENTS SITE PLAN**  
**BRISCO PRISON WASTE WATER TREATMENT PLANT**  
**DILLEY, TEXAS**



KAD INVESTMENTS, LLC



1302 CALLE DEL NORTE, SUITE 2  
LAREDO, TEXAS 78041  
PH: (956) 717-1199 FAX: (956) 717-1196

premier-ce.com

LAND DEVELOPMENT • PLANNING • WATER • WASTEWATER • TRANSPORTATION • SURVEYING  
ENGINEERING REGISTRATION No. F-8019 SURVEY REGISTRATION No. 100097-00

## DOMESTIC ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

### Section 1. Affected Landowner Information (Instructions Page 41)

- A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:
- ☒ The applicant's property boundaries
  - ☒ The facility site boundaries within the applicant's property boundaries
  - ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
  - ☒ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
  - ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
  - ☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
  - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
  - ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
  - ☐ The property boundaries of all landowners surrounding the effluent disposal site
  - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
  - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- B. ☒ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. Indicate by a check mark in which format the landowners list is submitted:
- ☐ Readable/Writeable CD
  - ☒ Four sets of labels
- D. Provide the source of the landowners' names and mailing addresses: Frio County Appraisal District
- E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
- ☐ Yes
  - ☒ No

If **yes**, provide the location and foreseeable impacts and effects this application has on the land(s):

N/A

## Section 2. Original Photographs (Instructions Page 44)

Provide original ground level photographs. Indicate with checkmarks that the following information is provided.

- ☐ At least one original photograph of the new or expanded treatment unit location
- ☒ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- ☒ At least one photograph of the existing/proposed effluent disposal site
- ☒ A plot plan or map showing the location and direction of each photograph

## Section 3. Buffer Zone Map (Instructions Page 44)

A. Buffer zone map. Provide a buffer zone map on 8.5 x 11-inch paper with all of the following information. The applicant's property line and the buffer zone line may be distinguished by using dashes or symbols and appropriate labels.

- The applicant's property boundary;
- The required buffer zone; and
- Each treatment unit; and
- The distance from each treatment unit to the property boundaries.

B. Buffer zone compliance method. Indicate how the buffer zone requirements will be met. Check all that apply.

- ☒ Ownership
- ☐ Restrictive easement
- ☐ Nuisance odor control
- ☐ Variance

C. Unsuitable site characteristics. Does the facility comply with the requirements regarding unsuitable site characteristic found in 30 TAC § 309.13(a) through (d)?

- ☐ Yes      ☐ No

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

### FOR AGENCIES REVIEWING DOMESTIC TPDES WASTEWATER PERMIT APPLICATIONS

#### TCEQ USE ONLY:

Application type: \_\_\_\_Renewal \_\_\_\_Major Amendment \_\_\_\_Minor Amendment \_\_\_\_New

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

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

Agency Receiving SPIF:

\_\_\_\_ Texas Historical Commission

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

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

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

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

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

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

The following applies to all applications:

1. Permittee: City of Dilley

Permit No. WQ00 10404002

EPA ID No. TX 0117218

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

Located approximately one mile southwest of the intersection of Interstate Highway 35 and State Highway 85, in Frio County, Texas 78017

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: Armando Guerra

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

Title: Engineering Manager

Mailing Address: 1302 Calle del Norte, Ste: 2

City, State, Zip Code: Laredo, Texas 78041

Phone No.: 956-286-5197 Ext.:  Fax No.: 956-717-1196

E-mail Address: armando.guerra@premier-ce.com

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

State of Texas

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

Discharge route goes directly to an unnamed tributary then to Cibolo Creek and Frio River Above Choke Canyon Reservoir in Segment No. 2117 of the Nueces River Basin. There are trees and/or native vegetation; some development evident (from fields, pastures, dwellings)

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

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

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

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

- ☐ Sealing caves, fractures, sinkholes, other karst features
- ☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

Existing Buildings: Prion Office and Prison Lift station pumps

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

Dolph Briscoe Unit is a Texas Department of Criminal Justice Prison Facility. Briscoe Unit was established in January 1992 in the city of Dilley TX. This prison unit currently holds approximately 4,000 inmates.

## ATTACHMENT 1

### INDIVIDUAL INFORMATION

---

#### Section 1. Individual Information (Instructions Page 50)

Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

Prefix (Mr., Ms., Miss):

Full legal name (first, middle, last):

Driver's License or State Identification Number:

Date of Birth:

Mailing Address:

City, State, and Zip Code:

Phone Number:  Fax Number:

E-mail Address:

CN:

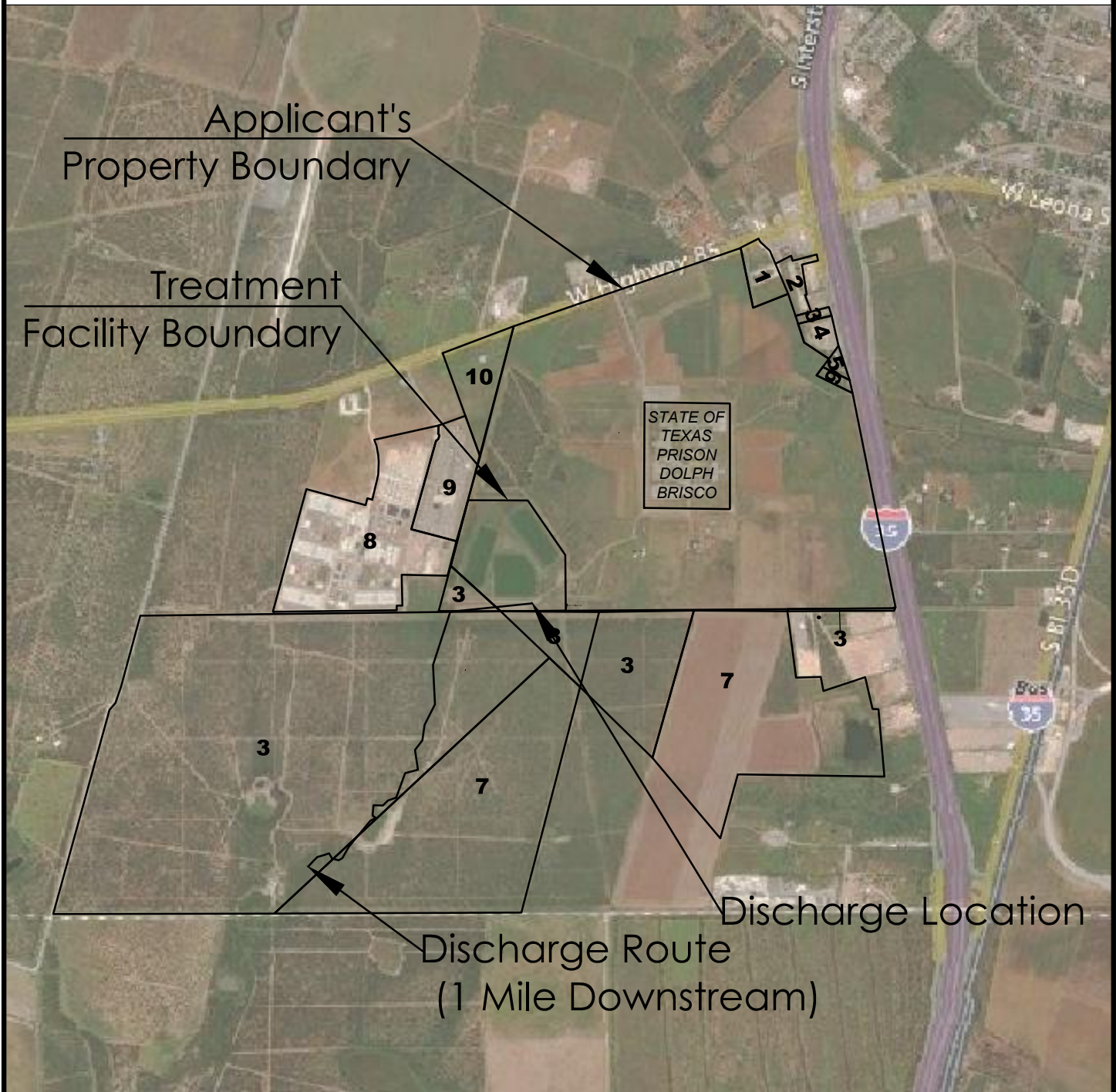
#### For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

**AFFECTED LANDOWNER MAP**  
**BRISCO PRISON WASTE WATER TREATMENT PLANT**  
**DILLEY, TEXAS**



1302 CALLE DEL NORTE, SUITE 2  
LAREDO, TEXAS 78041  
PH: (956) 717-1199 FAX: (956) 717-1196

[premier-ce.com](http://premier-ce.com)

LAND DEVELOPMENT • PLANNING • WATER • WASTEWATER • TRANSPORTATION • SURVEYING  
ENGINEERING REGISTRATION NO. F-8017 SURVEY REGISTRATION NO. 10097-00

# Cross-referenced Landowner List

## Property Boundary Adjacent Owners:

1. **Owner: PSM HOSPITALITY LLC**  
**Mailing Address: 1511 CALEDONIA TRAIL SUGAR LAND TX 77479**  
**Owner ID: 1**
2. **Owner: PATEL SAMIR**  
**Mailing Address: 123 SAN BERNARD DR. IRVING TX 75039**  
**Owner ID: 2**
3. **Owner: KAD INVESTMENTS LLC**  
**Mailing Address: 12840 ATHERTON BLVD ANCHORAGE AK 99516**  
**Owner ID: 3**
4. **Owner: EAGLE OILFIELD SERVICES**  
**Mailing Address: 17544 S IH 35 DILLEY TX 78017**  
**Owner ID: 4**
5. **Owner: GALVAN RICKEY L & TAMMIE K**  
**Mailing Address: PO BOX 372 DILLEY TX 78017**  
**Owner ID: 5**
6. **Owner: MCCLAIN JOHN H & JACQUELYNN M**  
**Mailing Address: 17658 S IH 35 DILLEY TX 78017 9700**  
**Owner ID: 6**
7. **Owner: DRLH HOLDINGS LLC**  
**Mailing Address: 155 SCHEELE RD BOERNE TX 78015 8322**  
**Owner ID: 7**
8. **Owner: TARGET LOGISTICS MANAGEMENT, LLC**  
**Mailing Address: 16410 N ELDRIDGE PKWY TOMBALL TX 77377 9074**  
**Owner ID: 8**
9. **Owner: KM/SRD 1 LLC**  
**Mailing Address: 903 BASSE ROAD SAN ANTONIO TX 78212**  
**Owner ID: 9**
10. **Owner: GUGLIOTTI SAMMY AND**  
**Mailing Address: PO BOX 1691 UVALDE TX 78802**  
**Owner ID: 10**

## 1 Mile Downstream Adjacent Owners:

1. **Owner: KAD INVESTMENTS LLC**  
**Mailing Address: 12840 ATHERTON BLVD ANCHORAGE AK 99516**  
**Owner ID: 3**
2. **Owner: DRLH HOLDINGS LLC**  
**Mailing Address: 155 SCHEELE RD BOERNE TX 78015 8322**  
**Owner ID: 7**

**PSM HOSPITALITY, LLC  
1511 CALEDONIA TRAIL  
SUGAR LAND, TX 77479**

**EAGLE OILFIELD SERVICES  
17544 S IH 35  
DILLEY, TX 78017**

**MCCLAIN JOHN H & JACQUELYNN M  
17658 S IH 35  
DILLEY, TX 78017-9700**

**TARGET LOGISTICS MANAGEMENT, LLC  
16410 N ELDRIDGE PKWY  
TOMBALL, TX 77377-9074**

**GUGLIOTTI SAMMY AND  
P.O. BOX 1691  
UVALDE, TX 78802**

**DRLH HOLDINGS, LLC  
155 SCHEELE RD  
BOERNE, TX 78015-8322**

**PATEL SAMIR  
123 SAN BERNARD DR.  
IRVING, TX 75039**

**KAD INVESTMENTS, LLC  
12840 ATHERTON BLVD  
ANCHORAGE, AK 99516**

**GALVAN RICKEY L & TAMMIE K  
P.O. BOX 372  
DILLEY, TX 78017**

**DRLH HOLDINGS, LLC  
155 SCHEELE RD  
BOERNE, TX 78015-8322**

**KM/SRD 1, LLC  
903 BASSE ROAD  
SAN ANTONIO, TX 78212**

**KAD INVESTMENTS, LLC  
12840 ATHERTON BLVD  
ANCHORAGE, AK 99516**

**PSM HOSPITALITY, LLC  
1511 CALEDONIA TRAIL  
SUGAR LAND, TX 77479**

**EAGLE OILFIELD SERVICES  
17544 S IH 35  
DILLEY, TX 78017**

**MCCLAIN JOHN H & JACQUELYNN M  
17658 S IH 35  
DILLEY, TX 78017-9700**

**TARGET LOGISTICS MANAGEMENT, LLC  
16410 N ELDRIDGE PKWY  
TOMBALL, TX 77377-9074**

**GUGLIOTTI SAMMY AND  
P.O. BOX 1691  
UVALDE, TX 78802**

**DRLH HOLDINGS, LLC  
155 SCHEELE RD  
BOERNE, TX 78015-8322**

**PATEL SAMIR  
123 SAN BERNARD DR.  
IRVING, TX 75039**

**KAD INVESTMENTS, LLC  
12840 ATHERTON BLVD  
ANCHORAGE, AK 99516**

**GALVAN RICKEY L & TAMMIE K  
P.O. BOX 372  
DILLEY, TX 78017**

**DRLH HOLDINGS, LLC  
155 SCHEELE RD  
BOERNE, TX 78015-8322**

**KM/SRD 1, LLC  
903 BASSE ROAD  
SAN ANTONIO, TX 78212**

**KAD INVESTMENTS, LLC  
12840 ATHERTON BLVD  
ANCHORAGE, AK 99516**

**PSM HOSPITALITY, LLC  
1511 CALEDONIA TRAIL  
SUGAR LAND, TX 77479**

**EAGLE OILFIELD SERVICES  
17544 S IH 35  
DILLEY, TX 78017**

**MCCLAIN JOHN H & JACQUELYNN M  
17658 S IH 35  
DILLEY, TX 78017-9700**

**TARGET LOGISTICS MANAGEMENT, LLC  
16410 N ELDRIDGE PKWY  
TOMBALL, TX 77377-9074**

**GUGLIOTTI SAMMY AND  
P.O. BOX 1691  
UVALDE, TX 78802**

**DRLH HOLDINGS, LLC  
155 SCHEELE RD  
BOERNE, TX 78015-8322**

**PSM HOSPITALITY, LLC  
1511 CALEDONIA TRAIL  
SUGAR LAND, TX 77479**

**EAGLE OILFIELD SERVICES  
17544 S IH 35  
DILLEY, TX 78017**

**MCCLAIN JOHN H & JACQUELYNN M  
17658 S IH 35  
DILLEY, TX 78017-9700**

**TARGET LOGISTICS MANAGEMENT, LLC  
16410 N ELDRIDGE PKWY  
TOMBALL, TX 77377-9074**

**GUGLIOTTI SAMMY AND  
P.O. BOX 1691  
UVALDE, TX 78802**

**DRLH HOLDINGS, LLC  
155 SCHEELE RD  
BOERNE, TX 78015-8322**

**PATEL SAMIR  
123 SAN BERNARD DR.  
IRVING, TX 75039**

**KAD INVESTMENTS, LLC  
12840 ATHERTON BLVD  
ANCHORAGE, AK 99516**

**GALVAN RICKEY L & TAMMIE K  
P.O. BOX 372  
DILLEY, TX 78017**

**DRLH HOLDINGS, LLC  
155 SCHEELE RD  
BOERNE, TX 78015-8322**

**KM/SRD 1, LLC  
903 BASSE ROAD  
SAN ANTONIO, TX 78212**

**KAD INVESTMENTS, LLC  
12840 ATHERTON BLVD  
ANCHORAGE, AK 99516**

**PATEL SAMIR  
123 SAN BERNARD DR.  
IRVING, TX 75039**

**KAD INVESTMENTS, LLC  
12840 ATHERTON BLVD  
ANCHORAGE, AK 99516**

**GALVAN RICKEY L & TAMMIE K  
P.O. BOX 372  
DILLEY, TX 78017**

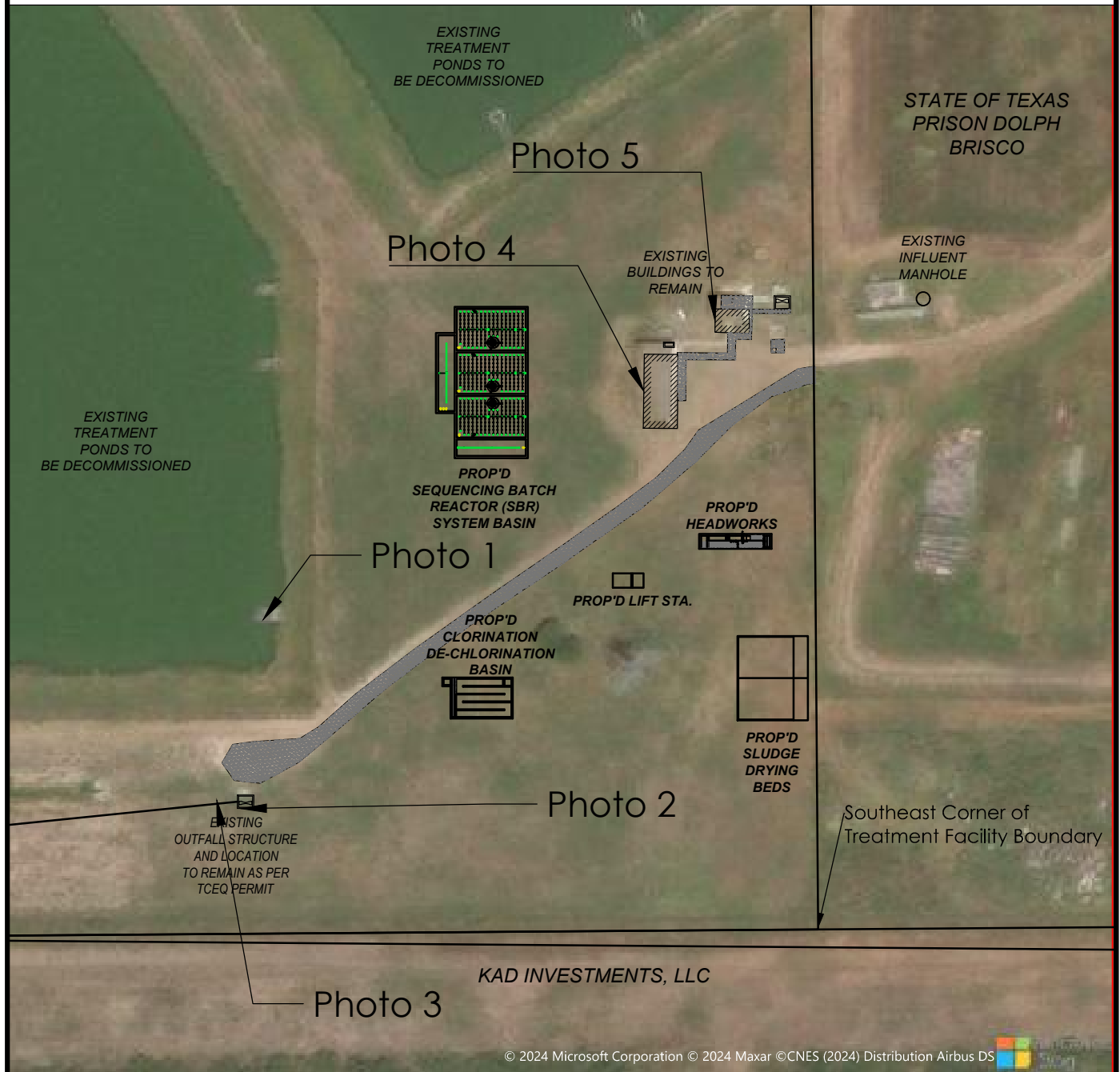
**DRLH HOLDINGS, LLC  
155 SCHEELE RD  
BOERNE, TX 78015-8322**

**KM/SRD 1, LLC  
903 BASSE ROAD  
SAN ANTONIO, TX 78212**

**KAD INVESTMENTS, LLC  
12840 ATHERTON BLVD  
ANCHORAGE, AK 99516**

# Exhibit 3 - Photograph Location Map for Administrative Report 1.1 Section 2

## PHOTOGRAPH LOCATION MAP BRISCO PRISON WASTE WATER TREATMENT PLANT DILLEY, TEXAS



1302 CALLE DEL NORTE, SUITE 2  
LAREDO, TEXAS 78041  
PH: (956) 717-1199 FAX: (956) 717-1196

premier-ce.com

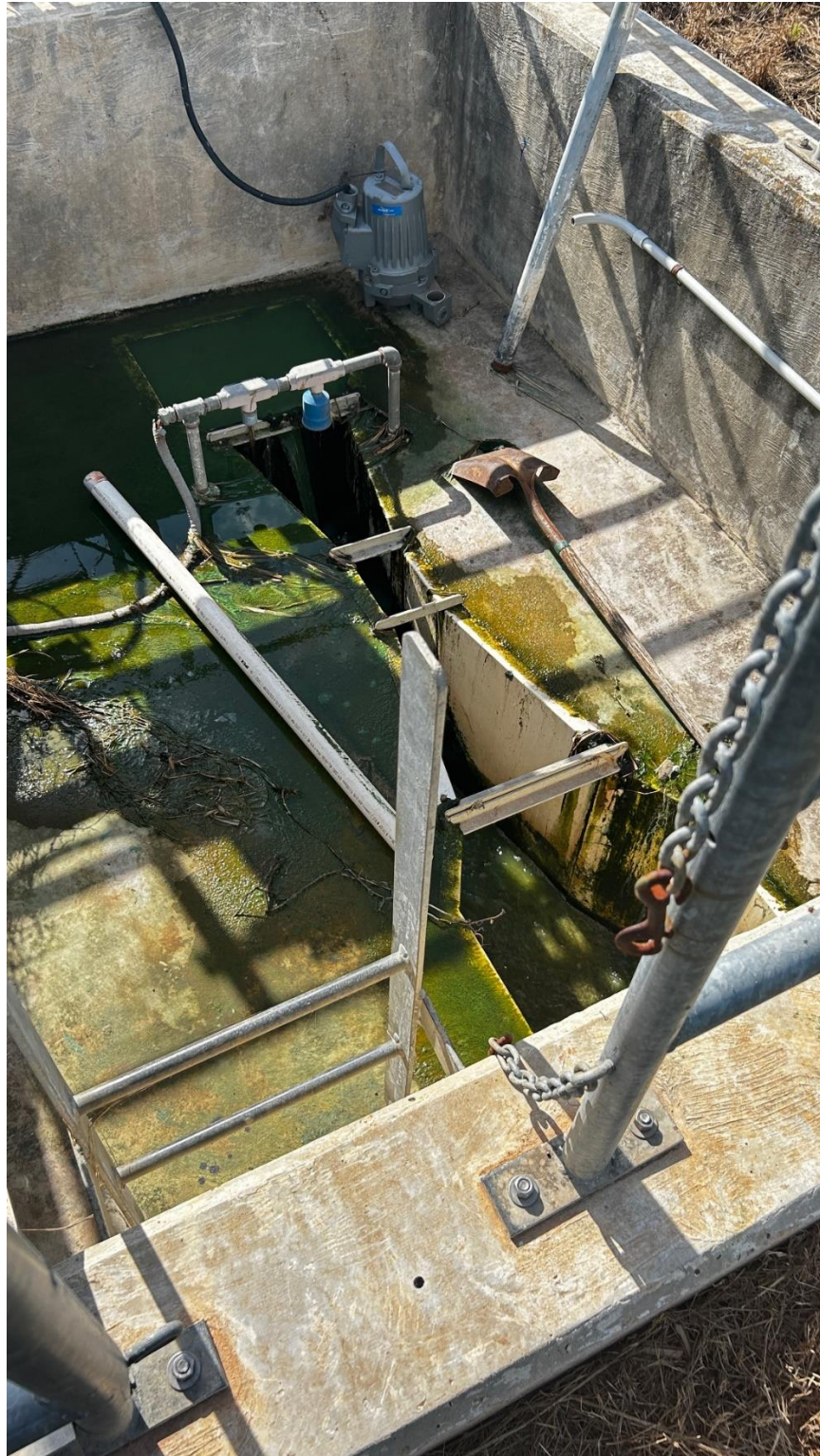
LAND DEVELOPMENT • PLANNING • WATER • WASTEWATER • TRANSPORTATION • SURVEYING  
ENGINEERING REGISTRATION No. F-8019 SURVEY REGISTRATION No. 100097-00

## Photographs Attachments



Photograph 1 – Existing treatment pond (to be decommissioned).

## Photographs Attachments



Photograph 2 – Existing effluent outflow box.

## Photographs Attachments



3

Photograph 3 – Existing effluent point of discharge (downstream).

## Photographs Attachments



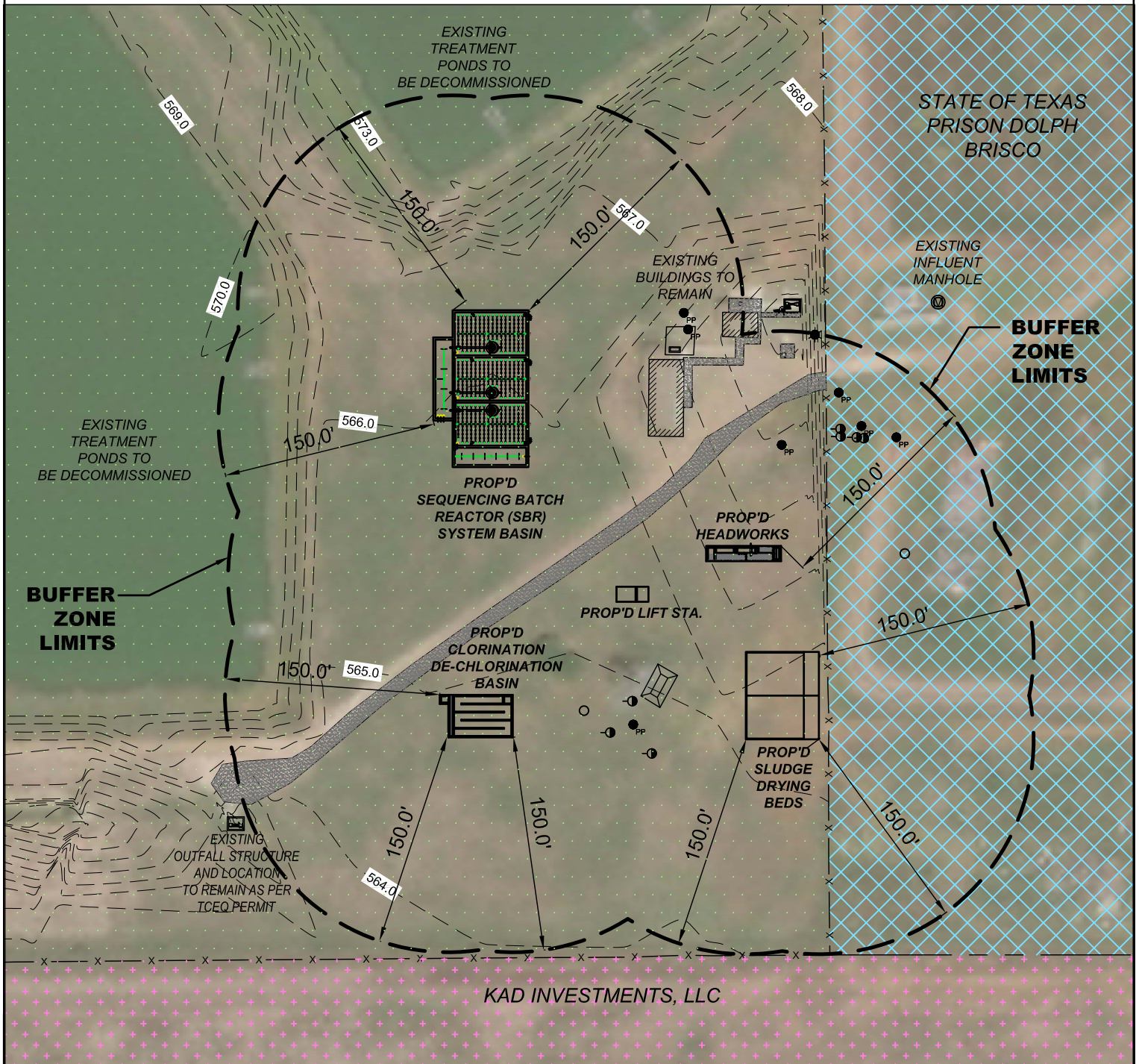
Photograph 4 – Existing prison office.

## Photographs Attachments



Photograph 5 – Existing prison list station pumps building.

# **BUFFER ZONE DIAGRAM** **BRISCO PRISON WASTE WATER TREATMENT PLANT** **DILLEY, TEXAS**



## **BUFFER ZONE MAP KEY**

	SEWER PLANT AREA & PRISON PROPERTY LIMITS		PRISON PROPERTY LIMITS
	ADJACENT OWNER PROPERTY LIMITS		ADJACENT OWNER PROPERTY LIMITS



1302 CALLE DEL NORTE, SUITE 2

LAREDO, TEXAS 78041

PH: (956) 717-1199 FAX: (956) 717-1196

[premier-ce.com](http://premier-ce.com)

LAND DEVELOPMENT • PLANNING • WATER • WASTEWATER • TRANSPORTATION • SURVEYING  
ENGINEERING REGISTRATION NO. F-8019 SURVEY REGISTRATION NO. 10097-00



# 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 600738298		RN 101609048

## 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 checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
City of Dilley					
<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)	
N/A		174-6000685		74-6000685	
				<b>10. DUNS Number</b> (if applicable) WBGJJW2K3D	
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input 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>		116 E. Miller Street			
City		Dilley		State	TX
ZIP		78017		ZIP + 4	
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
N/A				cityadministrator@cityofdilleystx.com	

<b>18. Telephone Number</b>	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b>
( 830 ) 965-1684		( 830 ) 965-1920

## SECTION III: Regulated Entity Information

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

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

<b>25. Description to Physical Location:</b>	Located approximately one mile southwest of the intersection of Interstate Highway 35 and State Highway 85, in Frio County, Texas 78017.							
<b>26. Nearest City</b>	<b>State</b>				<b>Nearest ZIP Code</b>			
Dilley	TX				78017			
<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>		28.6546767			<b>28. Longitude (W) In Decimal:</b>		-099.1949377	
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.)								
Wastewater Treatment Facility								
<b>34. Mailing Address:</b>	116 E. Miller Street							
	<b>City</b>	Dilley	<b>State</b>	TX	<b>ZIP</b>	78017	<b>ZIP + 4</b>	
<b>35. E-Mail Address:</b>	cityadministrator@cityofdilleytx.com							
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>				<b>38. Fax Number (if applicable)</b>			
( 830 ) 965-1624					( 830 ) 965-1920			

**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:
	W10010404002			

## **SECTION IV: Preparer Information**

<b>40. Name:</b>	Miguel Angel Martinez Jr.	<b>41. Title:</b>	Engineering Associate
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 956 ) 717-1196		( 956 ) 717-1196	

## **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>	Premier Civil Engineering	<b>Job Title:</b>	Engineering Manager
<b>Name (In Print):</b>	Armando Guerra, P.E.	<b>Phone:</b>	( 956 ) 717- 1196
<b>Signature:</b>		<b>Date:</b>	7/12/2024



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

---

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

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

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

#### A. Existing/Interim I Phase

Design Flow (MGD): .3

2-Hr Peak Flow (MGD): 1.2

Estimated construction start date: Existing

Estimated waste disposal start date: Existing

#### B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### C. Final Phase

Design Flow (MGD): .5

2-Hr Peak Flow (MGD): 2

Estimated construction start date: January 2025

Estimated waste disposal start date: January 2026

#### D. Current Operating Phase

Provide the startup date of the facility: January 2026

### 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.**

Please refer to Technical Report 1.0 – 2A response.

## 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)
<b>Equipment</b>		
Prop'd Sequencing Batch Reactor (SBR)	1	66.5' x 109.5'
Prop'd Headworks	1	52.3' x 10.8'
Prop'd Lift Station	1	10.5' x 22.3'
Prop'd Chlorination / De-Chlorination Basin	1	29.7' x 51'
Prop'd Sludge Drying Beds	1	100' x 50'

## C. Process Flow Diagram

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

**Attachment:** Exhibit 5 – Flow Diagram

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

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

- Latitude: 28.6546767
- Longitude: -099.1949377

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:** Exhibit 6 -Site information and Drawing

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

Brisco Prison Unit in the city of Dilley TX.

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
Prison Sewer System	City of Dilley	<b>Publicly Owned</b>	4000
		Choose an item.	
		Choose an item.	
		Choose an item.	

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

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

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

## 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:

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.**

Click to enter text.

### B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

N/A

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

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

☐ Yes ☒ No

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

N/A

**D. Grit and grease treatment**

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

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

☐ Yes ☒ No

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

**2. Grit and grease processing**

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

N/A

**3. Grit disposal**

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

☐ Yes ☒ No

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

Describe the method of grit disposal.

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

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

☐ Yes ☐ No

#### 3. Conditional exclusion

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

☐ Yes ☐ No

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

Click to enter text.

**4. Existing coverage in individual permit**

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

☐ Yes ☐ No

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

Click to enter text.

**5. Zero stormwater discharge**

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☐ No

If **yes**, provide a description of stormwater runoff management practices at the site for which you are requesting authorization in this individual wastewater permit and describe whether you intend to comingle this discharge with your treated effluent or

discharge it via a separate dedicated stormwater outfall. Please also indicate if you intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.

[Click to enter text.](#)

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

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

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

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

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

☐ Yes ☒ No

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

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

N/A

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

##### 2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If **yes to any of the above**, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the 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.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

N/A.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time

CBOD <sub>5</sub> , mg/l	38	38	1	Grab	04/10/24
Total Suspended Solids, mg/l	112	112	1	Grab	04/10/24
Ammonia Nitrogen, mg/l	<0.1	<0.1	1	Grab	04/10/24
Nitrate Nitrogen, mg/l	<0.2	<0.2	1	Grab	04/10/24
Total Kjeldahl Nitrogen, mg/l	12	12	1	Grab	04/10/24
Sulfate, mg/l	68	68	1	Grab	04/10/24
Chloride, mg/l	93	93	1	Grab	04/10/24
Total Phosphorus, mg/l	2.01	2.01	1	Grab	04/10/24
pH, standard units	9.4	9.4	1	Grab	04/10/24
Dissolved Oxygen*, mg/l	5.15	5.15	1	Grab	05/23/24
Chlorine Residual, mg/l	N/A	NA	N/A	N/A	N/A
<i>E.coli</i> (CFU/100ml) freshwater	2419	2419	1	Grab	04/11/24
Enterococci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	540	540	1	Grab	04/10/24
Electrical Conductivity, $\mu$ mohs/cm, †	902	902	1	Grab	04/10/24
Oil & Grease, mg/l	<5.0	<5.0	1	Grab	04/11/24
Alkalinity (CaCO <sub>3</sub> )*, mg/l	N/A	N/A	N/A	N/A	N/A

\*TPDES permits only

†TLAP permits only

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

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

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

Facility Operator Name: Adrian A. Martinez

Facility Operator's License Classification and Level: Wastewater Treatment Operator Level B

Facility Operator's License Number: WW0061963

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

### C. Biosolids Management

Provide information on the *intended* biosolids management practice. Do not enter every management practice that you want authorized in the permit, as the permit will authorize

all biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

#### Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Bulk	.4	Choose an item.	Choose an item.

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

#### D. Disposal site

Disposal site name: Republic Services Tessman Road Landfill

TCEQ permit or registration number: 0189022

County where disposal site is located: Bexar

#### E. Transportation method

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

Name of the hauler: Texas Disposal System

Hauler registration number: 005020J88C

Sludge is transported as a:

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

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

#### A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

## B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

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

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

### A. Location information

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

- Original General Highway (County) Map:  
**Attachment:** 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

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

#### E. Groundwater monitoring

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

☐ Yes ☒ No

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

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

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

**A. Additional authorizations**

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

☐ Yes ☒ No

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

N/A

**B. Permittee enforcement status**

Is the permittee currently under enforcement for this facility?

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Case #53698

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

**A. RCRA hazardous wastes**

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

☐ Yes ☒ No

**B. Remediation activity wastewater**

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

☐ Yes ☒ No

**C. Details about wastes received**

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

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

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

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

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

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

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

### CERTIFICATION:

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

Printed Name: Adrian A. Martinez

Title: Wastewater Treatment Operator Level B

Signature: -----

Date: 7/12/24-----

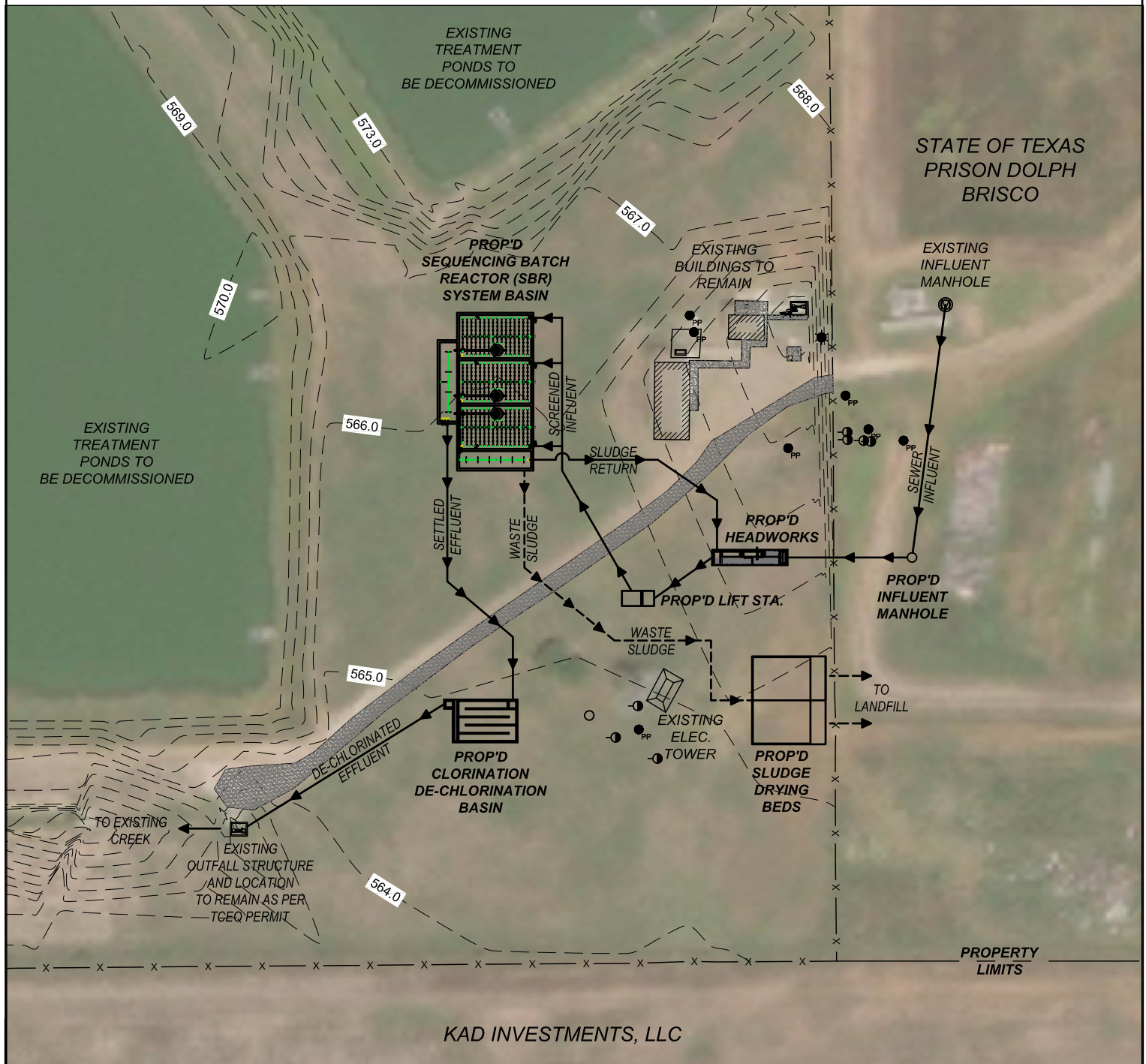
## Technical Report 1.0 - 2A Response

The City of Dilley (City) is proposing to use \$7,500,375 in financing from the CWSRF program for the Sewer System Improvements project to construct a 0.5-million gallon per day (MGD) package wastewater treatment plant (WWTP) within the same facility of an existing 0.3 MGD WWTP (Lagoon System) as required to accommodate the current demands and the projected 50 years of service of the Dolph Briscoe Unit state prison. The proposed WWTP will be constructed in proximity to existing WWTP and lagoons, which will be abandoned. Proposed main project components within the existing WWTP boundaries include a 1) new headworks facility, 2) one lift station, 3.) one 0.5 MGD sequencing batch reactor system; 4) proposed effluent settled outflow structure (chlorination basin) to existing outflow channel that will remain; 5) sludge drying beds; 6) the decommissioning of existing treated sewage lagoons. The following will describe in detail all the design standards for the selected alternative.

Influent from the prison will be diverted from the main influent manhole into the new headworks facility. At this location, the influent would be screened from trash, rags and/or other solid materials within the influent headworks channels. From here, the influent (screened) will travel to the headworks outflow basin and injected with Activated Sludge pumped from the sequencing batch reactor basins. From here, the screened influent shall be transferred via gravity to a proposed lift station. At this location, the screened influent, will be pumped to the Sequence Reactor Batch (SBR) System to initiate the biological process. The three (3) SBR basin system shall be a complete unit embracing and including all elements required to provide a functioning system. The system includes SBR basins, floating decanters, fixed header fine bubble diffusers, rotary positive displacement blowers, submersible mixers, sludge wasting pumps and associated fittings, SBR process control system with D.O. monitoring/controls, motorized valves and spare parts to provide a complete, integral, coordinated and fully operational system. Within this same system both

activated sludge and settled effluent are produced after the biological process is complete. The activated sludge can be either pumped back to the headworks for initial influent treatment or pumped to the new sludge drying beds where the sludge will be dried and transferred to a nearby landfill. As per the settled effluent, this would be pumped to the new chlorination/dichlorination basins for disinfection and finally transferred to the existing outfall structure.

# **FLOW DIAGRAM** **BRISCO PRISON WASTE WATER TREATMENT PLANT** **DILLEY, TEXAS**



## **MAP KEY**

LIQUID PHASE
  SOLID PHASE



1302 CALLE DEL NORTE, SUITE 2

LAREDO, TEXAS 78041

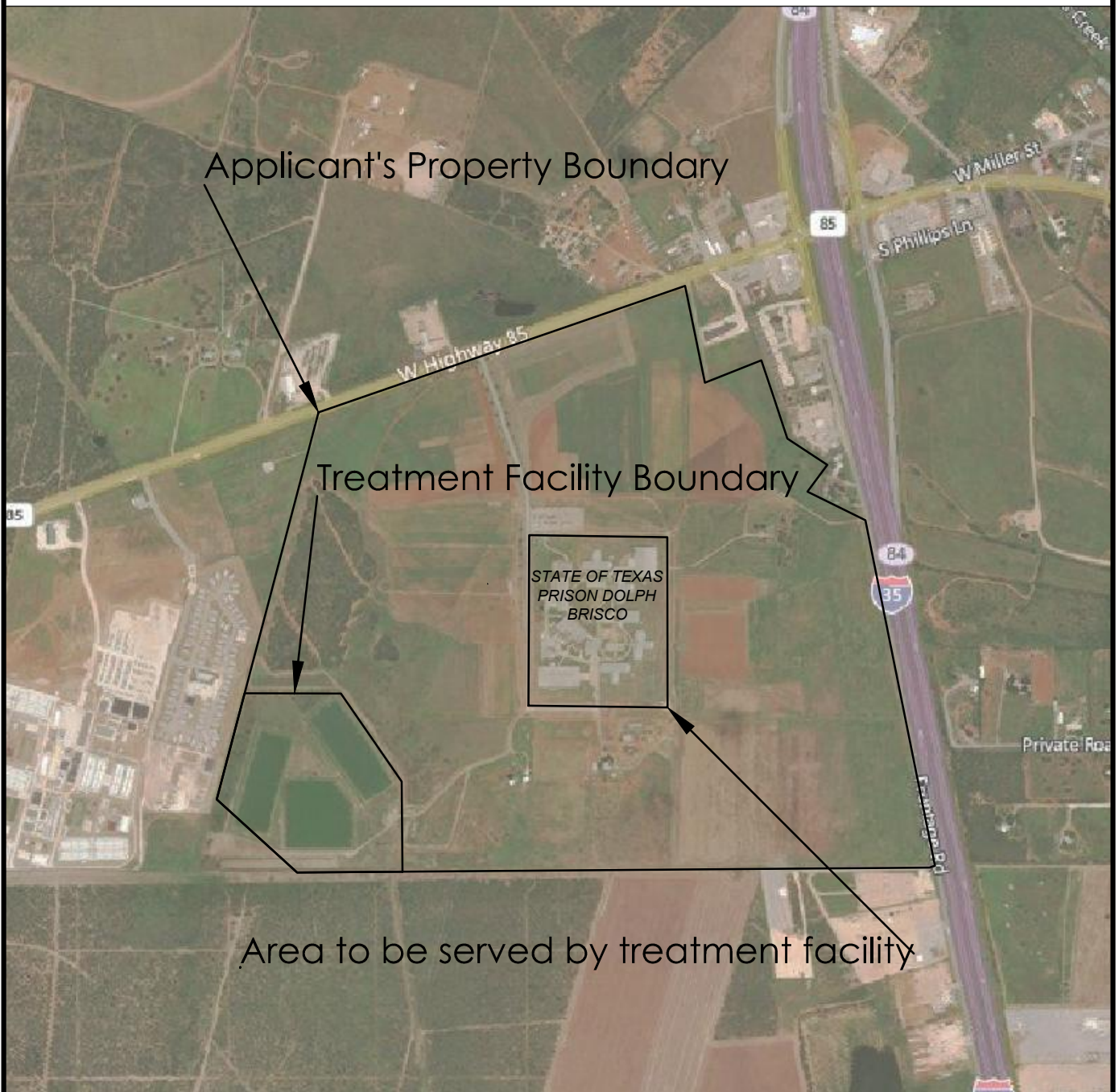
PH: (956) 717-1199 FAX: (956) 717-1196

[premier-ce.com](http://premier-ce.com)

LAND DEVELOPMENT • PLANNING • WATER • WASTEWATER • TRANSPORTATION • SURVEYING  
 ENGINEERING REGISTRATION NO. F-8019 SURVEY REGISTRATION NO. 100097-00

# Exhibit 6 - Site Information and Drawing for Technical Report 1.0 Section 3

## **SITE INFORMATION** **BRISCO PRISON WASTE WATER TREATMENT PLANT** **DILLEY, TEXAS**



1302 CALLE DEL NORTE, SUITE 2  
LAREDO, TEXAS 78041  
PH: (956) 717-1199 FAX: (956) 717-1196

[premier-ce.com](http://premier-ce.com)

LAND DEVELOPMENT • PLANNING • WATER • WASTEWATER • TRANSPORTATION • SURVEYING  
ENGINEERING REGISTRATION NO. F-8019 SURVEY REGISTRATION NO. 100097-00

# POLLUTION CONTROL SERVICES

Chain of Custody Number

757582

## MULTIPLE SAMPLE ANALYSIS REQUEST AND CHAIN OF CUSTODY FORM

Stamp 1<sup>st</sup> sample and COC as same number

CUSTOMER INFORMATION				REPORT INFORMATION														
Name: Dilley, City of				Attention: Adrian Martinez						Phone: (830) 326-2515				Fax: (830) 965-4386				
SAMPLE INFORMATION				Requested Analysis														
Project Information:			Collected By: Adrian <i>Adrian</i>				Instructions/Comments:											
Report "Soils" <input type="checkbox"/> As Is <input type="checkbox"/> Dry Wt.			Matrix				Container											
			DW-Drinking Water; NPW-Non-potable water; WW-Wastewater; LW-Liquid Waste				Preservative											
Client / Field Sample ID	Collected		Field Chlorine Residual mg/L	Composite or Grab	Type	Number	pH	CBOD	TSS	NH3N	E. Coli	See Attachd Sheet	Fol					
	Date	Time																
Dilley Prison 10404-002	Start: 4/10/24 End: 4/10/24	Start: 3:51 End: 3:51		<input type="checkbox"/> C <input checked="" type="checkbox"/> G	<input type="checkbox"/> DW <input checked="" type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Sludge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input checked="" type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> O	2											PCS Sample Number 757582
Dilley Prison E.Coli	Start: 4/11/24 End: 4/11/24	Start: 9:03 End: 9:03		<input type="checkbox"/> C <input checked="" type="checkbox"/> G	<input type="checkbox"/> DW <input checked="" type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Sludge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input checked="" type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> O	1											757583
Dilley Prison Influent	Start: End:	Start: End:		<input type="checkbox"/> C <input checked="" type="checkbox"/> G	<input type="checkbox"/> DW <input checked="" type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Sludge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input checked="" type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> O	2											
Prison Eff. FOG	Start: 4/11/24 End: 4/11/24	Start: 9:02 End: 9:02		<input type="checkbox"/> C <input checked="" type="checkbox"/> G	<input type="checkbox"/> DW <input checked="" type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Sludge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input checked="" type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> O	1											757584
	Start: End:	Start: End:		<input type="checkbox"/> C <input type="checkbox"/> G	<input type="checkbox"/> DW <input type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Sludge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> O												
	Start: End:	Start: End:		<input type="checkbox"/> C <input type="checkbox"/> G	<input type="checkbox"/> DW <input type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Sludge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> O												
	Start: End:	Start: End:		<input type="checkbox"/> C <input type="checkbox"/> G	<input type="checkbox"/> DW <input type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Sludge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> O												
	Start: End:	Start: End:		<input type="checkbox"/> C <input type="checkbox"/> G	<input type="checkbox"/> DW <input type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Sludge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> O												

Required Turnaround: <input type="checkbox"/> Routine (6-10 days) <input checked="" type="checkbox"/> EXPEDITE (See Surcharge Schedule)		<input type="checkbox"/> < 8 Hrs. <input type="checkbox"/> < 16 Hrs. <input type="checkbox"/> < 24 Hrs. <input type="checkbox"/> 5 days <input type="checkbox"/> Other: _____		Rush Charges Authorized by: _____	
Sample Archive/Disposal: <input type="checkbox"/> Laboratory Standard <input type="checkbox"/> Hold for client pick up		Container Type: P = Plastic, G = Glass, O = Other		Carrier ID: _____	
Relinquished By: <i>Adrian</i>	Date: 4/11/24	Time: 11:55	Received By: <i>Jason</i>	Date: 4-11-24	Time: 155

Rev. Multiple Sample COC 20120201

1532 Universal City Blvd., Ste. 100, Universal City, Texas 78148  
P (210) 340-0343 or (800) 880-4616 - F (210) 658-7903

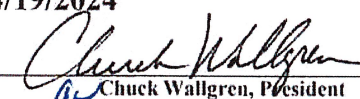
© 2008 Pollution Control Services - All rights reserved

Login at [www.pcslab.net](http://www.pcslab.net)  
TCEQ NELAP T104704361-TX

# POLLUTION CONTROL SERVICES



## Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
<b>Adrian Martinez</b> <b>Dilley, City of</b> <b>P.O. Box 230</b> <b>Dilley, TX 78017</b>	<b>Project Name:</b> <b>Sample ID: Dilley Prison 10404-002</b> <b>Matrix: Non-Potable Water</b> <b>Date/Time Taken: 4/10/2024 1551</b>	<b>PCS Sample #: 757582</b> <b>Page 1 of 2</b> <b>Date/Time Received: 4/11/2024 11:55</b> <b>Report Date: 4/19/2024</b> <b>Approved by:</b>  <b>Chuck Wallgren, President</b>

Test Description	Flag	Result	Units	RL	Analysis Date/Time	Method	Analyst
pH	I	9.4	S.U.	N/A	04/11/2024 13:48	SM 4500-H+ B	GTG
CBOD5		38	mg/L	3	04/11/2024 13:48	SM 5210 B	GTG
Chloride IC		93	mg/L	2	04/11/2024 16:09	EPA 300.0	JAS
Conductivity, Specific		902	µmhos/cm at 25° C	1	04/11/2024 16:00	SM 2510B	PML
Nitrate-N_IC		<0.2	mg/L	0.2	04/11/2024 16:09	EPA 300.0	JAS
Phosphorus, Total		2.01	mg/L	0.10	04/18/2024 05:30	SM 4500-P/B/E	JAS
Sulfate_IC		68	mg/L	2	04/11/2024 16:09	EPA 300.0	JAS
Total Dissolved Solids		540	mg/L	10	04/12/2024 12:25	SM 2540C	PML

Test Description	Precision	Quality Assurance Summary				MSD	UCL	LCS	LCS Limit	Blank
		Precision	Limit	LCL	MS					
pH	N/A	N/A	N/A	N/A			N/A			
CBOD5	<1	23	N/A	N/A	N/A	N/A	N/A	187	167 - 228	
Chloride IC	1	10	95	96	96	102	95	85 - 115		
Conductivity, Specific	N/A	N/A	N/A	N/A			N/A			
Nitrate-N_IC	1	20	70	97	96	130	91	85 - 115		
Phosphorus, Total	1	10	91	93	94	103	104	85 - 115		
Sulfate_IC	<1	10	94	99	98	101	100	85 - 115		
Total Dissolved Solids	<1	10	N/A	N/A	N/A	N/A				

**Quality Statement:** All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAP unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

<sup>1</sup> Informational purposes only - pH outside hold time - pH Temperature: 26°C

These analytical results relate only to the sample tested.  
 All data is reported on an 'As Is' basis unless designated as 'Dry Wt'.  
 RL = Reporting Limits  
 QC Data Reported in %, Except BOD in mg/L

# POLLUTION CONTROL SERVICES



## Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
<b>Adrian Martinez</b> <b>Dilley, City of</b> <b>P.O. Box 230</b> <b>Dilley, TX 78017</b>	<b>Project Name:</b> <b>Sample ID: Dilley Prison 10404-002</b> <b>Matrix: Non-Potable Water</b> <b>Date/Time Taken: 4/10/2024 1551</b>	<b>PCS Sample #: 757582</b> <b>Page 2 of 2</b> <b>Date/Time Received: 4/11/2024 11:55</b> <b>Report Date: 4/19/2024</b>

Test Description	Result	Units	RL	Analysis Date/Time	Method	Analyst
Total Suspended Solids	112	mg/L	1	04/11/2024 14:55	SM 2540 D	GQM
Ammonia-N (ISE)	<0.1	mg/L	0.1	04/12/2024 14:00	SM 4500-NH3 D	CLH
Kjeldahl-N, Total	12	mg/L	1	04/16/2024 10:00	SM 4500-N B/C	PML

Test Description	Precision	Quality Assurance Summary			MS	MSD	UCL	LCS	LCS Limit	Blank
		Limit	LCL	MS						
Total Suspended Solids	3	10	N/A				N/A			
Ammonia-N (ISE)	<1	10	80	86	87	120	91	85 - 115		
Kjeldahl-N, Total	1	10	90	100	101	109	101	85 - 115		<1

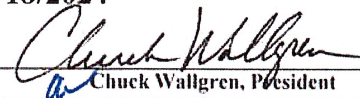
**Quality Statement:** All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

	These analytical results relate only to the sample tested. All data is reported on an 'As Is' basis unless designated as 'Dry Wt'. RL = Reporting Limits
--	--

# POLLUTION CONTROL SERVICES



## Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Adrian Martinez Dilley, City of P.O. Box 230 Dilley, TX 78017	Project Name: Sample ID: Dilley Prison FOG Matrix: Non-Potable Water Date/Time Taken: 4/11/2024 0902	PCS Sample #: 757584 Page 1 of 1 Date/Time Received: 4/11/2024 11:55 Report Date: 4/18/2024 Approved by:  Chuck Wallgren, President

Test Description	Result	Units	RL	Analysis Date/Time	Method	Analyst
Oil and Grease (H.E.M.)	<5.0	mg/L	5	04/17/2024 09:30	EPA 1664 Rev	EMV

Test Description	Precision	Quality Assurance Summary Limit	LCL	MS	MSD	UCL	LCS	LCS Limit	Blank
Oil and Grease (H.E.M.)	3	18	N/A	N/A	N/A	N/A	98	78 - 114	


**Quality Statement:** All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

	These analytical results relate only to the sample tested. All data is reported on an 'As Is' basis unless designated as 'Dry Wt'. RL = Reporting Limits
--	--

# POLLUTION CONTROL SERVICES



## Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Adrian Martinez Dilley, City of P.O. Box 230 Dilley, TX 78017	Project Name: Sample ID: Dilley E. coli 10404-007 Matrix: Non-Potable Water Date/Time Taken: 4/11/2024 0903	PCS Sample #: 757583    Page 1 of 1 Date/Time Received: 4/11/2024 11:55 Report Date: 4/12/2024  Approved by:  Chuck Wallgren, President

Test Description	Result	Units	RL	Analysis Date/Time	Method	Analyst
E. coli. (Enumeration-MPN) 18	2,419	CFU/100ml	1	4/11/2024 14:10	9223 IDEXX Quanti-Tray	CLH/BMR

**Quality Statement:** All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAP unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

These analytical results relate only to the sample tested.  
All data is reported on an 'As Is' basis unless designated as 'Dry Wt'.  
RL = Reporting Limits

# Nearby Permitted Facilities and Collection Systems List

1. Permittee's name: City of Dilley

Facility: City of Dilley Wastewater Treatment Facility

Collection System: City of Dilley Wastewater Collection System

TPDES Permit #: WQ0010404007

# DOMESTIC WASTEWATER PERMIT APPLICATION

## TECHNICAL REPORT 1.1

The following information is required for new and amendment major applications.

### Section 1. Justification for Permit (Instructions Page 57)

#### A. Justification of permit need

Provide a detailed discussion regarding the need for any phase(s) not currently permitted. Failure to provide sufficient justification may result in the Executive Director recommending denial of the proposed phase(s) or permit.

**Please refer to Technical Report 1.1 - 1A response.**

#### B. Regionalization of facilities

For additional guidance, please review [TCEQ's Regionalization Policy for Wastewater Treatment](#)<sup>1</sup>.

Provide the following information concerning the potential for regionalization of domestic wastewater treatment facilities:

##### 1. *Municipally incorporated areas*

If the applicant is a city, then Item 1 is not applicable. Proceed to Item 2 Utility CCN areas.

Is any portion of the proposed service area located in an incorporated city?

☐ Yes ☐ No ☒ Not Applicable

If yes, within the city limits of: [Click to enter text.](#)

If yes, attach correspondence from the city.

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

If consent to provide service is available from the city, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the city versus the cost of the proposed facility or expansion attached.

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

##### 2. *Utility CCN areas*

Is any portion of the proposed service area located inside another utility's CCN area?

☐ Yes ☒ No

<sup>1</sup> <https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater>

If **yes**, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the CCN facilities versus the cost of the proposed facility or expansion.

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

### 3. *Nearby WWTPs or collection systems*

Are there any domestic permitted wastewater treatment facilities or collection systems located within a three-mile radius of the proposed facility?

☒ Yes ☐ No

If **yes**, attach a list of these facilities and collection systems that includes each permittee's name and permit number, and an area map showing the location of these facilities and collection systems.

**Attachment:** Exhibit 7 – Nearby Permitted Facilities and Collection Systems

If **yes**, attach proof of mailing a request for service to each facility and collection system, the letters requesting service, and correspondence from each facility and collection system.

**Attachment:** Attachment is not required since there will be no service requested from this facility. Both facilities are owned by the same entity but will serve 2 independent populations.

If the facility or collection system agrees to provide service, attach a justification for the proposed facility and a cost analysis of expenditures that includes the cost of connecting to the facility or collection system versus the cost of the proposed facility or expansion.

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

## Section 2. Proposed Organic Loading (Instructions Page 59)

Is this facility in operation?

☒ Yes ☐ No

If **no**, proceed to Item B, Proposed Organic Loading.

If **yes**, provide organic loading information in Item A, Current Organic Loading

### A. Current organic loading

Facility Design Flow (flow being requested in application): .5 MGD

Average Influent Organic Strength or BOD<sub>5</sub> Concentration in mg/l: 240

Average Influent Loading (lbs/day = total average flow X average BOD<sub>5</sub> conc. X 8.34): 1001

Provide the source of the average organic strength or BOD<sub>5</sub> concentration.

TCEQ design parameters

## B. Proposed organic loading

This table must be completed if this application is for a facility that is not in operation or if this application is to request an increased flow that will impact organic loading.

**Table 1.1(1) – Design Organic Loading**

Source	Total Average Flow (MGD)	Influent BOD <sub>5</sub> Concentration (mg/l)
Municipality		
Subdivision		
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other	0.5	240
TOTAL FLOW from all sources		
AVERAGE BOD <sub>5</sub> from all sources		

## Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 59)

### A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 30

Total Suspended Solids, mg/l: 90

Ammonia Nitrogen, mg/l: 6

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 4

Other: Click to enter text.

### B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)

Total Suspended Solids, mg/l: [Click to enter text.](#)

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

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

Dissolved Oxygen, mg/l: [Click to enter text.](#)

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

### C. Final Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: 30

Total Suspended Solids, mg/l: 90

Ammonia Nitrogen, mg/l: 6

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 4

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

### D. Disinfection Method

Identify the proposed method of disinfection.

☒ Chlorine: 1-4 mg/l after 20 minutes detention time at peak flow

Dechlorination process: [Click to enter text.](#)

☐ Ultraviolet Light: [Click to enter text.](#) seconds contact time at peak flow

☐ Other: Sulfur Dioxide (1 mg/l)

## Section 4. Design Calculations (Instructions Page 59)

Attach design calculations and plant features for each proposed phase. Example 4 of the instructions includes sample design calculations and plant features.

**Attachment:** [Please refer to design calculations attachment](#)

## Section 5. Facility Site (Instructions Page 60)

### A. 100-year floodplain

Will the proposed facilities be located above the 100-year frequency flood level?

☒ Yes ☐ No

If **no**, describe measures used to protect the facility during a flood event. Include a site map showing the location of the treatment plant within the 100-year frequency flood level. If applicable, provide the size and types of protective structures.

N/A

Provide the source(s) used to determine 100-year frequency flood plain.

Latest FEMA Map

For a new or expansion of a facility, will a wetland or part of a wetland be filled?

☐ Yes ☒ No

If **yes**, has the applicant applied for a US Corps of Engineers 404 Dredge and Fill Permit?

☐ Yes ☐ No

If **yes**, provide the permit number: [Click to enter text.](#)

If **no**, provide the approximate date you anticipate submitting your application to the Corps: [Click to enter text.](#)

#### B. Wind rose

Attach a wind rose: N/A

## Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

#### A. Beneficial use authorization

Are you requesting to include authorization to land apply sewage sludge for beneficial use on property located adjacent to the wastewater treatment facility under the wastewater permit?

☐ Yes ☒ No

If **yes**, attach the completed **Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)**: [Click to enter text.](#)

#### B. Sludge processing authorization

Identify the sludge processing, storage or disposal options that will be conducted at the wastewater treatment facility:

- ☐ Sludge Composting
- ☐ Marketing and Distribution of sludge
- ☐ Sludge Surface Disposal or Sludge Monofill

If **any of the above**, sludge options are selected, attach the completed **Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056)**: [Click to enter text.](#)

## Section 7. Sewage Sludge Solids Management Plan (Instructions Page 61)

Attach a solids management plan to the application.

**Attachment:** Please refer to Solids Management Plan attachment

The sewage sludge solids management plan must contain the following information:

- Treatment units and processes dimensions and capacities
- Solids generated at 100, 75, 50, and 25 percent of design flow
- Mixed liquor suspended solids operating range at design and projected actual flow
- Quantity of solids to be removed and a schedule for solids removal
- Identification and ownership of the ultimate sludge disposal site
- For facultative lagoons, design life calculations, monitoring well locations and depths, and the ultimate disposal method for the sludge from the facultative lagoon

An example of a sewage sludge solids management plan has been included as Example 5 of the instructions.

## Technical Report 1.1 - 1A Response

As per our Engineering Feasibility Report, over the last 40 years, the City of Dilley has had significant growth and its current sanitary sewer system has aged considerably and requires immediate upgrades to ensure that sewer effluent quality, system capacity, and environmental impacts are all up to standards. All these much-needed improvements are considered urgent needs for the city of Dilley therefore construction and design phases are required at this time. These phases will include a 0.5 MGD packaged wastewater treatment plant at the prison site location. The existing prison is currently being serviced by an extended aeration lagoon wastewater treatment facility with a capacity of 0.30 Million Gallons per Day (Permit No. WQ0010404002).

The current Prison WWTP been operating at almost 100% capacity for various years, its effluent limitation has been exceeded numerous times which has resulted in violations of the Tex. Water Code § 26.121(a)(1), 30 Tex. Admin. Code § 305.125(1) and TPDES Permit No. WQ0010404002, Effluent Limitations and Monitoring Requirements. In addition, the Prison WWTP has not been able to meet the E-Coli discharge requirements and is currently under threat of enforcement by TCEQ if all these violations are not corrected soon. Being that the existing Prison WWTP is currently outdated, substandard, and service life expired, the City of Dilley has decided to plan for an improvement of the existing WWTP.

The opted option by the city of Dilley is a new Prison Wastewater Treatment Plant consisting of the construction of a new packaged Sanitary Sewer Plant (0.5 MGD approximately) at the prison plant for Prison Sewer Effluent only. Packaged plants are very effective for the treatment of wastewater. They can be configured for BOD reduction, suspended solids reduction, Ammoniacal and/or total Nitrogen reduction, and Phosphorus reduction. These plants also involve easy installation, and low operation, and maintenance costs. This option allows for the decommissioning of the existing sewer plant and complies with current TCEQ violations. More specifically, the new packaged sewer plant is described as follows:

Sewer System Improvements project to construct a 0.5-million gallon per day (MGD) package wastewater treatment plant (WWTP) within the same facility of an existing 0.3 MGD WWTP (Lagoon System) as required to accommodate the current demands and the projected 50 years of service of the Dolph Briscoe Unit state prison. The proposed WWTP will be constructed in proximity to the existing WWTP and lagoons, which will be abandoned. Proposed main project components within the existing WWTP boundaries include a 1) new headworks facility, 2) one lift station, 3.) one 0.5 MGD sequencing batch reactor system; 4) a proposed effluent settled outflow structure (chlorination basin) to existing outflow channel that will remain; 5) sludge drying beds; 6) the decommissioning of existing treated sewage lagoons.

Exhibit 7 - Nearby Permitted Facilities and Collection Systems for Technical  
Report 1.1 Section 1

**NEARBY PERMITTED FACILITIES AND COLLECTION SYSTEMS**  
**BRISCO PRISON WASTE WATER TREATMENT PLANT**  
**DILLEY, TEXAS**



1302 CALLE DEL NORTE, SUITE 2  
LAREDO, TEXAS 78041  
PH: (956) 717-1199 FAX: (956) 717-1196

[premier-ce.com](http://premier-ce.com)

LAND DEVELOPMENT • PLANNING • WATER • WASTEWATER • TRANSPORTATION • SURVEYING  
ENGINEERING REGISTRATION No. F-8019 SURVEY REGISTRATION No. 100097-00

# Design Calculations Response

## ***Influent Flow Characteristics***

The hydraulic design of the facility is based on the following influent flows.

Average Daily Flow ( $Q_{avg}$ ): 500,000 gal/day

Peak 2 – Hour Flow ( $Q_{peak}$ ): 2,000,000 gal/day

## ***Influent Loadings (TECQ 217.31 Table B.1)***

BOD<sub>5</sub> : 240 mg/l or 1,001.40 lb/day

TSS : 240 mg/l or 1,001.4 lb/day

TKN : 65 mg/l or 271.2 lb/day

Ammonia-N: 40 mg/l or 166.9 lb/day

Total Phosphorus: 8 mg/l or 33.4 lb/day

## ***Effluent Quality Permit Requirements***

Effluent CBOD<sub>5</sub>: 10 mg/l

Effluent TSS: 15 mg/l

Effluent NH<sub>3</sub>-N: 3 mg/l

Effluent Phosphorus: N/A

Alkalinity (as CaCO<sub>3</sub>): 50 mg/L

Chlorine Residual: 1 - 4 mg/l after 20 minutes detention time at peak flow

Effluent Chlorine Residual: 0.1 after de-chlorination

## **HEADWORKS**

1. The screen will have a continuous stainless steel belt that automatically rotates within the internal guide system of the static frame.

2. The screen herein specified will be of the straight through type that will present a clean screening grid to the influent flow at all times.
3. The solids will collect as a mat on the front face of the continuous belt. The belt will intermittently rotate and elevate the solids to the discharge point. Larger objects will be picked up by a series of hooks.
4. The solids will be automatically removed at the top of the screen into an internal hopper and be fed to the screening handling system.
5. The continuous belt will be directly driven by drive sprockets that shall support and rotate the grid assembly.
6. The screen will be totally enclosed and have access covers that will be lightweight and easily removable for maintenance.
7. The Washing Compactor shall be a separate unit with dedicated drive integrated with the screen. The compactor uses screen offload water for solids washing and is interconnected directly to the discharge point of the screen. The compactor does not require solids conveyance from screen offload to compaction.
8. The Washing Compactor will be adequately sized to handle all the screenings and wash water that will be generated by the screen at peak flow. The system will be required to wash the screenings to reduce the organic content and compact the remaining solids into a dry plug.

9. The Washing Compactor will generally comprise of a screw auger rotating within the washing and drainage trough, a wash water system, a compaction zone and an outlet chute arrangement.

10. All stainless steel (including frame, grid, and drive components) mentioned below as stainless steel shall be T304 stainless steel. All hardware shall be T316 stainless steel.

B. System Performance - The fine screening system will be designed to meet the following design parameters:

- |     |  |   |
|-----|--|---|
| 1.  | Number of screens                            | 1   |
| 2.  | Screen width                                 | 17 inches   |
| 3.  | Peak flow per screen                         | 2.0 MGD   |
| 4.  | Screen grid opening                          | 6 mm  |
| 5.  | Screen grid velocity                         | 4.32 ft/s   |
| 6.  | Head loss at peak flow                       | 3.77 inches @ 50% blinding and 28 inches upstream water level |
| 7.  | Structural design differential of frame/grid | 48 inches minimum @ 100% blinding                             |
| 8.  | Drive design differential (operating)        | 48 inches minimum   |
| 9.  | Channel width                                | 18 inches   |
| 10. | Channel height                               | 40 inches   |
| 11. | Number of Washing Compactors                 | 1   |
| 12. | Diameter of screw                            | 6 inches  |
| 13. | Minimum diameter of shaft                    | 2.375 inches  |
| 14. | Compactor discharge height above grade       | 48 inches   |
| 15. | System wash water requirements               | Up to 6 GPM @ 40 PSI  |

## **BIOLOGICAL PROCESS**

The biological process shall consist of a Sequence Reactor Batch (SBR) System. The three (3) SBR basin system shall be a complete unit embracing and including all elements required to provide a functioning system. The system includes SBR basins, floating decanters, fixed header fine bubble diffusers, rotary positive displacement blowers, submersible mixers, sludge wasting pumps and associated fittings, SBR process control system with D.O. monitoring/controls, motorized valves and spare parts to provide a complete, integral, coordinated and fully operational system. The following system specifications shall depict the design for the biological process:

## ***SBR Reactor Design***

Number of Basins	3			
Basin Length (L)	50.0	Ft	For Field Erected Concentric Rings	
Basin Width (W)	30.0	Ft	28	Ft Inner Diameter
Equivalent Diameter if Round (D)	43.7	Ft	86	Ft Outer Diameter
Basin Wall Height	23.0	Ft		
Freeboard	2.0	Ft		
Top Water Level Peak Flow (TWL)	21.0	Ft		
Top Water Level Ave. Flow (TWL <sub>A</sub> )	21.0	Ft		
Bottom Water Level (BWL)	16.0	Ft		
Tank Surface Area	1,500	Ft <sup>2</sup>		
Volume at TWL	31,500	Ft <sup>3</sup>	235,636	Gal
Volume at TWL <sub>A</sub>	31,500	Ft <sup>3</sup>	235,636	Gal
Volume at BWL	24,073	Ft <sup>3</sup>	180,081	Gal
MLSS at BWL	4,500	mg/L		
Hydraulic Retention Time (HRT)	33.9	Hours at TWL <sub>A</sub>		
React HRT at Design Flow	28.1	Hours at TWL <sub>A</sub>		
Sludge Age	25.3	Days		
F/M Ratio	0.049	Mean	0.045	Aerated
Supplemental Alkalinity Required	0.0	Lbs/Day		

## ***SBR Cycle Sequence***

### **Design Flow**

### **Peak Flow**

	3.0	Batches/Day/Reactor	7.5	Batches/Day/Reactor
Anoxic Fill	60	Minutes/Cycle	20	Minutes/Cycle
Aerated Fill	100	Minutes/Cycle	44	Minutes/Cycle
Aerated React	175	Minutes/Cycle	33	Minutes/Cycle
Anoxic React	63	Minutes/Cycle	15	Minutes/Cycle
Settle	60	Minutes/Cycle	60	Minutes/Cycle
Decant	22	Minutes/Cycle	20	Minutes/Cycle
Normal Cycle Time	8.0	Hours/Batch	3.2	Hours/Batch
Aeration Time	4.6	Hours/Batch	1.3	Hours/Batch
Daily Aeration Time	13.8	Hours/Day/Reactor	9.6	Hours/Day/Reactor

## ***SBR Equipment***

Total Waste Activated Sludge	801	Lbs/Day	3	12 In Influent Valves
Total Number of Waste Sludge Pumps	3		3	6 Inch Air Valves
Waste Sludge Pump Flow Rate	133	GPM		
Waste Sludge Pump TDH	25	Feet		
Waste Sludge Pump Power	2	HP		
Actual Oxygen Requirement (AOR)	2,439	Lbs O <sub>2</sub> /Day		
Standard Oxygen Requirement (SOR)	130	Lbs O <sub>2</sub> /Hour/Reactor		
Average Diffuser Submergence	18.5	Feet	Diffuser 1.00 Foot Above Basin Floor	
Total Number of Blowers	2	Duty	1	Standby
Air Delivery Required Per Reactor	386	SCFM	419	ACFM
Air Delivery Required Per Blower	386	SCFM	419	ACFM
Total Discharge Pressure	10.16	PSIG		
Blower Power	30	HP		
Total Number of Floating Decanters	3		4 Foot Weir Decanter	
Decanter Flow Rate	2,525	GPM Average	2,778	GPM Peak
Decanter Motor Size	0.75	HP		
Total Number of Mixers	3			
Mixer Power	7.5	HP		

## ***Average Power Requirements***

	<i>QTY</i>	<i>BHP</i>	<i>HRS/Day</i>	<i>KWH/Day</i>	
SBR Blower(s)	2	26.7	20.6	820	
SBR Waste Sludge Pump(s)	3	1.7	0.4	1.5	
SBR Decanter(s)	3	0.8	0.1	0.2	
SBR Mixer(s)	3	6.4	6.2	88	
Digester Blower(s)	1	16.7	22	274	
Digester Sludge Pump(s)	1	1.7	0.5	0.6	
Post EQ Effluent Pump(s)	2	5.9	6	53	
Post EQ Blower(s)	1	3.1	12	28	
<b>Total Power</b>	<b>1265</b>	<b>KWH/Da</b>		<b>53</b>	<b>Average KW/Hr</b>

### *Aerobic Digester / Sludge Holding Tank*

Number of Basins	1			
Basin Length (L)	50.0	Feet		
Basin Width (W)	12.0	Feet		
Equivalent Diameter if Round (D)	27.6	Feet		
Basin Surface Area	600	Ft <sup>2</sup>		
Basin Wall Height	23.0	Feet		
Basin Freeboard	2.0	Feet		
Top Water Level	21.0	Feet		
Basin Volume	12,600	Ft <sup>3</sup>	94,255	Gal
Solids Retention Time	26	Days		
Total Number of Blowers	1	Duty	1	Standby
Air Flow Per Blower	252	SCFM	273	ACFM
Total Discharge Pressure	9.7	PSIG		
Blower Power	20	HP		
Total Number Sludge Transfer Pumps	1			
Sludge Transfer Pump Flow Rate	133	GPM		
Sludge Transfer Pump TDH	25	FEET		
Sludge Transfer Pump Power	2	HP		

### ***Post Equalization / Post Aeration Basin***

Number of Basins	1			
Basin Length (L)	55.0	Feet		
Basin Width (W)	12.0	Feet		
Basin Wall Height	23.0	Feet		
Equivalent Diameter if Round (D)	29.0	Feet		
Basin Surface Area	660	Ft <sup>2</sup>		
SBR Bottom Water Level	16.0	Feet		
Level Difference for Gravity Flow	2.5	Feet		
Post EQ Top Water Level	11.5	Feet		
Post EQ Minimum Water Level	1.75	Feet		
Active Volume	6,467	Ft <sup>3</sup>	48,379	Gal
Total Volume	7,622	Ft <sup>3</sup>	57,019	Gal
Total Number of Effluent Pumps	2	Duty	1	Standby
Effluent Pump Flow Rate	694	GPM		
Effluent Transfer Pump TDH	15.0	Feet		
Effluent Transfer Pump Power	7.5	HP		
Total Number of Blowers	1	Duty	0	Standby
Air Flow Per Blower	76	SCFM	83	ACFM
Total Discharge Pressure	5.6	PSIG		
Blower Power	5	HP		

### **Disinfection**

Effluent from the Post Equalization/Post Aeration Basin will be transferred to a chlorine contact chamber with design requirements as follows:

Peak 2 – Hour Flow ( $Q_{\text{peak}}$ ) : 2,000,000 gal/day (1,389 gpm)

Required Detention time : 20 minutes at 2-hour peak flow (**TCEQ 217.281 (b) (1)**)

Minimum volume required: 1,389 gpm x 20 min = 27,778 gal

Chlorine contact chamber volume:

$(5 \times 40 \times 5 \times 4) + (5 \times 34 \times 5) = 4,850 \text{ ft}^3$  or

36,280 gal > 27,778 gal

A new chlorination system will be constructed and installed in a heated FRP shelter utilizing 150 lb chlorine and sulfur dioxide cylinders separated by a gas tight wall as per **TECQ 217.278**. The FRP shelter shall contain thermostat controlled heaters set to turn on when ambient temperature falls below 75 degrees Fahrenheit.

### **Chlorine:**

Dosage: 6 mg/l (**TCEQ 217.271 Table K.1 Nitrified Effluent**)

Peak 2 hr flow: 2,000,000 gal/day

2 MGD X 8.34 X 6 mg/l = 100 lbs/day

Total Number of Cl<sub>2</sub> Tanks Required per Day:

From Equation K.2 and Table K.2 Gas Withdrawal Rate is:

$W_g = (75^\circ\text{F} - 0) \times (1 \text{ lb}/^\circ\text{F}/\text{day}) = 75 \text{ lbs}/\text{day}$

From Equation K.3 Number of Cylinders is:

$\text{Cyl.} = (100 \text{ lbs}/\text{day}) / (75 \text{ lbs}/\text{day Cl}_2 \text{ Tank}) \sim (1.3 \text{ Tanks} + 1 \text{ additional Tank}) \text{ per day}$

### **Sulfur Dioxide:**

Dosage: 1 mg/l **TCEQ 217.272(c)** (one unit of sulfur dioxide gas for each unit of residual chlorine)

Peak 2 hr flow: 2,000,000 gal/day

$$2 \text{ MGD} \times 8.34 \times 1 \text{ mg/l} = 17 \text{ lbs/day}$$

Total Number of SO<sub>2</sub> Tanks Required per Day:

From Equation K.2 and Table K.2 Gas Withdrawal Rate is:

$$W_g = (75^\circ\text{F} - 30) \times (.75 \text{ lb}/^\circ\text{F}/\text{day}) = 34 \text{ lbs/day}$$

From Equation K.3 Number of Cylinders is:

$$\text{Cyl.} = (17 \text{ lbs/day}) / (34 \text{ lbs/day SO}_2 \text{ Tank}) \sim (0.5 \text{ Tanks} + 1 \text{ additional Tank}) \text{ per day:}$$

# Solids Management Plan

## **Sludge Management**

Waste sludge production in the SBR basins was calculated based on a 26 day solids retention time having an observed yield coefficient of 0.80 lbs TSS / lbs BOD removed (see below description):

Influent total suspended solids @ 0.5 MGD (TSS): 1,001 lbs/day

Influent TSS biodegradable fraction: 50 %

Influent biodegradable volatile suspended solids (VSS):  $1,001 \times 0.5 =$  lbs/day

Influent inert TSS:  $1,001 \times 0.5 =$  501 lbs/day

Sludge yield factor: 0.30 lbs TSS produced / lb BOD

Biological sludge production:  $= 1,001 \times 0.3 =$  300 lbs/day

Total Daily Sludge Production:  $501 + 300 =$  801 lbs TSS/day

Observed Yield: 0.80 lbs sludge (TSS)/lb BOD

The projected sludge production is shown in the following Table .

### **ESTIMATED SLUDGE QUANTITY**

Flow MGD	WAS * (lbs/day)	Sludge Disposal cy/day
Design Flow (0.5)	801	0.49
75% Design Flow (1.20)	600.75	0.37
50% Design Flow(0.80)	400.5	0.25
Current Avg. Flow (0.30)	240.3	0.15

\*based on a 26 day solids retention time and solids yield of 0.80 lb TSS/Lb BOD removed  
Sludge cake: 60 lb/ft<sup>3</sup>

## **Sludge Drying Beds**

The waste sludge operation will consist of a 100'x50' concrete sludge dewatering bed consisting of Sludge Dewatering Blocks and drainage system pipes. This standard long proven efficient dewatering system will allow the City to save money on operation costs while providing an efficient method of disposing of sludge.

Waste sludge will be pumped from the SBR Digester to the Sludge Drying Beds for dewatering and disposal.

***Waste Sludge Disposal***

Dewatered waste sludge is collected and transported to a permitted sanitary landfill for final disposal.

**Standby and Auxiliary Power**

The facility is proposed to have an on-site automatically starting generator capable of continuously operating the existing critical wastewater treatment system units. The fuel tank will be sized for a run time greater than the longest power outage in the power records. This generator is 400 kW and provides sufficient power for all the proposed units. An existing automatic transfer switch is included to transfer electrical loads to the generator during an outage. In accordance with 30 TAC §217.37, the disinfection system will automatically restart during a power outage and upon transfer back to the main power source.

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply: 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: N/A

#### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

N/A

#### C. Sea grasses

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

☐ Yes ☐ No

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

N/A

### Section 3. Classified Segments (Instructions Page 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: Unnamed tributary

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

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

Surface area, in acres: Click to enter text.

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

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

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

#### B. Flow characteristics

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

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

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

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

### C. Downstream perennial confluences

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

Cibolo Creek and Frio River Above Choke Canyon Reservoir in Segment No. 2117 of the Nueces River Basin

### 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.

Dry

Date and time of observation: 07/09/2024

Was the water body influenced by stormwater runoff during observations?

- ☐ Yes ☒ No

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

### A. Upstream influences

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

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

## B. Waterbody uses

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

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

## C. Waterbody aesthetics

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

Required for new applications, major facilities, and applications adding an outfall.

Worksheet 2.1 is not required for discharges to intermittent streams or discharges directly to (or within 300 feet of) a classified segment.

### Section 1. General Information (Instructions Page 66)

Date of study: [Click to enter text.](#) Time of study: [Click to enter text.](#)

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

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

Type of stream upstream of existing discharge or downstream of proposed discharge (check one).

☐ Perennial ☐ Intermittent with perennial pools

### Section 2. Data Collection (Instructions Page 66)

Number of stream bends that are well defined: [Click to enter text.](#)

Number of stream bends that are moderately defined: [Click to enter text.](#)

Number of stream bends that are poorly defined: [Click to enter text.](#)

Number of riffles: [Click to enter text.](#)

Evidence of flow fluctuations (check one):

☐ Minor ☐ moderate ☐ severe

Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification.

[Click to enter text.](#)

## Stream transects

In the table below, provide the following information for each transect downstream of the existing or proposed discharges. Use a separate row for each transect.

**Table 2.1(1) - Stream Transect Records**

Stream type at transect Select riffle, run, glide, or pool. See Instructions, Definitions section.	Transect location	Water surface width (ft)	Stream depths (ft) at 4 to 10 points along each transect from the channel bed to the water surface. Separate the measurements with commas.
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			
<a href="#">Choose an item.</a>			

## Section 3. Summarize Measurements (Instructions Page 66)

Streambed slope of entire reach, from USGS map in feet/feet: [Click to enter text.](#)

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): [Click to enter text.](#)

Length of stream evaluated, in feet: [Click to enter text.](#)

Number of lateral transects made: [Click to enter text.](#)

Average stream width, in feet: [Click to enter text.](#)

Average stream depth, in feet: [Click to enter text.](#)

Average stream velocity, in feet/second: [Click to enter text.](#)

Instantaneous stream flow, in cubic feet/second: [Click to enter text.](#)

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): [Click to enter text.](#)

Size of pools (large, small, moderate, none): [Click to enter text.](#)

Maximum pool depth, in feet: [Click to enter text.](#)

**Not Applicable**

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

## Section 1. Type of Disposal System (Instructions Page 68)

Identify the method of land disposal:

- |   |  |
|---|--|
| <input type="checkbox"/> Surface application  | <input type="checkbox"/> Subsurface application                |
| <input type="checkbox"/> Irrigation   | <input type="checkbox"/> Subsurface soils absorption           |
| <input type="checkbox"/> Drip irrigation system   | <input type="checkbox"/> Subsurface area drip dispersal system |
| <input type="checkbox"/> Evaporation  | <input type="checkbox"/> Evapotranspiration beds               |
| <input type="checkbox"/> Other (describe in detail): <a href="#">Click to enter text.</a> |  |

NOTE: All applicants without authorization or proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0.

For existing authorizations, provide Registration Number: [Click to enter text.](#)

## Section 2. Land Application Site(s) (Instructions Page 68)

In table 3.0(1), provide the requested information for the land application sites. Include the agricultural or cover crop type (wheat, cotton, alfalfa, bermuda grass, native grasses, etc.), land use (golf course, hayland, pastureland, park, row crop, etc.), irrigation area, amount of effluent applied, and whether or not the public has access to the area. Specify the amount of land area and the amount of effluent that will be allotted to each agricultural or cover crop, if more than one crop will be used.

**Table 3.0(1) – Land Application Site Crops**

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N

### Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 68)

**Table 3.0(2) – Storage and Evaporation Ponds**

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type

Attach a copy of a liner certification that was prepared, signed, and sealed by a Texas licensed professional engineer for each pond.

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

### Section 4. Flood and Runoff Protection (Instructions Page 68)

Is the land application site within the 100-year frequency flood level?

☐ Yes ☐ No

**If yes,** describe how the site will be protected from inundation.

[Click to enter text.](#)

Provide the source used to determine the 100-year frequency flood level:

Provide a description of tailwater controls and rainfall run-on controls used for the land application site.

[Click to enter text.](#)

## Section 5. Annual Cropping Plan (Instructions Page 68)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

- Soils map with crops
- Cool and warm season plant species
- Crop yield goals
- Crop growing season
- Crop nutrient requirements
- Additional fertilizer requirements
- Minimum/maximum harvest height (for grass crops)
- Supplemental watering requirements
- Crop salt tolerances
- Harvesting method/number of harvests
- Justification for not removing existing vegetation to be irrigated

## Section 6. Well and Map Information (Instructions Page 69)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

- The boundaries of the land application site(s)
- Waste disposal or treatment facility site(s)
- On-site buildings
- Buffer zones
- Effluent storage and tailwater control facilities
- All water wells within 1-mile radius of the disposal site or property boundaries
- All springs and seeps onsite and within 500 feet of the property boundaries
- All surface waters in the state onsite and within 500 feet of the property boundaries
- All faults and sinkholes onsite and within 500 feet of the property

List and cross reference all water wells located within a half-mile radius of the disposal site or property boundaries shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

**Table 3.0(3) – Water Well Data**

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
			<a href="#">Choose an item.</a>	
			<a href="#">Choose an item.</a>	
			<a href="#">Choose an item.</a>	
			<a href="#">Choose an item.</a>	

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
			Choose an item.	

If water quality data or well log information is available please include the information in an attachment listed by Well ID.

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

## Section 7. Groundwater Quality (Instructions Page 69)

Attach a Groundwater Quality Technical Report which assesses the impact of the wastewater disposal system on groundwater. This report shall include an evaluation of the water wells (including the information in the well table provided in Item 6. above), the wastewater application rate, and pond liners. Indicate by a check mark that this report is provided.

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

Are groundwater monitoring wells available onsite? ☐ Yes ☐ No

Do you plan to install ground water monitoring wells or lysimeters around the land application site? ☐ Yes ☐ No

If yes, provide the proposed location of the monitoring wells or lysimeters on a site map.

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

## Section 8. Soil Map and Soil Analyses (Instructions Page 70)

### A. Soil map

Attach a USDA Soil Survey map that shows the area to be used for effluent disposal.

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

### B. Soil analyses

Attach the laboratory results sheets from the soil analyses. **Note:** for renewal applications, the current annual soil analyses required by the permit are acceptable as long as the test date is less than one year prior to the submission of the application.

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

List all USDA designated soil series on the proposed land application site. Attach additional pages as necessary.

**Table 3.0(4) – Soil Data**

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number



Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated

Provide a discussion of all persistent excursions above the permitted limits and any corrective actions taken.

Click to enter text.

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment permit applications. Renewal and minor amendment permit applications may be asked for this worksheet on a case by case basis.

### Section 1. Surface Disposal (Instructions Page 72)

Complete the item that applies for the method of disposal being used.

#### A. Irrigation

Area under irrigation, in acres: [Click to enter text.](#)

Design application frequency:

hours/day [Click to enter text.](#) And days/week [Click to enter text.](#)

Land grade (slope):

average percent (%): [Click to enter text.](#)

maximum percent (%): [Click to enter text.](#)

Design application rate in acre-feet/acre/year: [Click to enter text.](#)

Design total nitrogen loading rate, in lbs N/acre/year: [Click to enter text.](#)

Soil conductivity (mmhos/cm): [Click to enter text.](#)

Method of application: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations, method of application, irrigation efficiency, and nitrogen balance.

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

#### B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations.

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

#### C. Evapotranspiration beds

Number of beds: [Click to enter text.](#)

Area of bed(s), in acres: [Click to enter text.](#)

Depth of bed(s), in feet: [Click to enter text.](#)

Void ratio of soil in the beds: [Click to enter text.](#)

Storage volume within the beds, in acre-feet: [Click to enter text.](#)

Attach a separate engineering report with the water balance and storage volume calculations, and a description of the lining.

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

#### D. Overland flow

Area used for application, in acres: [Click to enter text.](#)

Slopes for application area, percent (%): [Click to enter text.](#)

Design application rate, in gpm/foot of slope width: [Click to enter text.](#)

Slope length, in feet: [Click to enter text.](#)

Design BOD<sub>5</sub> loading rate, in lbs BOD<sub>5</sub>/acre/day: [Click to enter text.](#)

Design application frequency:

hours/day: [Click to enter text.](#) And days/week: [Click to enter text.](#)

Attach a separate engineering report with the method of application and design requirements according to *30 TAC Chapter 217*.

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

## Section 2. Edwards Aquifer (Instructions Page 73)

Is the facility subject to *30 TAC Chapter 213*, Edwards Aquifer Rules?

☒ Yes ☐ No

If **yes**, is the facility located on the Edwards Aquifer Recharge Zone?

☐ Yes ☒ No

If **yes**, attach a geological report addressing potential recharge features.

**Attachment:**

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

The following **is required** for **new and major amendment** permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal **MUST** complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **does not meet** the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System*.

### Section 1. Subsurface Application (Instructions Page 74)

Identify the type of system:

- ☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- ☐ Low Pressure Dosing
- ☐ Other, specify: [Click to enter text.](#)

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

Area of drainfield, in square feet: [Click to enter text.](#)

Application rate, in gal/square foot/day: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

Area of trench, in square feet: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Number of beds: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Infiltration rate, in inches/hour: [Click to enter text.](#)

Storage volume, in gallons: [Click to enter text.](#)

Area of bed(s), in square feet: [Click to enter text.](#)

Soil Classification: [Click to enter text.](#)

Attach a separate engineering report with the information required in *30 TAC § 309.20*, excluding the requirements of § 309.20 b(3)(A) and (B) design analysis which may be asked for on a case by case basis. Include a description of the schedule of dosing basin rotation.

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

### Section 2. Edwards Aquifer (Instructions Page 74)

Is the subsurface system over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

- ☐ Yes ☐ No

Is the subsurface system over the Edwards Aquifer Transition Zone as mapped by TCEQ?

- ☐ Yes ☐ No

**If yes to either question**, the subsurface system may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team, at 512-239-4671, to schedule a pre-application meeting.

**Not Applicable**

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

The following is **required** for **new and major amendment** subsurface area drip dispersal system permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **meets** the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System*.

### Section 1. Administrative Information (Instructions Page 75)

A. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility:

B. Click to enter text. Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the treatment facility is located.

Click to enter text.

C. Owner of the subsurface area drip dispersal system: Click to enter text.

D. Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

☐ Yes ☐ No

If **no**, identify the names of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.C.

Click to enter text.

E. Owner of the land where the subsurface area drip dispersal system is located: Click to enter text.

F. Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

☐ Yes ☐ No

If **no**, identify the name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.E.

Click to enter text.

## Section 2. Subsurface Area Drip Dispersal System (Instructions Page 75)

### A. Type of system

- ☐ Subsurface Drip Irrigation
- ☐ Surface Drip Irrigation
- ☐ Other, specify: [Click to enter text.](#)

### B. Irrigation operations

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

Infiltration Rate, in inches/hour: [Click to enter text.](#)

Average slope of the application area, percent (%): [Click to enter text.](#)

Maximum slope of the application area, percent (%): [Click to enter text.](#)

Storage volume, in gallons: [Click to enter text.](#)

Major soil series: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

### C. Application rate

Is the facility located **west** of the boundary shown in 30 TAC § 222.83 **and** also using a vegetative cover of non-native grasses over seeded with cool season grasses during the winter months (October-March)?

☐ Yes ☒ No

If **yes**, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.

Is the facility located **east** of the boundary shown in 30 TAC § 222.83 **or** in any part of the state when the vegetative cover is any crop other than non-native grasses?

☐ Yes ☒ No

If **yes**, the facility must use the formula in 30 TAC §222.83 to calculate the maximum hydraulic application rate.

Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director?

☒ Yes ☐ No

Hydraulic application rate, in gal/square foot/day: [Click to enter text.](#)

Nitrogen application rate, in lbs/gal/day: [Click to enter text.](#)

### D. Dosing information

Number of doses per day: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Rest period between doses, in hours: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Number of zones: [Click to enter text.](#)

Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?

☐ Yes ☐ No

If **yes**, provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a pre-application meeting.

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

### Section 3. Required Plans (Instructions Page 75)

#### A. Recharge feature plan

Attach a Recharge Feature Plan with all information required in 30 TAC §222.79.

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

#### B. Soil evaluation

Attach a Soil Evaluation with all information required in 30 TAC §222.73.

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

#### C. Site preparation plan

Attach a Site Preparation Plan with all information required in 30 TAC §222.75.

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

#### D. Soil sampling/testing

Attach soil sampling and testing that includes all information required in 30 TAC §222.157.

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

### Section 4. Floodway Designation (Instructions Page 76)

#### A. Site location

Is the existing/proposed land application site within a designated floodway?

☐ Yes ☐ No

#### B. Flood map

Attach either the FEMA flood map or alternate information used to determine the floodway.

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

### Section 5. Surface Waters in the State (Instructions Page 76)

#### A. Buffer Map

Attach a map showing appropriate buffers on surface waters in the state, water wells, and springs/seeps.

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

**B. Buffer variance request**

Do you plan to request a buffer variance from water wells or waters in the state?

☐ Yes ☐ No

If **yes**, then attach the additional information required in *30 TAC § 222.81(c)*.

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

**Section 6. Edwards Aquifer (Instructions Page 76)**

**A.** Is the SADDs located over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

☐ Yes ☐ No

**B.** Is the SADDs located over the Edwards Aquifer Transition Zone as mapped by TCEQ?

☐ Yes ☐ No

If **yes to either question**, then the SADDs may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team at 512-239-4671 to schedule a pre-application meeting.

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

**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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Chlorodibromomethane				10
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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Diuron				0.09
Endosulfan I (alpha)				0.01
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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10
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**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
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**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
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**

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
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.

[Click to enter text.](#)

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.

[Click to enter text.](#)

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: [Click to enter text.](#)

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

Compound	Toxic Equivalency Factors	Wastewater Concentration (ppq)	Wastewater Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Equivalents (ppt)	MAL (ppq)
2,3,7,8 TCDD	1					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 for 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: [Click to enter text.](#)

48-hour Acute: [Click to enter text.](#)

### 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.

[Click to enter text.](#)

### 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

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

Average Daily Flows, in MGD: [Click to enter text.](#)

Significant IUs - non-categorical:

Number of IUs: [Click to enter text.](#)

Average Daily Flows, in MGD: [Click to enter text.](#)

Other IUs:

Number of IUs: [Click to enter text.](#)

Average Daily Flows, in MGD: [Click to enter text.](#)

### B. Treatment plant interference

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### C. Treatment plant pass through

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☐ No

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

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☐ No

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

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

### E. Service Area Map

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

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

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

### A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

#### B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

#### C. Effluent parameters above the MAL

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

**Table 6.0(1) – Parameters Above the MAL**

Pollutant	Concentration	MAL	Units	Date

#### D. Industrial user interruptions

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

#### A. General information

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

SIC Code: [Click to enter text.](#)

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

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

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

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

Email address: [Click to enter text.](#)

#### B. Process information

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

[Click to enter text.](#)

#### C. Product and service information

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

[Click to enter text.](#)

#### D. Flow rate information

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

Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

#### E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

#### F. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

Not Applicable

# WORKSHEET 7.0

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

### CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ  
IUC Permits Team  
Radioactive Materials Division  
MC-233  
PO Box 13087  
Austin, Texas 78711-3087  
512-239-6466

For TCEQ Use Only

Reg. No. \_\_\_\_\_

Date Received \_\_\_\_\_

Date Authorized \_\_\_\_\_

#### Section 1. General Information (Instructions Page 92)

**1. TCEQ Program Area**

Program Area (PST, VCP, IHW, etc.): [Click to enter text.](#)

Program ID: [Click to enter text.](#)

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

Phone Number: [Click to enter text.](#)

**2. Agent/Consultant Contact Information**

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

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

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

Phone Number: [Click to enter text.](#)

**3. Owner/Operator Contact Information**

☐ Owner ☐ Operator

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

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

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

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

Phone Number: [Click to enter text.](#)

**4. Facility Contact Information**

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

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

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

Location description (if no address is available): [Click to enter text.](#)

Facility Contact Person: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

5. **Latitude and Longitude, in degrees-minutes-seconds**

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

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

Method of determination (GPS, TOPO, etc.): [Click to enter text.](#)

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: [Click to enter text.](#)

Number of Injection Wells: [Click to enter text.](#)

7. **Purpose**

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

8. **Water Well Driller/Installer**

Water Well Driller/Installer Name: [Click to enter text.](#)

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

Phone Number: [Click to enter text.](#)

License Number: [Click to enter text.](#)

## Section 2. Proposed Down Hole Design

Attach a diagram signed and sealed by a licensed engineer as Attachment C.

**Table 7.0(1) – Down Hole Design Table**

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Cement	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing					
Screen					

### Section 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

Attach a diagram signed and sealed by a licensed engineer as Attachment D.

System(s) Dimensions: [Click to enter text.](#)

System(s) Construction: [Click to enter text.](#)

### Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: [Click to enter text.](#)
2. Receiving Formation Name of Injection Zone: [Click to enter text.](#)
3. Well/Trench Total Depth: [Click to enter text.](#)
4. Surface Elevation: [Click to enter text.](#)
5. Depth to Ground Water: [Click to enter text.](#)
6. Injection Zone Depth: [Click to enter text.](#)
7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No  
Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:  
Name: [Click to enter text.](#)  
Thickness: [Click to enter text.](#)
8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer  
Attach as Attachment E.
9. Horizontal and Vertical extent of contamination and injection plume  
Attach as Attachment F.
10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.  
Attach as Attachment G.
11. Injection Fluid Chemistry in PPM at point of injection  
Attach as Attachment H.
12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: [Click to enter text.](#)
13. Maximum Injection Rate/Volume/Pressure: [Click to enter text.](#)
14. Water wells within 1/4 mile radius (attach map as Attachment I): [Click to enter text.](#)
15. Injection wells within 1/4 mile radius (attach map as Attachment J): [Click to enter text.](#)
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): [Click to enter text.](#)
17. Sampling frequency: [Click to enter text.](#)
18. Known hazardous components in injection fluid: [Click to enter text.](#)

## Section 5. Site History

1. Type of Facility: [Click to enter text.](#)
2. Contamination Dates: [Click to enter text.](#)
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L): [Click to enter text.](#)
4. Previous Remediation (attach results of any previous remediation as attachment M): [Click to enter text.](#)

**NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.**

### *Class V Injection Well Designations*

- 5A07 Heat Pump/AC return (IW used for groundwater to heat and/or cool buildings)
- 5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
- 5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
- 5D02 Storm Water Drainage (IW designed for the disposal of rain water)
- 5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
- 5F01 Agricultural Drainage (IW that receive agricultural runoff)
- 5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
- 5S23 Subsidence Control Wells (IW used to control land subsidence caused by ground water withdrawal)
- 5W09 Untreated Sewage
- 5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
- 5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
- 5W12 WTP disposal
- 5W20 Industrial Process Waste Disposal Wells
- 5W31 Septic System (Well Disposal method)
- 5W32 Septic System Drainfield Disposal
- 5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)
- 5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
- 5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
- 5X27 Other Wells
- 5X28 Motor Vehicle Waste Disposal Wells (IW used to dispose of waste from a motor vehicle site. These are currently banned)
- 5X29 Abandoned Drinking Water Wells (waste disposal)